The Params Care Limited

The Params

Inspection report

18 Foxley Lane
Purley
Surrey
CR8 3ED

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25 November 2015

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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 24 and 25 November 2015 and was unannounced. At our previous inspection in October 2013, we found the provider was meeting the regulations we inspected.

The Params is a residential care home that offers accommodation and personal care for up to 13 adults with learning disabilities, sensory impairments and mental health needs. The home is situated on a hill and only accessible via a set of steps. It is therefore not suitably designed for people who use wheelchairs. At the time of our inspection there were ten people using the service.

There was a registered manager who had worked at the home since 2012. A registered manager is a person who has registered with the Care Quality Commission 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.

People and their relatives told us they felt safe at The Params. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures to support them in their role.

The service was clean, safely maintained and furnished to comfortable standards. Bedrooms were personalised according to people's needs and interests.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. This is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty. The manager and staff understood the requirements and took appropriate action where a person may be deprived of their liberty.

People's needs were regularly assessed, monitored and reviewed to make sure the care was current and relevant. The care records were person centred and descriptive, ensuring staff had specific information about how they should support people. Care records included guidance for staff to safely support people by reducing risks to their health and welfare.

People were supported to keep healthy. Any changes to their health or wellbeing were acted upon and referrals were made to social and health care professionals to help keep people safe and well. Accidents and incidents were responded to appropriately. Medicines were managed safely and people had their medicines at the times they needed them.

Staff recruitment practices helped ensure that people were protected from unsafe care. There were enough qualified and skilled staff at the service and staff received essential training to support them in their role. This was followed by ongoing refresher training to update and develop their knowledge and skills.

People were offered choices, supported to feel involved and staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff.

Staff were patient, attentive and caring in their approach; they took time to listen and to respond in a way that the person they engaged with understood. They respected people's privacy and upheld their dignity when providing care and support.

People were provided with a range of activities in and outside the service which met their individual needs and interests. Individuals were also supported to maintain relationships with their relatives and friends.

There was an open and inclusive atmosphere in the service and the manager showed effective leadership. People, their relatives and staff were provided with opportunities to make their wishes known and to have their voice heard. Staff received regular supervision and spoke positively about how the registered manager worked with them.

The provider completed a range of audits in order to monitor and improve service delivery. Where improvements were needed or lessons learnt, action was taken.

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 told us that they felt safe and well looked after. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

The environment was regularly checked to ensure the safety of the people who used the service and staff.

Staffing levels were organised according to people's needs and the provider followed an appropriate recruitment process to employ suitable staff.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective. Staff were provided with training and support that gave them the skills to care for people effectively.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

Is the service caring?

Good

The service was caring. People were comfortable and relaxed in the company of the staff supporting them.

Staff treated people with dignity, respect and kindness. They knew people's needs, likes, interests and preferences.

People were involved in making decisions about their care, treatment and support as far as possible. Staff understood the different ways individuals communicated.

Is the service responsive?

Good

The service was responsive. People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded promptly to people's changed needs or circumstances and relevant professionals were involved where needed.

People were involved in activities they liked, both in the home and in the community. They were supported to maintain relationships with their friends and relatives.

Is the service well-led?

Good

The service was well-led. There was a registered manager and people spoke positively about them and how the service was run.

Staff were clear about their roles and responsibilities and there was open communication within the staff team.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service. Where issues were identified these were actioned to improve the service people received.

The Params

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.

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. Prior to our visit we also reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the service on the 24 and 25 November 2015. The first day of the inspection was unannounced and we informed the registered manager that we would return on a second day to complete our inspection. This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with six people using the service, a relative, the registered manager, registered provider and three members of staff during the course of our inspection. Not all people were able to communicate verbally with us so we spent time in communal areas observing their care and interactions with staff.

We looked at four people's care records to see how their care was assessed and planned. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We checked four staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits and health and safety records. We also checked how medicines were managed and the records relating to this.

Good

Is the service safe?

Our findings

People who were able to talk with us said they felt safe living at The Params. Their comments included, "Yes I feel safe, no concerns" and "I feel safe here, and someone will always come and see me, night and day." A relative had similar confidence about the safety of their family member. Staff knew what steps to take if they suspected or saw an incident of abuse. They could describe the different types of abuse they may encounter and how to report any safeguarding concerns within or outside the service. Staff knew about situations where people's safety may be at risk and were also aware of the reporting process for any accidents or incidents that occurred.

People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Where risks were identified, there was guidance for staff on the ways to keep people safe in their home and in the local community. Staff gave examples of this such as checking the environment for trip hazards and supporting people with mobility needs to use the front steps. This was confirmed by a person using the service who told us, "The staff help me right to the bottom of the steps." Individual risk assessments were personalised, current and regularly reviewed. Examples included personal care, safety in the home, falls prevention, fire safety and eating and drinking.

