

Purley Park Trust Limited

Elizabeth House

Inspection report

14 Huckleberry Close
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Reading
Berkshire
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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 27 and 28 June 2016 and was unannounced.

Elizabeth House is one of eight separate residential care homes within Purley Park Trust Estate. Elizabeth House provides personal care and support for up to seven people who have learning disabilities and associated conditions, such as autistic spectrum disorders. At the time of our inspection there were seven people living in the home.

The service had a registered manager as required. 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 registered manager was present and assisted us during this inspection.

People told us they felt safe living at the home. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident it would be addressed appropriately. There were robust recruitment processes in place. All necessary safety checks were completed to ensure prospective staff members were suitable before they were appointed to post.

Risk assessments were carried out to ensure people's safety. Staff recognised and responded to changes in risks to people who use the service. People received effective personal care and support from staff who knew them well and were trained and supervised. There were contingency plans in place to respond to emergencies.

People told us staff were available when they needed them and staff knew how they liked things done. The service ensured there were enough qualified and knowledgeable staff to meet people's needs at all times.

The provider had employed skilled staff. They were knowledgeable and caring making sure people received appropriate care and support. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans reviewed regularly or as changes occurred.

People received their prescribed medicine safely and on time. Storage, handling and records of medicine were accurate. Staff understood the needs of the people and we saw care was provided with kindness and compassion.

People were given a nutritious and balanced diet and hot and cold drinks and snacks were available between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to access specialist professional help when needed.

People's rights to make their own decisions, where possible, were protected and staff were aware of their

responsibilities to ensure those rights were promoted. People were treated with care and kindness. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager and staff were knowledgeable about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). Staff were following the principles of the MCA when supporting people to make a decision.

People were able to engage in meaningful activities or spend time with their visitors or by themselves. Their choices were always respected. People were encouraged to do things for themselves and staff helped them to be independent when they could.

People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity. People benefitted from living at a service that had an open and friendly culture. People and their families were involved in the planning of their care.

Staff felt the management was open with them and communicated what was happening at the service and with the people living there. People were able to approach management and staff with any concerns.

The manager assessed and monitored the quality of care consistently with the help of staff and other members of staff in the company. The service encouraged feedback from people and families, which they used to make improvements to the service.

Throughout our inspection we saw examples of appropriate support that helped make the service a place where people felt included and consulted.

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. People were protected from abuse and supported to make their own choices.

Risks were identified and managed effectively to protect people from avoidable harm. Medicines were stored and handled correctly.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff.

Is the service effective?

Good ●

The service was effective. Staff had the skills and support needed to deliver care to a high standard. The staff team was well trained and supervised to support people appropriately.

Staff sought people's consent to their care and helped them make their own decisions. The staff had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements under the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough. Staff took actions to ensure people's health and social care needs were met.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful. Staff worked well with people, encouraging their independence.

People's dignity and privacy were respected and staff encouraged people to live a fulfilling life and do things they liked.

Is the service responsive?

Good ●

The service was responsive. Staff responded on time and appropriately to people's needs. People were able to raise their concerns and these were responded to appropriately. The staff

and registered manager were approachable and dealt with any concerns in a timely manner.

People's needs were assessed and appropriate records were in place.

The service arranged activities for people who use the service according to their wishes and interests.

Is the service well-led?

Good ●

The service was well led. People living at the home and staff felt the registered manager and team were approachable. There was a positive and open working atmosphere at the service.

The registered manager was committed to listening to people's views and making changes to the service in accordance with feedback received.

Systems were in place to review and address any incidents and accidents. The registered manager had quality assurance systems to monitor quality of care and support.

Elizabeth House

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.

We inspected Elizabeth House on 27 and 28 June 2016. The inspection was carried out by an Adult Social Care inspector. It was unannounced.

Before the inspection the registered manager 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we talked to three people, three staff, and the registered manager. We looked at how people were supported during the day and how staff interacted with them. We also reviewed a range of care records for three people, staff training and support records, four recruitment files, medicine management records and other documents about how the service was managed.

Is the service safe?

Our findings

People benefited from a safe service where staff understood their safeguarding responsibilities. People told us they felt safe living at the home. If they had any concerns or issues, they would speak to the registered manager or the staff. People were protected against the risks of potential abuse including financial, physical, emotional, and psychological. Staff could explain how they would recognise and report abuse. Staff had the knowledge to identify safeguarding concerns and acted on these to keep people safe. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People said the staff were available whenever they needed them.

