

Purley Park Trust Limited

Parry House

Inspection report

15 Huckleberry Close
Purley-on-Thames
Reading
Berkshire
RG8 8EH

Tel: 01189439458

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30 July 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Parry House is one of eight separate residential care homes within Purley Park Trust Estate. Parry House provides personal care and support for up to eight people who have learning disabilities and associated conditions, such as autistic spectrum disorders.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People felt safe and comfortable living at the home. There was a calm atmosphere where staff were knowledgeable and skilled in supporting people with their routines, activities and behaviour.

There were safe systems in place to manage risks to people's health and associated with the home environment. People were safeguarded from the risk of suffering abuse or avoidable harm.

People had access to healthcare services and input from specialist professionals when required. Their needs in relation to their personal care, nutrition and medicines were met.

People were able to have an input into their care planning and felt able to make complaints or give feedback about the quality of care. People had their dignity and privacy respected by staff who encouraged them to be as independent as possible.

The leadership of the home was experienced and competent. There were systems in place to monitor the quality and safety of the home and the registered manager was aware of their regulatory responsibilities.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The service was rated good at our last inspection (published 17 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Parry House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Parry House is a 'care home' which can accommodate up to eight people in one adapted building.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people, who were able to give us limited feedback. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager and four care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies, procedures, audits, incident reports and risk assessments were reviewed.

After the inspection

We spoke to five relatives to gain their views about their family member's experience of receiving care and living at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from individual risks in a supportive way, which promoted their safety. There was guidance in place around supporting people with their mood, anxiety and behaviour. This detailed strategies for staff to support people to manage their anxieties and deescalate potentially challenging situations, where people put themselves or others at risk.
- The provider had a risk analysis tool, which the registered manager used to assess where there were risks to people's health or wellbeing. Where risks were identified, guidance was put in place for staff to help reduce the potential of harm to people. Examples of risk assessments included, epilepsy, eating and drinking, falls, finances and being out in the community without staff. Assessments were comprehensive and effective in identifying how risks could be mitigated.
- There were effective policies and procedures in place to manage risks associated with the home environment. For example, each person had a personal evacuation plan in place. This detailed the support they would need to leave the building in the event of an emergency. The registered manager had organised regular fire evacuation drills. This helped people and staff familiarise themselves with evacuation procedures should a real emergency occur.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Parry House. There was a calm atmosphere, people felt comfortable approaching staff, interacting with each other and relaxing in their home environment. Staff were quick to provide support to any potential conflicts or tension between people by skilfully keeping people engaged in activities or using humour. One person said, "I like it here." A relative told us, "It is a safe place for [my relative]. They are happy living there."
- Staff received training in safeguarding adults. This training helped them recognise the signs and actions to take in the event a person suffered abuse or avoidable harm. Where concerns had been raised about people's wellbeing, staff took appropriate action by informing the registered manager, who contacted safeguarding authorities. This helped to keep people safe.

Staffing and recruitment

- There were enough suitably skilled staff in place to meet people's needs. Two relatives raised concern that there had been a high turnover in staff over the past year. The registered manager acknowledged that a number of staff had left and that new staff needed time to develop their knowledge and working relationship with people.
- Staffing levels were determined by assessments of people's care needs. Staffing was organised as a mixture of shared and individual care hours for people. People's individual support needs were determined by assessments by funding local authorities.

- Staffing rotas were arranged to fit around people's daily activity or appointments. The provider had ensured there were additional staff in place to support people in situations where they became unwell or anxious.
- The provider had safe recruitment checks in place to assess new staff's skills, work experience and professional conduct. This helped assess their suitability for the role.

Using medicines safely

- The provider had safe procedures in place for the management, administration and storage of medicines. People had medicines profiles in place. These detailed people's medicines, reasons for prescription, instruction around administration and possible side effects. This helped to ensure instructions around medicines administration were clear for staff to follow.
- Medicines were stored securely in line with manufacturers guidelines. Medicines administration records which we checked were completed correctly. Where admissions or anomalies were present, the registered manager had taken appropriate steps to investigate.
- Some people were prescribed PRN (as required) medicines for pain or anxiety. There was guidance in place about when and why these should be given. Staff minimised the use of PRN medicines to ensure they were only administered after all other positive behavioural strategies had been tried. This guidance had been developed in partnership with health professionals involved in people's care.