The home was safely maintained and there were records to support this. Health and safety checks were routinely carried out at the premises and systems were in place to report any issues of concern. There were arrangements in place to deal with foreseeable emergencies and staff told us on call support was always available through the manager or senior staff. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. Practice evacuation drills were regularly held involving both people using the service and staff and there was an up to date fire risk assessment for the home. People had specific risk plans on how staff should support them to leave the building in the event of a fire.

There were recruitment and selection procedures in place to help ensure people were safe and being cared for by suitable staff. We reviewed the recruitment process which confirmed that staff were appropriately vetted before they started working at the service. A checklist was held to show that the necessary identity and recruitment checks had been completed. These included proof of identification, qualifications, employment history and criminal records checks via the Disclosure and Barring Service. References from previous employers were obtained to check past performance in other employment.

People told us they received enough staff support. On the day of our inspection we saw that staff were available for people when they were needed. There were between three and four staff on duty throughout the day with one staff available at night. In addition the registered manager worked flexibly throughout the week and was available to provide support if required. Staffing rotas confirmed that these levels were maintained. Additional staff were provided for people to attend appointments and to undertake activities. Staff said the levels were sufficient to meet people's needs; they were not rushed and were able to spend time with people. Where individual needs directed, staff provided one to one support for people either at home or out in the community. One person regularly went shopping at a local supermarket with a staff

member.

The arrangements for the management of people's medicines were safe. People had appropriate risk assessments in their records to show whether they were able to manage their medicines. Their prescribed medicines were reviewed by relevant healthcare professionals as necessary. People had written profiles about their medicines which included details about the name of the medicine, the dose and date of prescription. Where people needed medicines 'as required' or only at certain times there were person centred guidelines about the circumstances and frequency they should be given. One example included, "I need to apply this [prescribed cream] when I get spots on my face." We discussed adding similar information about the reasons why people were prescribed their regular medicines with the registered manager. He agreed to update the profiles to include these.

Medicines were stored securely and the staff maintained up to date records for their receipt, administration and disposal. The sample of two records we checked showed that people received their medicines as prescribed. The Medicine Administration Records (MAR) were completed accurately and there were no gaps in the signatures for administration.

Records confirmed the manager and appropriate numbers of staff had received training in the safe handling of medicines. There was up to date policy and guidance about medicines for staff to refer to. A named member of staff had responsibility for the auditing of medicines every week. These audits had been consistently completed. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed. The supplying pharmacist had completed a medicines audit in May 2015. The report identified a few recommendations which had been addressed. For example, the manager had obtained and shared guidance for managing medicines in care homes issued by the National Institute for Health and Care Excellence (NICE).

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the manager. Our observations and discussions with staff showed they knew people well and how to support individual needs and preferences. They sought people's consent before they supported them and discussed activities with them in a way people could understand. This included using clear language and gestures. A relative felt that staff understood their family member's needs.

People were supported by staff with appropriate skills and experience. Staff told us they had the training they needed to care for people and meet their assessed needs. There was an up to date training and development plan for the staff team which enabled the manager to monitor training provision and identify any gaps. This helped ensure that staff kept their knowledge and skills up to date and at the required frequency. Staff shared examples of recent training courses such as record keeping and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). One staff member told us the local authority that had been supporting the home with this training.

Staff told us supervisions took place every month and we saw records to support this. Staff felt supported and able to discuss any important issues with the manager at any time. One told us, "We discuss the clients, the home, training and any concerns." Yearly appraisals of work performance were also held with staff and the manager to review personal development and competence.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had assessed where a person may be deprived of their liberty. For example, it was recorded that one person was "under continuous supervision and control" as it was unsafe for them to access the community unaccompanied. Records demonstrated the correct process had been followed and appropriate documentation was in place. We saw applications and emails showing that the manager had been in contact with the local authority DoLS team.

Policies and guidance were available to staff about the legislation and staff had received relevant training. They understood the importance of gaining consent and to assume that a person has capacity. Care records showed that people had received capacity assessments and included information about promoting

people's human rights such as "putting the person in control." Where people did not have the capacity to make decisions for themselves, mental capacity assessments were in place and decisions made in the person's best interests were documented to show who had been involved.

People were supported to make their own choices about what they wanted to eat and drink. One person told us they liked the meals and said, "We have assorted food, different things every week." A relative told us, "The food is good, people have fresh cooked meals." People were involved in planning the weekly food shopping and meal preparation. We observed that staff asked people what they would like to eat for their evening meal and staff supported them with their preferences. We asked the manager to consider making the menu format more accessible to people by using pictures or photos. They agreed to review this.