Occasionally people became upset, anxious or emotional. Some people had been identified as being at risk of displaying behaviours that may challenge others. They received support from staff who monitored their behaviour throughout the day. There was clear guidance for staff to follow so they could prevent incidents and ensure the person stayed safe. We observed staff supported people appropriately when they needed reassurance. The people's support plans included guidance information for staff on how to support the person to feel better and monitor for identified triggers that may cause distress. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. The registered manager kept records of accidents, incidents or near misses to evaluate and look for trends and triggers.

Risks to people's safety were assessed, managed and reviewed. Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. We looked at the care records for people who use the service. Each person had a risk analysis carried out considering risk factors and if a risk assessment was required. People were protected against risks and action had been taken to reduce the risk of harm. Care plans included risk assessments about particular risks people may face. These included changing mental health needs, keeping safe in the community, finances, vulnerability, and mobility. The plans in place were clear and easy to follow.

People were kept safe in the service because the provider had emergency procedures to follow to ensure emergencies were dealt with as quickly as possible. Staff could call the registered manager for advice and support, the company's on-call person, the maintenance team and/or emergency services, if people needed medical assistance. Staff were aware of emergency procedures to follow.

People were supported by staff with the right skills and knowledge to meet their individual needs. The staff numbers were based on people's needs, support and staff skills. The registered manager reviewed the rotas regularly to ensure there were enough staff to support people depending on what was going on in the service. The registered manager tried to match people and staff well so people would get the best outcome throughout their days. They felt the staff team always made an effort to ensure people could do things they wanted to do. Any staff absences were covered by agency staff or other staff team members. The service had a calm and relaxed atmosphere and no one was being rushed. People could go out of the service whenever they chose to. Staff were aware where each person was and used the company's transport if someone needed to go out. People told us staff had time to support them when needed. Staff felt there were enough

staff to carry out their duties.

Peoples' medicines were managed and administered safely, and on time. There were safe medicine administration systems in place and people received their medicines when required. We reviewed medicine stock in three cabinets and records kept for it to check it all tallied. The temperatures were checked regularly. We looked at the medication administration record (MAR) sheets. There were no gaps and medicine was signed accordingly. We observed one round of the administration of medicine. Staff wore gloves for each separate administration of medicine to ensure health and safety. MAR sheets were signed afterwards. People told us staff always helped them to take their medicine.

It is the legal responsibility of the provider to obtain information to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files included application forms, records of interview and health checks. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. We found some discrepancies with information regarding evidence of conduct in previous employment. These were noted to the registered manager and the discrepancies were rectified immediately.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff were available when needed and knew what they were doing. People were supported to live their life the way they chose and maintain a good quality of life. For example, people chose the activities they wanted to participate in and staff respected their choices. Staff had house and individual meetings with people and communicated daily about what their wishes and preferences were. This way staff could help them find and choose things to do which each person enjoyed.

The induction programme and training included the Skills for Care, care certificate framework. New staff were supported to complete an induction programme before working on their own. Ongoing staff training was overseen by the registered manager. We reviewed the training records for staff which confirmed they were offered training on a range of mandatory subjects including safeguarding, moving and handling, first aid and medicine awareness. Additional training was provided relating to the specific needs of the people living at the service. For example training in epilepsy, difficulty swallowing and support with behaviour that may challenge. The training records showed staff were up to date with their training and a reminder was included to show when updates were due and training booked. Practical competencies were assessed for topics such as administering medicines and moving and handling before staff were judged to be competent and allowed to carry out those tasks unsupervised. Staff felt they had the training they needed to deliver quality care and support to the people living at the service.

People were supported by staff who had supervisions (one to one meetings) with the registered manager. Records showed staff received regular supervision sessions. Staff felt supported and enjoyed their work. Staff were confident they would receive support from the registered manager when needed. Staff felt supervisions were carried out regularly and whenever they needed. All staff had annual appraisals. Staff felt the team worked together and communicated with each other well within the service.

The Mental Capacity Act 2005 (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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us they were able to make their own choices and decisions about their care and daily life. People's wishes and preferences had been followed in respect of their care and treatment. Staff understood the need to assess people's capacity to help them make decisions. They told us, "We always presume capacity and they can make their own decisions and choices", "They have a choice of what to do and we ask questions to find out what they like" and "We always ask people what they want". People's rights were protected because the staff acted in accordance with the MCA. The registered manager and staff encouraged people to make their own decisions ensuring those important to the individual were involved in this decision making, if appropriate. The registered manager ensured, where someone lacked capacity to make a specific decision, best interest principles were followed and appropriate professional support would be sought.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). The service was meeting the requirements of DoLS. The registered manager reviewed and assessed people with the local authorities to determine whether people were deprived of their liberty. Two DoLS authorisations were in place at the service and two applications were awaiting outcomes.

