Parkside (Aldershot & District Learning Disability)

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Inspection report

Parkside
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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

This inspection took place on 13 December 2016 and was announced.

Parkside (Aldershot and District Learning Disability) is a charitable organisation which offers a wide variety of support to approximately 200 people with learning disabilities. These services include a day centre, social clubs, fitness groups, well–being groups and a domiciliary care agency. The domiciliary care agency is registered for personal care and currently provides a one to one service to16 people. Thirteen people, many of whom live in residential care homes, receive one to one support with daily activities which is the main focus of the care. They are helped with their personal care needs incidentally and if necessary during the course of the activities. Three people receive support to live in their own homes. This support is focussed on meeting people's personal care and/or daily living needs.

There is a registered manager running the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service made sure that people, staff and others were as safe as possible whilst using or working in the service. Staff were appropriately trained and followed health and safety and safeguarding procedures. They recognised and managed any risk of harm and were able to identify any form of abuse or poor practice. Robust risk assessments advised staff how to reduce risks, as much as possible. The recruitment procedure checked that staff were safe and suitable to provide people with care.

People were provided with care that met their individual needs, preferences and choices. They were supported and encouraged to make decisions and choices about their care. Staff upheld people's legal rights with regard to decision making and choice. People's rights were protected by a management team who understood the Mental Capacity Act (2005). This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision.

People's equality and diversity was respected. People's diversity was understood and people were treated as individuals. Their care was person centred and reflected any special needs they may have had. People's privacy and dignity was recognised and promoted by a kind and caring staff team. Staff understood how important it was to maintain people's privacy and dignity and knew how to do so.

The service and individual staff were highly responsive to people's needs. The staff team were flexible and their priority was to meet people's needs, which could change quickly. Staff were able and supported to deal with unplanned care and emergency situations effectively.

The service was well-led by a registered manager who was experienced and well thought of by people and the staff team. Staff were well supported by the management team and their colleagues. The service

monitored and assessed the quality of care they offered and made any necessary improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Care staff made sure they protected people, as far as possible, from all types of abuse or poor care.

Risks to people or staff were identified and action was taken to reduce the risk so that they would be as safe as they could be.

The service was as sure as possible that the staff chosen were suitable and safe to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People were supported and encouraged to make decisions and choices about their care.

Care staff were well trained to make sure they were able to provide people with good care.

People's needs were met in the way they preferred.

Is the service caring?

Good

The service was caring.

People were provided with care by staff who were kind and caring and treated them with respect.

Staff developed good relationships with people because people were visited by the same staff who got to know them well.

Staff spent as much time as necessary with people and did not have to rush their care.

People's differences were recognised and respected.

Is the service responsive?

Good

The service was responsive.

People were offered care that met their needs, in the way they wanted.

People's care needs were regularly looked at and their care plans were changed, if necessary.

People knew how to make a complaint, if they needed to.

The service listened to people's views and concerns and ensured that any issues were addressed.

Is the service well-led?

Good

The service was well-led.

People, staff and others were asked for their views on the quality of care the service offered and their views were listened to.

Staff felt they were well supported by the management team and were therefore able to give good quality care.

The registered manager and staff team made sure that the quality of the care they offered was reviewed and improved, as necessary.

Parkside (Aldershot & District Learning Disability)

Detailed findings

Background to this inspection

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

This inspection took place on 13 December 2016 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent a questionnaire to four community professionals and 14 staff. We received positive responses from seven staff and two community professionals.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection visit we spoke with the three people who are supported in their homes, four staff members, a visiting professional, the registered manager and quality manager. After the day of the inspection we received written comments from two other professionals.

We looked at a sample of records relating to individual's care and the overall management of the service. These included five people's care plans, daily notes, medicine administration records, a selection of policies

and a sample of staff recruitment files and training records.

Good

Is the service safe?

Our findings

The service was committed to keeping people as safe as possible. People told us they felt, "very, very safe" when they were receiving care from staff. People told us about being encouraged to wear emergency pendants (an emergency alert system which people pressed if the needed help). They said they had telephone numbers so they could contact people in an emergency. One person nodded vigorously when asked if they felt safe and were treated well by care staff. Another said, "I always feel nice and safe." A person gave an example of staff working hard to help them to keep their money safe.