Preventing and controlling infection

- The home was clean and hygienic. Staff had designated cleaning duties to ensure the cleanliness of the premises.
- The service's kitchen had received a five-star rating by The Food Standards Agency in January 2018. This reflected a high standard of cleanliness and hygiene.
- Staff used personal protective equipment such as gloves and aprons when supporting people with their personal care. This helped to minimise the risk of spreading germs or infection.

Learning lessons when things go wrong

- The registered manager documented any incidents that took place. They reviewed these reports to identify triggers and strategies to avoid recurrence. These measures had been effective in learning from incidents to develop people's care plans and promote their safety.
- In one example, one person's care plan was updated because of an unexpected incident in relation to their behaviour when out in the community. This ensured that in future, staff would have specific guidance in place were this incident to reoccur.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager made initial assessments of people's needs before admission to the home. This included using information from people, relatives and professionals to help develop care plans in line with people's needs. The registered manager considered the compatibility and impact a new person would have on existing people living at the home before agreeing an admission. This demonstrated the registered manager fully considered how the service could meet people's needs.
- The provider had systems in place to monitor and continually assess people's mood, anxiety and behaviour. Staff recorded daily observations of these areas. This information was passed to incoming staff at the changeover of shifts. These handover meetings enabled incoming staff to coordinate staffing arrangements and planned activities accordingly.
- The provider used 'positive behaviour strategies' to help people manage their anxieties and avoid potentially challenging situations. This is an approach to supporting people which focusses on teaching people new skills to replace the behaviours which challenge. Staff used these principles effectively which meant there was no need for physical intervention or restraint.

Staff support: induction, training, skills and experience

- New staff received training in line with The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care. The provider consulted best practice guidance to ensure that staff received appropriate training updates.
- Staff also received training which was specific to people's needs. This included; autism awareness, epilepsy and management of challenging behaviour.
- Staff received appropriate induction and ongoing supervision in their role. Staff induction included, completion of provider's mandatory training, time spent working alongside experienced staff and meetings with the registered manager to review working performance. Staff were given ongoing supervision once induction was complete. This supervision gave them an opportunity to reflect on their working performance and training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the food at the service. When asked, one person said, "Nice". Another person nodded and smiled when asked if they enjoyed their meal.
- People were encouraged to eat together in communal areas of the home. Mealtimes were social occasions where staff sat with people to eat, whilst offering support and light conversation. Staff managed people's anxieties and behaviours around food effectively. They skilfully offered people support and encouragement when needed to promote a positive dining experience.

- People's dietary preferences and requirements were identified in their care plans. This included any preferences or special dietary requirements recommended by speech and language therapists. Staff understood these requirements and offered appropriate support.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in partnership with professionals from health and social care and other stakeholders to meet people's needs.
- The provider had developed documentation to help aid people's access to medical or health services when required. This included a health action plan, which gave a succinct summary of people's medical and communication needs. This document could be referenced by relevant health professionals to ensure they had an understanding of people's needs.
- The registered manager provided regular updates to commissioning authorities and informed them when people's needs changed. This helped to ensure that it was highlighted when their commissioned care hours required adjustment.
- The registered manager worked with health professionals to ensure there were smooth transitions when people moved between services. For example, the registered manager had developed procedures around discharge from hospital to ensure people came back to the service with their needs fully reviewed and appropriate care in place.

Supporting people to live healthier lives, access healthcare services and support

- People had access to regular healthcare appointments as required. This included dentists, doctors, opticians and chiropractors.
- Where professionals made recommendations, these were incorporated into people's care plans. This included psychologists, speech and language therapists, neurologists, and doctors.

