

Purley Park Trust Limited

Slade House

Inspection report

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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

Slade House is a care home (without nursing) which is registered to provide a service for up to eight people with learning disabilities. People had other associated difficulties such as being on the autistic spectrum. Slade House is one of eight separate care homes within the Purley Park Trust Estate. There were eight people living at the service when we visited.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People and their relatives felt confident that people were safe and secure when receiving care. There were clear systems in place to ensure the safety of people. Staff had received training to identify if people were at risk from abuse or harm.

Sufficient staff were deployed to ensure that people had a consistently reliable service. Recruitment procedures to appoint new staff were thorough. People were supported to take their medicines safely.

People who use the service used a range of communication methods. These included non-verbal to limited verbal communication. People's individual methods of communication were clearly understood by staff.

People received good quality care. Staff treated people with respect and kindness at all times and were passionate about providing a quality service that was person centred. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

People's dignity and privacy was respected. People told us staff were reliable, friendly, and caring. Staff developed positive and caring relationships with the people they supported and used creative ways to enable people to remain independent.

Quality assurance frameworks in place across the service were robust. The registered manager conducted regular audits that were systematic and meaningful. They ensured the service continued to provide excellent quality and safe care. The records kept of these checks showed that, where issues were identified, prompt action had been taken.

People received their care and support from a staff team that had a full understanding of people's care needs and the skills and knowledge to meet them. Staff were given an induction when they started and had

access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently.

Further information is in the detailed findings in the full report.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service improved to Good.

Slade 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.

The inspection was unannounced and took place on 30 November 2018. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we have collected about the service. This included the previous inspection report and 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.

We looked at care records for five people who live in the service. This included care plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with three people who live in the service and observed interactions between people and the care staff. We spoke with four staff members including support workers, senior support workers and the registered manager. We requested information from external health and social care professionals including the local safeguarding team. All responses were extremely positive. We received comments from some relatives, which were also positive.

Is the service safe?

Our findings

People we observed were actively seeking out staff to support them. From our observations people looked comfortable and relaxed with staff. This demonstrated people felt secure in their surroundings and with the staff who supported them. Staff told us how they ensured the safety of people who used the service. They had received training in this area and were clear about who they would report any concerns to. They were confident that any allegations of abuse would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to the relevant external organisations.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. Identified risks were discussed with people in a way they could understand and measures put in place to mitigate these risks. Risks were managed and helped people overcome any obstacles to enable them to be as independent as possible. For example, one person was assessed as being at risk in the community by themselves. Staff regularly supported this person in the community in a way that kept them safe, to ensure their needs and wishes were met and respected.

Risk assessments of the premises were undertaken to ensure the safety and wellbeing of people living there. These included, Fire safety, legionella and monitoring of hot water outlets to minimise risk from scalding.

There continued to be enough experienced and reliable staff who were skilled, knowledgeable and equipped to safely meet the needs of people living at the service. The staffing levels were appropriately managed to ensure staff could accompany people if they decided to go out for the day. The provider had effective recruitment practices, which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. Evidence of conduct in previous employments had been requested and gaps in employment history were explained.

People were supported to safely receive their medicine as prescribed. The registered manager had recently introduced secure medicine cabinets in people's rooms. Keys for each person's medicines cabinet was kept safely in a locked office or with a designated member of staff. Staff were trained to administer medicines carefully and record this on a medicine administration record. Staff were updated and checked to ensure they were competent to administer medicines.

Staff followed best practice guidance in relation to infection control and prevention throughout the service. Staff had a high awareness of safety, hygiene and areas for potential cross contamination. Training was regularly updated and staff were provided with gloves and aprons to ensure people were kept safe. All staff were trained in safe food handling and ensured people's food was safely made.

Accidents and incidents were monitored to identify any trends or patterns to ensure appropriate actions could be taken. Any issues identified were discussed with staff to ensure appropriate measures going forward were in place. Where required the registered manager had informed the local authority and CQC of

any incidents

Is the service effective?

Our findings

Staff ensured there were high levels of involvement and feedback from everyone when assessing people's needs. Records showed that for each person an in-depth, comprehensive assessment of their needs had been carried out with the person, using a range of assessment tools. These assessments showed where people had identified goals and aspirations. These then fed into their care plans. Periodic reviews took place to make sure that assessments and plans were followed through consistently.

Individual bedrooms were furnished and decorated according to people's preferences and they were happy to show us around their home. One person had their own sensory equipment that enabled them to communicate more effectively with people and staff.

All new staff received inductions and undertook the Care Certificate training which supports staff to develop and demonstrate key skills, knowledge, values and behaviours. This enables staff to provide people with safe, effective, compassionate care. Staff confirmed they received appropriate training and support for their role. Staff completed regular training in topics such as safeguarding, health and safety, moving and handling and infection control. They were also provided with training specifically tailored to the complex physical and mental health needs of people they supported, for example in areas such as epilepsy and autism.

People were happy with the arrangements around food, meals and choice. Staff encouraged and supported people to eat healthily and to be involved in shopping, cooking and budgeting. Meals were prepared and well presented to meet people's individual needs and alternatives of the main meal were offered. Appropriate referrals were made to the dietitian and speech and language therapists when staff had concerns about people's wellbeing.

People had access to health and social care professionals such as their GP, dentist and speech and language team and could attend appointments when required. Staff were fully updated on health appointments people had attended and people's care records detailed outcomes from relevant health care appointments. A handover meeting ensured all staff were informed of the outcome and how to support the person. The information was fully detailed within the person's records. We saw the service worked closely in partnership with other professionals such as, district nurses, chiropodists and occupational therapists. People each had a 'health passport' to provide to hospital staff in the event they needed treatment there. This summarised important information about them, their health needs, and how they communicated.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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.