Care plans contained information about the areas people needed support with and any risks associated with eating and drinking. For example, where people had swallowing difficulties and needed a soft diet, 'mealtime information sheets' described how the person should be supported. Where concerns about a person's food intake or swallowing ability were identified, these were referred to a specialist. For example, one person had involvement from a speech and language therapist (SALT). Recommendations had been made about the consistency of food and drink required and the support needed to ensure their nutritional needs were met. During the evening meal, we saw this person received food and drink in accordance with these recommendations and staff demonstrated awareness of individuals' needs.

People who used the service were supported to maintain good health and had access to health services for routine checks, advice and treatment. Care records showed that other professionals were consulted and involved when concerns were raised about people's health or wellbeing. For example, staff noted a change in one person's mobility and referrals had been made to relevant professionals such as physiotherapy. Records showed that staff had followed the advice and guidance provided by visiting health and social care professionals. This was also supported by feedback from a relative. They told us they had raised some concerns in the past about a health need and commented, "It was dealt with by the doctor straight away."

Each person had a health passport. This contained information about how staff should communicate with the individual concerned along with medical and personal details. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of people's individual's needs. We saw that information had been kept up to date and reviewed appropriately when people's needs had changed.

The bedrooms were decorated and furnished according to people's choices. There were items of personal value on display, such as photographs, memorabilia and other possessions that were important to individuals and represented their interests. The home was designed and equipped to meet people's needs. Since our last inspection a wet room with walk in shower and toilet had been installed on the ground floor. One person told us this had improved their independence due to their mobility needs.

Good

Is the service caring?

Our findings

People who could talk with us said they liked the staff and described them as "kind", "friendly" and "helpful." One person told us, "I like everybody [staff] here." Those people who were unable to comment were relaxed in the company of staff. We observed people smiling and a relative spoke positively about the care provided and staff being approachable and caring. They also said the service "always seems calm."

People using the service communicated their needs and wishes in different ways and our observations showed staff understood and responded accordingly. One staff member explained they showed one person pictures to help them make choices and decisions about activities and meals. Where people were unable to communicate verbally, staff were aware of body language and signs individuals used to express their needs and feelings. There was guidance about how people communicated and their ability to make decisions about their care and support.

People were supported to make decisions and choices. One person told us, "Staff ask what you want to do and I go to bed when I want to." Each person had a named keyworker staff and there were advocacy arrangements, as well as family input, to represent people's interests. A relative told us that they were consulted about their family members' care and felt fully involved.

People's care needs, choices and preferences were recorded and written in a person centred way as "My plan." Other information reflected what was important to the person now, and in the future. Staff showed knowledge about the people they supported and were able to tell us about people's individual needs, preferences and interests. Their comments corresponded with what we saw in the care plans. The care plans were person centred and illustrated with photos to promote people's involvement and understanding.

People's diversity was respected in order to provide individualised support. The support plans gave detailed descriptions of their individual needs and how support was to be provided. There had been input from families, historical information, and contributions of the staff team who knew them well with the involvement of people themselves. Care records reflected whether people had any spiritual or cultural needs they required support with. There were details in relation to their food preferences, interests and background. People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were recorded. Staff supported people to phone and visit relatives as appropriate. A relative confirmed they were kept up to date and they were always welcomed in the home when they visited.

People looked well cared for and were supported to dress in their personal style. People who were able to comment told us staff respected their privacy and dignity. During our inspection, people chose where they wished to spend their time. People's bedroom doors were closed or left open according to their choice. The staff respected people's own personal space by knocking on doors and allowing individuals time alone if they requested it. We observed people going and returning from various activities and we saw that people were treated with respect and dignity.

We noted that some of the language used in the care records did not always uphold the individuality and dignity of people using the service. One example included "temper tantrums" and "isolate from room." In addition we saw that people's personal information was displayed on a notice board in the dining room. The manager agreed to review these records and acknowledged that staff would benefit from refresher training on person centred care. The manager also removed the information from the notice board.

Good

Is the service responsive?

Our findings

We found that people received a personalised service that was responsive to their needs. Before people came to live at the service their needs were fully assessed. This was achieved through gathering information about the person's background and needs as well as meeting with family and other health and social care professionals to plan the transition appropriately.

We looked at care records for the person who had moved in most recently. Prior to a permanent move, the person had stayed for short breaks to help them familiarise with the service and assess if it met their needs. The needs assessment considered all aspects of the person's life, including their strengths, hobbies, social links, preferences, health and personal care needs and ability to take positive risks. There were also records to show that the service had taken action to address their assessed needs on admission. For instance, a communication book had been introduced and a referral made to other professionals such as the SALT.

Care plans included personalised and accurate details about people's needs and preferences. An example referred to a person's dislike for noisy environments and the impact this may have on them. The plan gave staff clear information about how to support the person's needs and minimise any anxiety.