Safeguarding training helped staff to protect people from any form of abuse, poor care or other harm. Staff members understood and fully embraced their responsibilities with regard to keeping people safe. They clearly described what action they would take if they had any concerns about people's safety. Staff were aware of the whistle blowing policy and knew how to use it, should it be necessary. However, they were confident that the registered manager and senior staff would respond immediately if they reported any safeguarding or safety issues. The service had not reported or identified any safeguarding concerns in 2016.

People, staff and others were kept as safe from physical harm as possible. The service had a comprehensive health and safety policy and work based risk assessments were in place. These instructed staff how to work safely to minimise risks to themselves and others. General risk assessments included lone working and driving vehicles. The service had a detailed disaster recovery plan (business continuity) in place. The plan covered emergency situations such as, adverse weather conditions and service failures. People had an individual person centred emergency plan. For example one person had a flood in their flat and a staff member spent the night with them to ensure their safety.

People had individual risk assessments which identified any areas that posed a significant risk to them or care staff. Very high quality detailed and relevant risk assessments were incorporated into people's care plans. A staff member gave an example of the action they had taken and how they had followed emergency guidelines when a gas incident occurred.

The service made sure they learned from any accidents or incidents to improve the safety of people who use the service and staff. A detailed record was kept of all accidents and/or incidents. They included the investigation and actions taken to minimise the risk of recurrence. For example incidents and accidents were discussed at the various staff meetings and amendments were made to individual plans of care, as necessary.

One person was occasionally (when family were not available) assisted to take their medicines. Care staff were specifically trained to carry out this task and records showed medicines were given safely, when required. Two people were helped with ordering and collecting their medicines and monitored to ensure they were taking them correctly. Care plans detailed the amount of support individuals required. Staff had received training in administering emergency medicines. These were used, primarily, for people who had epileptic seizures. A professional confirmed they conducted this training on an annual basis.

People were provided with staff who had been recruited using a system which ensured, that as far as possible, staff appointed were suitable to work with vulnerable people. The recruitment procedure included Disclosure and Barring Service checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. The service asked for references which were checked and verified, when necessary. Application forms were completed and any gaps in work histories were explained. There was not always evidence that the person's identity had been checked and photographs of staff were not held on the staff records. This was discussed with the registered manager who told us they had been told they could not keep photographs of staff as this was breaching the data protection act. The registered manager told us she had verified the identity of all staff, although this was not recorded. She agreed to review schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 alongside the requirements of the data protection act.

The service only offered care if they had enough appropriately skilled staff to safely provide the amount and type of care required. The registered manager and people told us they had never experienced a 'missed call'.

Good

Is the service effective?

Our findings

People's needs were clearly identified and were met in the way people chose and preferred. One person told us they chose what aspects of their care they wanted help with and told the service how they wanted the help given. Plans included areas such as health care and social needs. Care staff knew what action to take if people's needs changed or their health and well-being caused them any concerns. One staff member said, "I read the care plans before I begin work so that I know what I'm doing and what to look out for." Staff told us they were, "Vigilant" with regard to identifying if people were not well. They gave an example of a person who had an illness they had not complained about. A staff member had noted that they were not 'themselves' and took the appropriate action. This minimised the risk of the illness becoming a serious threat to the individual's health.

Care staff carried a summary sheet of people's needs and other vital information to ensure they could take the appropriate action in unexpected situations or emergencies. The service worked with other services and professionals to ensure people's needs were met. A professional said of Parkside staff, "They will raise any concerns they have and have acted promptly when we have had queries or concerns. They operate in an open and transparent way and I have confidence that people are being supported according to their care plans."

People were supported with their nutrition and fluid intake, if identified on the individual plans of care. Care staff helped people with a very limited amount of food preparation and eating and drinking, according to their needs, if appropriate.

People made their own choices and decisions and were supported to retain as much control over their life as possible. Consent to care and any necessary information with regard to people's capacity and ability to make decisions was noted. People told me that they always made their own decisions and staff always asked them what they wanted and what was best for them.

People's legal rights to make their own decisions were upheld and the management team understood the provisions of the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for making particular 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 particular 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 when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty must be made to the Court of Protection. Currently, no applications had been made as no-one was being deprived of their liberty by the service.