Adapting service, design, decoration to meet people's needs

- The home was suitable for people's needs. Each person had their own private bedroom and there was a choice of communal spaces available to use. The corridors and common areas were wide and accessible for people using wheelchairs and there was a large balcony space used for relaxation and recreation. The provider had made adaptations to the balcony area to ensure it was not slippery. This helped to ensure it was safe for people's use.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager understood their responsibilities in this area and had made the appropriate referrals for these safeguards as required.

- Staff understood the need to gain appropriate consent to people's care. Each person had assessments in place which documented decisions about their care they could make, independently, with support and decisions which would need to be made in their best interests, as they lacked capacity or insight.

- The registered manager told us the process they followed if a person lacked the capacity to make an informed decision about their care. In one example, a best interest's decision was made around consent to medical treatment. These actions were in line with the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people's backgrounds, likes and interests. They engaged people in conversation about topics that interested them. Where people were unable to communicate their needs, staff had an understanding of how to keep people calm and engaged in activities. People were comfortable in staff's presence, which contributed to a calm and relaxed atmosphere in the home. One person told us, "I like staff." A relative told us, "The way staff look after [my relative] is excellent."
- Staff were receptive to people's needs. They understood people's preferred daily routines and how to motivate and encourage them with tasks or activities. When people were suffering low mood or high anxiety, staff were receptive to provide the support people needed and were professional, calm and caring in their approach. A relative told us, "[My relative] is compatible with staff and other residents so is very happy there."
- Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act (2010). As part of the provider's assessment process, the registered manager assessed people's equality and diversity needs to ensure they suffered no discrimination in relation to their protected characteristics.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us the provider involved them in making decisions about care. One relative told us, "We have had meetings with the registered manager at least twice a year to review how things are going." Another relative told us, "Staff try to get people as involved as much as possible. Whether it is menu planning, shopping or choosing decoration of their bedroom."
- The registered manager was in the process of redeveloping a 'keyworker system'. This would involve a specific member of staff being responsible for working with a person to develop and review their care needs. There previously had been a keyworker system in place, but the registered manager deemed this system ineffective when some staff left working at the service.
- People were encouraged to decorate and personalise their own rooms and were asked for their views on communal areas with regards to decoration and furniture.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They spoke to people in a patient and respectful way. When providing support, people were not rushed. Staff were sensitive not to talk over people or discuss confidential issues in public.

- People were given personal space and privacy when they wanted it. Some people benefited from spending time on their own when they were highly anxious. Staff were supportive of this and were conscious to give the person the privacy which they required.
- People were supported to be as independent as possible. Where safe to do so, people were free to come and go from the service as they pleased, spending their time following their own individual pursuits. Many people left the service to visit friends in neighbouring houses or to access the provider's day service nearby.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans detailed their physical health, behavioural needs, personal care preferences and preferred daily routines. Some people had very specific routines which they would become anxious about if not followed. Staff understood the importance of maintaining these routines and provided appropriate support to enable the person to carry them out as they wished.
- Care plans were updated at least annually or when people's needs changed. The registered manager had identified where some care plans required updating to ensure they contained the most up to date information. They had started a process to ensure these issues were being addressed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard. The registered manager assessed people's communication needs to ensure that information was presented to people in a format which they understood.
- People's communication needs were identified in their care plans. These included how staff could promote effective communication by adopting strategies individual to each person's needs. Where some people were not able to communicate verbally, care plans detailed how they communicated through gestures or body language and how staff should respond to ensure the person understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to live active lives and maintain social networks. One person said, "I get out every day." A relative told us, "[My relative] is given the freedom to go out where they want and do what they want."
- The provider had an onsite day service. This acted as a base where people could meet socially and take part in organised activities. Activities were based on peoples' interests and the day service had designated staff to support people during participation. Examples of activities organised included, horse riding, bowling, golf, swimming, drama groups, arts and photography clubs. Most people regularly accessed the day services and enjoyed the variety of activities on offer. Other people were more independent in their daily routines and accessed external services or spent their time in the local community.
- People were encouraged to maintain links with family and friends. This included staff helping to facilitate

visits and maintain correspondence. One relative told us, "Staff are good at helping [my relative] attend family meals or events. They are very accommodating to our requests." Another relative said, "We are always made to feel very welcome by staff."