The service took account of people's changing needs and their care and support needs were regularly reviewed. This was achieved through yearly care reviews or more frequently where needs had changed. When this happened, people's records were updated appropriately. We saw an example where a person's prescribed medicine was changed following a review with a health care professional. This had resulted in a positive impact for the person who experienced less tiredness. Review meetings involved the individual, relatives or other professionals involved in people's care. This process helped the registered manager and staff evaluate how people's needs were being met.

Staff had a good understanding of people's individual needs and how to support them. They gave examples of ways they responded to people's needs. One staff member described how they ensured a safe environment for a person with mobility issues. Another staff member discussed the importance of preparing meals correctly for two people. Staff recorded what support people had received on a day to day basis. This included details about each person's daily experiences, activities, health and well-being and any other significant issues.

People who accessed the community independently told us they chose when to go out. Staff knew what activities people enjoyed and supported them with their preferred hobbies. For example, playing snooker and following a favourite football team.

Care plans recorded what was important to people and how staff should support them with their activities in the home and local community. These included local walks, social clubs, shopping, trips out to places of interests and restaurants. Staff had recorded what people did each day. At the time of our visit people were engaged in activities at home or supported by staff to attend community day services. A relative commented that people had a good variety of activities and staff respected people's choice not to take part if they so

wished. Throughout the home there were photos displayed of people taking part in activities, events and celebrations.

Relatives told us they were asked for their views about what the service did well and where they could improve. The manager told us people using the service and their relatives were offered satisfaction surveys every year. We noted that people and relatives who took part in the latest survey were happy with the standard of care and support provided.

People said they would speak to the manager or their keyworker if they needed to complain about anything. One person told us staff chatted with them if they felt unhappy. The complaints procedure was displayed within the service and available in an easy read format to help people understand the information. When speaking with staff, they showed awareness of the complaints process and said they were confident to approach the manager. Records showed there had been no complaints about the service since our last inspection. A relative told us they had raised an issue in the past but this had been dealt with immediately by the manager.

People had monthly meetings with the staff to discuss their support and plan their weekly menu choices and activities. One person told us they had talked about plans for Christmas at the most recent meeting. People were also encouraged to discuss any concerns or worries through meetings with their keyworker. Staff had a good awareness and understanding of how people with communication needs may indicate they were unhappy through vocalising or specific body language.

Good

Is the service well-led?

Our findings

The registered manager encouraged open communication with people, relatives and staff. We observed people coming into the office to speak with him throughout the day. The manager was welcoming and took time to listen and advise. People we spoke with felt the home was managed well. One person described the manager as "lovely" and "always here." They also complimented the manager for visiting them regularly when they spent some time in hospital. A relative told us they found the manager approachable and could discuss anything.

The manager and same staff team had worked at the service for a number of years. Staff we spoke with told us they worked well together in order to provide consistency for the people who used the service. As well as monthly meetings, a communication book, daily shift plans and handover records were used to support the sharing of information. Staff told us they felt well supported by the manager and were comfortable to raise any issues with him. One described the manager as "wise" and "fair." We looked at recent staff meeting minutes which were clear and focused on people's needs, the day-to-day running of the service and any planned improvements. Staff also understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it. Information about the provider's whistleblowing procedure was available to staff.

The registered manager ensured his own personal knowledge and skills were up to date. He had attended learning events and kept up to date with best practice. This included attendance at forums and training courses run by the local authority. We saw that information from these events was cascaded down to staff through meetings.

People using the service and relatives were provided with quality assurance surveys every year. Findings from the 2015 surveys showed that people were satisfied with the care and support they received. Eight out of eight relatives had completed questionnaires and all their responses ranged from 'good' to 'very good.' We saw that the manager had reviewed feedback comments in the questionnaires and responded to the few issues raised by some relatives. For example, more activities had been introduced for people using the service.

Arrangements were in place to monitor the quality of the service provided. These included weekly checks and monthly audits in areas such as the environment, care plans, risk assessments, health and safety and medicines management. After audits had been carried out the registered manager used them to identify areas where improvements were needed and an action plan was put in place to ensure changes were made. The PIR also gave us information about how the service performed and what improvements were planned. The manager knew what was required to develop the service. During our inspection, they were cooperative and welcomed any advice or guidance we gave.

The registered provider told us they visited the service regularly although they did not write records about these visits. We discussed the use of additional governance systems with them and the registered manager. This included following the fundamental standards set by the Care

Quality Commission to check the quality of care of people received. The provider agreed to look at further ways of reporting people's experience of the service.

The service worked closely with health and social care professionals to achieve the best support for the people they supported. A professional told us, "If there are any issues, they contact us straight away." They also described the manager as "knowledgeable, organised and well-liked by service users and staff."

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared through regular supervision, training and relevant meetings. We found that on one occasion a notification about a reportable incident had been overlooked but that all required action had been taken. A notification is information about important events which the provider is required to send us by law. Following our inspection the manager promptly submitted an appropriate notification form.