We checked whether the provider was working within the principles of the MCA. Eight people using the

service were subject to authorisation under the Deprivation of Liberty Safeguards. The registered manager and staff had a good understanding of the MCA and had received MCA training. We saw evidence that people had been involved in decisions about their care. People's capacity to consent to aspects of their care, including personal care, support with nutritional needs, finances and support in the community were assessed and recorded.

Is the service caring?

Our findings

Both staff and management were fully committed to ensuring people received the best possible care. People received care and support from staff that had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. People who use the service benefitted from the reassurance of receiving their care and support from staff who understood them and knew how to motivate their involvement in meaningful activities.

People were supported to keep in touch with their families and to maintain relationships which were important to them. A relative told us, "They are great, they always get in touch. I couldn't ask for a better service for [name]."

People were clearly understood by staff when they made choices and expressed their views. Staff knew people's communication skills, abilities and preferences, which had a positive impact on people's lives. People used various methods of communication that included verbal, body language, signs and pictures of reference. Their preferred method was detailed within their care plan.

There was a range of other ways used to make sure people were able to say how they felt about the considerate and caring approach of the service. People's views were received through care reviews and one to one meetings with the staff.

We observed some excellent interactions between people and staff that came naturally. One person who could not verbally communicate clearly understood what was being said. The person responded to staff with positive eye contact and acknowledgment of what was being said.

Staff had received dignity and values training and demonstrated throughout our inspection their commitment to ensuring people were treated with the utmost respect at all times. A member of the staff team said, "It's about making sure you have that relationship of trust. [Name] will always say what they want and how they want it done. This is their home and you have to respect their privacy."

Staff told us that they had received guidance about and understood how to correctly manage and maintain confidentiality. We noted the care staff understood the importance of respecting people's private information and they confirmed they only disclosed it to people such as health and social care professionals on a need-to-know basis.

All of the information about how the service was run was stored securely. Care record information was stored securely in a locked office. Other files were kept in a locked filing cabinet. The registered provider was sensitive in respecting and managing confidential information. Information was stored and managed in line with the General Data Protection Regulation. This is a new law that has strict rules of how people's information is managed.

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. Information was requested from the person, their relatives and professionals involved in their care. The information was used to inform their care plans. Care plans included very clear, step by step guidance on how people liked to be supported. Staff told us before meeting someone they read the plans, spoke with the management team and then spent time with people, getting to know them. The care plans seen were extremely detailed with clear assessments of initial and current needs. They detailed what was important to people and how they liked things done.

Many people living in Slade House had multiple and complex needs. We saw that staff had taken the time to ensure people's individual needs could be responded to appropriately. For example, one person, when first living at Slade House, would often display behaviours which indicated high anxiety. Staff had worked hard to build a trusting and strong relationship with the person and supported them to express themselves and their wishes. Staff had referred to specialist health and social care professionals to ensure the person's needs could be met. We observed the person, they were very comfortable and content during the inspection.

We saw from care records and speaking with people and staff that each person had the opportunity to take part in social activities in their home and in the community. People had access to activities that were important to them. For example, one person worked in a local church on a weekly basis. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure each person's progress was monitored and their needs continued to be met in a responsive way.

The registered manager told us they were aware of their responsibilities in relation to the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss and supporting them as they moved from one service to another. People's communication and sensory needs had been assessed and planned for. Staff had received training in supporting people who used nonverbal communication. Many of the provider's policies and procedures and care plans were in an easy read format using pictures and symbols. The provider saw this as being important to ensure people were included and empowered and having the information they needed to make decisions about their care.

The provider had a complaints policy that was accessible to people and their visitors. In the twelve months prior to this inspection, the service had received two complaint that were resolved. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. Records supported this.

Is the service well-led?

Our findings

The management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing, safety, and security. The 'whole team approach' and culture in the service had continued to develop and grow.

The service had a registered manager. 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.

Staff described the registered manager as open, approachable and supportive. They regularly worked alongside staff, which promoted a positive culture. Staff told us that the registered manager kept them informed of any changes to the service provided and needs of the people they were supporting.

We found the staff were highly motivated and they told us they were proud to work for the organisation. One staff member said, "I have been working here for a long time. I wouldn't still be here if it wasn't a great place to work".

There was a defined, robust, and effective governance and management structure in place, which gave clear lines of responsibility and authority for decision making about the management, and provided clear direction for the service. Staff had clearly defined roles and were aware of the importance of their role within the team. Systems were in place which enabled continuous assessment and monitoring of the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents.

Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. Regular team meetings took place and were used to share feedback they had received. Regular staff meetings were held and staff were encouraged to have a say on how the service could be improved, reflect on, and share best practice.

There was a consistently high level of engagement with people and their families. All the family members we spoke with commended the level of feedback they got and how the staff were so knowledgeable due to the positive communication between them and detailed record keeping. An annual satisfaction survey had continued to be issued to people, staff, professionals and family members. We saw the recent responses were positive with some suggestions noted. An action plan had been developed to address the suggestions which showed the management team and staff were constantly striving for excellence through consultation, research and reflective practice.

The registered manager and staff team worked well with other external services to achieve positive outcomes for people. We found they worked closely and effectively with other healthcare professionals and family members to ensure people's welfare was prioritised and continually assessed to improve their lives. There was a clear commitment from the registered manager who inspired staff to maximise people's

independence. The variety of individual and personalised activities which took place demonstrated that staff had an incredibly positive impact on people's lives.