Improving care quality in response to complaints or concerns

- People understood how to make a complaint. One person said, "I would tell [the registered manager]." A relative told us, "The registered manager is very accommodating and listens to our point of view."
- The provider gave people a service user guide. This included details of how they could make a complaint and how it would be investigated and responded to. The policy was produced in an easy read format, supplemented with pictures. This helped to make it more accessible for people to understand.
- The provider had received one complaint since the last inspection. This had been dealt with in line with the provider's policy.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who needed care at the end of their life. However, the provider had several different homes on the site, which could accommodate people as their needs changed. The registered manager told us about an example, where one person was supported to move to one of the provider's other services when their needs changed leading up to the end of their life.
- The registered manager told us they would consult people, families and other stakeholders to develop an end of life care plan for a person, should they require this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place and staff understood their roles. The registered manager was supported by the deputy manager, who oversaw the supervision of care staff and helped to consult with professionals where required. The registered manager was also the provider's head of operations. This meant that they oversaw the quality and safety of all the provider's homes. They had taken over the role as registered manager after the previous manager left in February 2019.
- The registered manager carried out a series of regular audits to monitor the quality and safety of the service. These audits included, medicines management, finance records, infection control and health and safety.
- In their role as head of operations, the registered manager also carried out periodic quality audits of the service. These audits involved assessing the quality of key aspects of the service including complaints, safeguarding and people's experience of receiving care. At the time of inspection, the registered manager was in the process of carrying out this audit.
- The registered manager understood their regulatory responsibilities to inform CQC about significant events that happened in the home. They had submitted the appropriate notifications to us as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives told us the registered manager was approachable and competent in their role. Comments included, "He is good", "The registered manager works well with us as a family and listens to our perspective", and, "The registered manager is a lovely man, you can definitely tell he has a lot of experience working in care."
- People's relatives told us the provider had a caring ethos which they felt was reflected throughout the organisation. One relative said, "The provider seems very caring and it is very reassuring. Even the chief executive gets involved in taking people to different places." Another relative commented, "The provider is an absolute gem. Coming from a previous placement which was not suitable, we feel very lucky [my relative] is at Parry House." The provider was a charitable organisation. They had reinvested significant funds into providing services and additional support to people which came outside their commissioned care hours.
- The registered manager was aware of their responsibility to be open and transparent when investigating incidents and addressing complaints. This was in accordance with the Duty of Candour regulation. Under this regulation, providers must be open and transparent with people if things go wrong with their care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to have their own meetings to discuss things that they would like or were concerned about. Staff helped facilitate these meetings and gave feedback to the registered manager about issues people wished to discuss. A recent suggestion from a meeting had resulted in discussions with people about ongoing staff changes and how this would affect their care. People were concerned when some staff left and needed reassurance about ongoing staffing arrangements.
- The provider sent out quality assurance questionnaires to people, relatives and professionals. The questionnaire had been adapted into an easy read format. This helped make it more accessible for people to understand. The provider received positive feedback from the last questionnaire sent in October 2018, regarding the quality of the care people received.

Continuous learning and improving care

- The registered manager had recognised where improvements could be made around medicines management, updating care plans and the keyworker system. At the time of the inspection improvements were ongoing. For example, some people had not yet been allocated keyworkers. The registered manager wanted to develop new staff to ensure they were able to fulfil the requirements of the role.
- The provider welcomed external stakeholders into the service to carry out audits around key areas of the service. This included an audit of the providers medicines systems by a local pharmacy in April 2019. The audits had identified minor issues which the registered manager quickly addressed.

Working in partnership with others

- The provider had developed very positive working relationships with other stakeholders involved in people's care. This included doctors, health professionals, church organisations and local businesses. In one example, the registered manager had worked with stakeholders to put measures in place to help ensure one person could continue to safely access services which they attended.
- When professionals made recommendations about people's care, these were quickly implemented by staff. The registered manager ensured all relevant professionals were kept updated with people's needs to help ensure they received appropriate levels of care.