Staff received MCA training and their knowledge was tested by the registered manager. She had introduced a question of the month (with regard to MCA) which staff were requested to answer. For example a scenario was posed such as, "Give an example of a client making an unwise decision and how you could support them with that decision". Staff produced a written answer and these were further discussed when staff met

and at one to one supervisions. The registered manager told us this was a very effective way of checking staff's understanding of the relevance of the MCA to their daily work.

People were supported by knowledgeable and appropriately trained care staff. They had received the training necessary to enable them to meet people's diverse and changing individual needs. Staff members told us they had very good opportunities for training and refresher training was provided as and when required. The service's training record showed the training staff had received and when their training needed to be up-dated. Of the 25 care staff, 20 had obtained a relevant qualification in social care and one was in progress. Staff told us they could request any specialised training they felt they needed to meet the needs of individuals. Specialised training provided included epilepsy and dementia care.

Staff were provided with comprehensive induction training which ensured that staff did not work with people until they were able to do so safely and effectively. New staff began their work in the day service where they worked with a team of staff. Their performance, attitude and abilities were observed and assessed by senior staff. They did not work alone in the community until they and their supervisor were confident in their skill and knowledge. A staff member commented, "We are assessed as competent before we work alone in the community." Staff appointed were generally already experienced in care and consequently the service did not use the care certificate framework as their induction tool. This is a set of 15 standards that new health and social care workers need to complete during their induction period. However, for new inexperienced staff they planned to ensure their induction met the same standards.

People were provided with good care because staff were well supported by the management team and senior staff. Staff had one to one meetings with their supervisors approximately four times a year. Staff told us they could request additional supervisions whenever they wanted or needed to. Their overall performance was reviewed once a year and whenever necessary, such as in the event of disciplinary issues.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. One person told us staff were, "Very kind and caring". Another person nodded and smiled when asked if staff were kind and treated them well. A professional commented, "Staff are friendly and knowledgeable and obviously have formed very good relationships with that individual, People are happy and excited to see them and when they return are able to tell us what they have done or where they have been."

People were treated with respect and their privacy and dignity was promoted by care staff. A professional commented, "…Support workers are considerate, caring and respectful to the people they support." Care staff told us how they made sure they protected people's privacy and dignity. Examples included ensuring people received personal care from staff they were comfortable with and always respecting people's wishes. One person told us they had originally been very shy when receiving personal care but staff had made them feel comfortable. They said that any new staff were always introduced to them and they could get to know them a bit before they helped them with private things.

People were provided with continuity of care, by an allocated staff team. Care staff visited a particular group of people regularly. People told us they were helped by staff who they knew and, "got on with." Staff confirmed that they worked with the same people. They told us if they were to offer care to a new person they were always introduced to them by a staff member who knew them well.

People's individual, diverse needs were respected by the service and care staff who understood equality and diversity. The service used a matching process to try to ensure that people were offered support by staff who had a personality, age, gender and interests that suited the individual. Staff told us how they treated people as individuals and respected their lifestyle and cultural choices. Care plans provided details about areas such as people's personality, life history, behaviour and communication. Daily notes were of a very good quality and described people's emotional well-being as well as tasks completed.

People were given a 'Service User Guide' which was produced in a simple format which gave people the best chance to understand it. This included all information about the services offered. Other relevant information was also produced in user friendly formats. People were assisted to find an independent informal advocate if they needed support with particular aspects of their life. An example included a person who received such support to make decisions about their finances.

Care staff were very clear about their responsibilities with regard to confidentiality and people's records were kept in locked cabinets in the office.

Good

Is the service responsive?

Our findings

People's needs were met by a flexible and responsive service. A professional who worked closely with care staff from the service said, "…managers and support staff have been able to respond flexibly and quickly to individual's changing needs." People told us, "Staff listen to you and do what you ask." One person told us they could request additional care from the service who would supply staff to accompany them to health appointments or other out of the ordinary events.

People's needs were fully assessed prior to them receiving a service. Assessments were completed with individuals and other relevant people. The assessment was used to identify the support the individual needed, co-ordinate with other care providers and to ensure the service could contribute to the safe and effective care of individuals. People told us they had been involved in the assessment and planning process and were always involved in their reviews, if they chose to be. The care plans and daily notes were of a very good quality and contained the relevant information to enable staff to deliver the appropriate care in a way that people preferred.