Staff used shift handovers to inform the staff team about any tasks to complete or what was going on in the service. Staff used a communication book to record important information and any actions to take that would help manage risks associated with people's care and support. This ensured important events and actions were not missed and there would not be a negative effect on people's care and support.

People and staff told us about meal options. Every week the staff and people made a menu for the next week putting people's meal preferences together. People told us they liked the food and were able to make choices about what they had to eat. Some people enjoyed cooking meals and we saw they were encouraged to participate in meal preparations together with staff. The staff were aware of people's dietary needs and preferences. People were supported to have a meal of their choice. Snacks and drinks were available whenever they wanted.

Staff involved people, their families and other professionals to ensure people received effective health care support. The service communicated with and involved social workers and care managers, the GP, dietitians, physios, occupational therapists, psychologists, psychiatrists and speech and language therapists to make sure people's health needs were met. People told us their health needs were supported and staff helped them when needed. Records confirmed people had access to health and social care professionals, for example, GP, dentist, psychologist, chiropodist and an optician and could attend appointments when required. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People had a health action plan which described the support they needed to stay healthy and the professionals involved.

Is the service caring?

Our findings

People told us they were happy with the care they received. They agreed staff were caring and knew how they liked things done. People's dignity was respected by staff. They understood the importance of treating people with dignity and of respecting their privacy. For example, knocking on their doors, asking permission to enter or help with tasks and keeping information private. During our inspection we saw people were happy and able to do things they wished. People were treated with kindness and compassion in their day-to-day care. We observed staff were patient, considerate and friendly to people. If someone became upset or anxious, they provided support and reassurance in a kind and caring way. People spoke positively about staff and told us they were skilled to meet their needs. Comments included, "They are all very nice and friendly" and "They are friendly and got skills".

People who use the service and staff had friendly and respectful relationships. People's families were welcomed to visit the service whenever they wanted to. People received care and support from staff who knew them well. Staff were allocated as dedicated key workers to people to ensure individuals were helped to express their views. This also ensured staff could offer continuous support in the service and keep up to date with people's changing needs, support or wishes. Each person had a session once a month to meet with their key worker and discuss any issues or matters they had. The service used a system called '4 + 1 questions'. People and staff discussed four areas: things they have tried, learned, were pleased with and concerned about. Then they would discuss what steps they needed to take next and set goals. Staff used pictures to describe people's achievements or things they had done.

Staff were knowledgeable of people's communication ways and ensured people received information in an appropriate way. People's care was not rushed, enabling staff to spend quality time with them. The service was spacious and allowed people to spend time on their own if they wished. We spend some time together with people in the sensory area. We saw the area really affected people positively and it helped them feel calm and relaxed.

People were encouraged to be as independent as possible. Staff understood little things or tasks were important to people and their independence. Staff were there to help if someone needed assistance. People felt they were involved in the service and encouraged to be independent without staff "taking away my skills". People identified goals they wanted to achieve to be independent and proud, for example, to go out on their own to meet friends, to start their own garden or to overcome anxiety and leave the house. We saw these goals were achieved and continued to be encouraged.

The support plans were drawn up with people, using input from their relatives or representatives and from the staff members' knowledge from working with them in the service. People's records included information about their personal circumstances and how they wished to be supported. Staff provided care that was individual and centred on each person to ensure people felt they mattered. The service kept any private and confidential information relating to the care and treatment of people securely locked away.

Is the service responsive?

Our findings

Care records contained support plans and risk assessments personalised to each person's needs. These plans outlined the likes, dislikes and preferences of each person. Support plans clearly explained how people would like to receive their care, treatment and support. This information enabled the staff to monitor the well-being of the person. The service used a risk assessment analysis system to ensure they were able to identify and manage risks effectively so it did not affect people's daily routine. The registered manager and staff reviewed people's care and support needs to ensure they were supported in the way they preferred. People's abilities were also kept under review and any change in independence was noted with changes made to their care plan as necessary.

Staff were able to explain how people liked to be cared for, the importance of putting people first and listening to their wishes. Important information was recorded daily about people including how they had spent their day, activities attended, food eaten, things they enjoyed and if anything upset them. This was used to understand people's behaviours and wellbeing in order to respond to any changes and make prompt referrals to appropriate professionals. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People had a range of activities they could be involved in and staff ensured they got out of the house regularly. People were supported to follow their interests and take part in social activities like exercises, gardening, cooking, exercises and music sessions. Some people helped with daily chores like helping cook meals or setting the table. People were supported to maintain relationships with their families. With staff support some people were able to gain more independence and confidence to do things, for example, use their mobility aid to get out and about and meet friends. This would enable the person to maintain relationships important to them and remain independent. Another person did not feel confident going out of the house. However, with staff support they were able to go out now more regularly, enjoying their time doing things they liked. Outside activities included going to the seaside, local pub, park and fun activities to ensure people maintained links with the local community and felt part of it.