People received the care that was agreed between them and the service. People's needs were reviewed regularly with the person and other relevant parties. One staff member said, "We work with other professionals such as care home staff in people's best interests." Care plans were reviewed, formally, a minimum of annually and whenever necessary. For example one person's needs had been reviewed once in 2016 and another's had been reviewed three times. Staff were informed of and responded quickly to people's changing needs. For example care staff had identified a person needed much more robust support to keep their money safe. This had resulted in the individual being able to buy new furnishings, go on a holiday and live much more comfortably. The person told me staff sorting out their finances had made a big difference to their life.

People's immediate, non-planned needs were responded to, efficiently and effectively. Care staff were able to respond to unusual situations such as, if people were ill or needed additional time.

Care staff gave examples of when they had spent well over the allocated time with people to support them and keep them safe in exceptional circumstances. These included staying overnight with someone in an emergency, helping someone to replace a piece of equipment and assisting someone to access urgent healthcare and begin the treatment.

People, their advocates and others were encouraged to feedback their views on the service provided. There were a variety of systems in place that people could use. Examples included questionnaires, review meetings and senior staff conducting staff monitoring visits (spot checks), when people were asked if they were satisfied with the service. Service user meetings were held intermittently for all the people who used the varied services provided. The people who were provided with care could join in with these groups as they chose. Families could choose to review the care offered their relative as often as they felt necessary. For example for one person a care planning meeting was held every month.

People were provided with a user friendly copy of the complaints procedure which they told us they knew about. One person told us that they had made one complaint which the service responded to quickly. They said, "I was not happy, did not feel respected. I felt I was being bossed about and they did something about it straight away." They added that a staff member had recognised that the person was unhappy by their body language and attitude. They had then found out what the issue was and supported and encouraged them to make a complaint. Another person told us that they were very happy that if they had a complaint the manager and their care worker would respond immediately.

The service had received one complaint in 2016. This had been fully recorded, investigated and appropriately concluded. Five compliments had been received by the service in the same timescale. A professional told us, "I have not been aware of any dissatisfaction from the users I know and clients and/or their families express a high regard for the service when we discuss their day time activities in clinic consultations."

Good

Is the service well-led?

Our findings

The service registered with the Care Quality Commission (CQC) in September 2014 after a change of name. The registered manager had been in post (under the current legislation) since the original registration in 2010. She was appropriately experienced and qualified to organise the service and lead the staff team. Staff told us they felt very well supported. One staff member said, "You can ring the office and talk to anyone. There's always someone available to offer support and advice." Another said, "The whole management team are very, very supportive. They help us to give very high quality care." The service was designed around the specific needs of individuals and was totally person centred. Staff told us that meeting people's individual needs was their priority.

People, staff and other interested parties were asked their opinions of the care they received and gave. For example, at care plan service reviews, 'spot checks' on staff performance and regular surveys. A variety of staff meetings were held regularly and used for information sharing and gathering and the discussion of pertinent topics. Meetings included deputy managers meetings every two to three weeks, senior managers meetings every six weeks and trustee meetings every six weeks. The registered manager reported to the trustees at the six weekly meetings. Staff told us the management team were open and approachable and they were confident their views would be listened to. One staff member expressed the views of others, when they told us they felt valued by the management and an important part of the team. People told us the care staff, including the registered manager always listened to them.

The quality of care people were provided with was continually assessed and monitored. The quality assurance process had a variety of elements which were completed by the registered manager and trustees of the charity that provided the service. These included annual quality questionnaires, various audits completed by the registered manager and audits completed by the trustees. Audits included monthly care plan audits, accident and incident logs and complaints logs. The service responded to any individual negative comments received from returned questionnaires and/or concerns by visiting and discussing any issues with people and their representatives.

The trustees had made recommendations for the improvement of services such as, five recommendations to improve training opportunities and improving the quality assurance process. There were plans for trustees to complete more in-depth audits which included procedural compliance checks as well as the observational checks that were being carried out. They had begun this process and completed detailed audits on training, medicines and safety.

The service worked with other community groups such as other local charities and higher education institutions to improve the lifestyles of people with learning disabilities.

High quality care plans, which were up-dated regularly, supported the care people received. People's current needs, preferences and any risks to them or others were reflected in their records. Records relating to other aspects of the running of the service, such as staffing records were, well-kept and up-to-date. The management team understood when and why to send any statutory notifications to the Care Quality

Commission. Records kept supported the safety and quality of care provided to people who use the service.