The registered manager sought feedback from people, their families and professionals about the care and support. This was achieved through reviews of each person, sending quality assurance questionnaires out and speaking to the people and their families. We looked at the most recent survey carried out. The responses were mainly positive. If there was any action to complete, this was addressed and responses sent to the person. Complaints and concerns were taken seriously and would be used as an opportunity to improve the service. There had been three complaints since the last inspection and these had been responded appropriately. People's concerns and complaints were encouraged, investigated and responded to in good time. Staff knew how to respond to complaints and understood the complaints procedure. We saw there were a number of compliments thanking the staff for the care and support provided to the people.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage Elizabeth House. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

There was a pleasant environment at the service where people were respected and involved. We saw people and staff had built good and kind relationships and communication between each other. We observed friendly and fun interactions and respectful support provided to people. The registered manager was committed to maintaining a good team working in the home. They encouraged good relationships and support to each other among the staff team because they believed this would have a positive impact on the people and support received. They were committed to maintaining a homely environment and ensured there was always time for people, their relatives and staff to discuss things important to them. The registered manager spent some time working alongside the staff to observe how they interacted and supported people. Staff considered people's wishes and were motivated to provide high quality care. The service's aim and objectives were to provide people with excellent support. The service also worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge.

People who use the service also had monthly house meetings to get together and discuss any matters or issues like house decorations, weekly menus, staffing, activities and holidays. Staff could and would discuss anything at each handover daily. We observed one of these meetings during our inspection. Staff shared information about people, their wellbeing and health, support, daily work and any issues or tasks to be completed. The team discussed various topics in the team meetings including the support and care of people who use the service, policies and procedure, tasks and actions to complete, any issues and ideas. Staff said there was an opportunity to share ideas and keep up to date with good practice within the team. Speaking to the registered manager and staff we could see they were interested and motivated to make sure people were looked after well and able to live their lives the way they chose to. Respect, compassion, caring and positive attitudes towards people and work were attributes present in this home. We observed good practice taking place during our inspection that had a positive impact on people's lives.

Staff were positive about the management of the service and the support they received to do their jobs. They felt it was a good place to work and enjoyed their work. Staff felt the registered manager was a good leader and available if support was needed. Staff said, "[The registered manager] is so nice, any problems, I can always go to her" and "[The registered manager] is very compassionate and she likes to listen". Staff said there were opportunities to discuss issues or ask advice and support. They told us the registered manager was always available if they needed guidance.

The staff carried out daily checks including for cleaning, service management and people's care to make sure tasks were completed, actions had been taken and the service was left in good order. The registered manager carried out checks to monitor the quality of care and support. They analysed information recorded

through those checks to identify any trends and patterns that could inform learning to improve the service and prevent future incidents from occurring. For example, some people had behaviour that may challenge others. After an incident between people using the service, the staff team found out the person was not well and that had affected their behaviour. They started weekly health checks to ensure they picked up the illness early and contacted the doctor in a timely manner. Information was always shared with staff so they were aware of what was going on. When an issue or task to complete was identified, the registered manager ensured action was taken and issues were resolved. The registered manager also told us they were compiling a new audit system that would help them check their practice against national standards and take action where necessary. This new audit system would be trialled for a few months to ensure anyone could use it and understand what needed to be completed. The registered manager wanted to ensure the system would help evaluate and improve their practices where necessary to ensure people received appropriate care at all times.

The registered manager sought feedback from the staff through regular meetings and day to day communications. The registered manager also attended various managerial meetings together with other managers on the estate and senior management. These were used to discuss any ideas, issues and share information, as well as to discuss people who use the service, their support and care and goals for the organisation. These events were important and helpful for managers to share experience and ideas. There was access to the senior management which were approachable and focused to achieve the best outcomes in regards to care and support for people. However, the registered manager felt they would benefit from more regular supervision and support as a manager of the service. Otherwise, the registered manager said the senior management would do everything they could to ensure people who use the service received the best care and support. They were always approachable and any issues would be addressed.

The service promoted a positive culture. People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt encouraged to make suggestions for improvement and felt their suggestions were taken seriously. People and staff had confidence the registered manager would listen to their concerns and they would be received openly and dealt with appropriately. The registered manager felt they were supported by the staff team to ensure people received appropriate care and support, "They are a nice team, and they work very hard and get on well. They make me smile".