

Purley Park Trust Limited

Watson House

Inspection report

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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

About the service:

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

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

The service had been registered with CQC prior to the publication of Registering the Right Support, in 2017. The provider recognised that the need to ensure the service did not reflect the characteristics of a 'campus style development or congregate setting model', which would not be in line with the principles of this best practice guidance.

The eight homes were situated on a residential street, surrounded by public residential areas. There were no restrictions of access to Purley Park Trust Estate, with each home having its own individual security arrangements according to what was most suitable.

Each service of the eight had their own separate staffing team and facilities, which helped to promote individualised care tailored to people's needs. People could socialise with other people on site if they wished, but their care was developed around their own interests, goals and preferences. The home was in walking distance of the local town and there were bus routes available for people who wished to use public transport. People were connected to their local community, utilising services for their vocation, leisure and social activities.

People's experience of using this service:

The provider had a proven track record of successfully supporting people with complex health and behavioural needs, where previous care placements had broken down.

Many people required close monitoring by staff and ongoing input from healthcare professionals. Their historical anxieties around accessing healthcare services had proved to be a barrier to receiving the healthcare they required, resulting in a reduced quality of life. These barriers included past negative experiences and sensitivity to new people and surroundings. Staff provided highly personalised and focussed support to help people effectively overcome these barriers, ensuring they received the healthcare input they needed. This resulted in good outcomes for people, enabling them to live full lives, which were not limited by their healthcare conditions.

The provider had an innate understanding of delivering empathetic and responsive end of life care, fully considering the protected equality characteristic of people's learning disability. Staff worked to ensure people's needs and preferences were at the forefront of how decisions were made and how care was arranged. This resulted in a and person-centred service wide approach to caring for people at the end of their lives.

Relatives and professionals were universal in their praise for the skill and dedication of the provider in ensuring people's needs were met. The provider had consistently delivered high quality care which was intuitive, responsive and individualised.

The provider met people's communication needs and helped them contribute towards making decisions about their care. Staff understood people's preferences and they encouraged people to build meaningful relationships, follow their interests and build upon their skills and abilities. The environment at the home had been adapted to maximise the opportunities for people to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager was a role model to their staff. They were dedicated, professional and provided effective leadership to staff. There were effective systems in place to monitor the quality and safety of the service. There were appropriate policies in place to handle people's complaints and act on feedback.

There were safe systems in place in relation to the management of people's medicines. The provider had supported people and medical professionals to minimise the use of some medicines, where possible.

People were supported appropriately with their nutrition and hydration.

There was an open and transparent culture at the service, which was embodied through all branches of the staff team. The service was clean and had a homely atmosphere. People were comfortable in staff's presence. There were enough staff in place, many of whom had established extremely positive working relationships with people.

Rating at last inspection:

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

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Watson House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

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

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

Notice of inspection:

This inspection was unannounced.

What we did:

What we did before the inspection

Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We wrote to eleven health and social care professionals to gain their feedback about working with the provider. We received feedback from seven professionals in response.

During the inspection

We spoke with five people, who were able to give us limited feedback. We used the Short Observational

Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager and four care staff.

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

After the inspection

We spoke to four relatives to gain their views about their family members experience of receiving care and living at the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from individual risks associated with their mood, anxiety and behaviour. There was detailed guidance for staff to follow when supporting people to manage their anxieties and de-escalate potentially challenging situations, where people put themselves or others at risk. The provider had a strong ethos in minimising the need for any form of restraint as a behaviour management strategy, focussing on positive behaviour strategies to support people to manage their anxiety.
- The provider had a risk analysis tool, which the registered manager used to assess risks to people's health or wellbeing. This included, epilepsy, eating and drinking, falls and use of mobility equipment. Where risks were identified, guidance was put in place for staff to help reduce the potential of harm to people. Risk assessments incorporated guidance from professionals, to help ensure risks were managed safely in line with best practice.
- There were robust arrangements in place to manage environmental risks at the home. For example, each person had a personal evacuation plan in place. This detailed the support they would need to leave the building in the event of an emergency. Where people required specialist equipment such as hoists, the provider ensured these were well maintained and serviced, to help ensure they were safe for use.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Watson House. There was a homely and relaxed atmosphere at the home. People sought out staff's company and felt comfortable in their presence. Staff were attentive to people's needs without being intrusive. Ensuring their safety by monitoring their anxiety or engagement and providing reassurance or redirection should their mood change. This helped to minimise incidents between people.
- Staff received training in safeguarding vulnerable adults. This training helped them recognise the signs people had suffered abuse and appropriate actions to take to help keep people safe.
- The provider had a safeguarding policy in place, which had been developed in line with local authority guidance. The registered manager understood their responsibilities of reporting concerns about people's safety and welfare to the local authorities safeguarding teams.

Staffing and recruitment

- There were enough suitably skilled staff in place to meet people's needs. Many of the staff were long serving and had grown to understand people's needs very well. One relative commented, "They have kept the nucleus of main staff which helps new staff slot in nicely. There is good continuity."
- Staffing levels were determined by assessments of people's care needs. This helped to ensure that enough staff were in place to support people with personal care and activities.

- There were safe recruitment processes in place. This included checks on staff's experience, background and conduct in previous jobs. Staff were subject to Disclosure and Barring Service (DBS) check. A DBS check helps to identify where staff may not be suitable to work with adults made vulnerable by their circumstances. These recruitment processes helped to ensure that only suitable staff worked with people.

Using medicines safely

- There were safe systems in place to help ensure people received their medicines as prescribed. People had medicines profiles in place. These detailed people's medicines, reasons for prescription, instruction around administration and possible side effects.
- The provider had a medicines lead in place, who oversaw the ordering, storage, administration and disposal of medicines at the home. There were organised and effective systems in place to ensure people's medicines were managed safely.
- Some people were prescribed PRN (as required) medicines in relation to anxiety or behaviour. There was guidance developed in partnership with healthcare professionals detailing when and why these should be given. The use of these medicines was minimised to ensure they were only administered after all other strategies had been exhausted.

Preventing and controlling infection

- The home was very clean and hygienic. Relatives comments included, "The cleanliness of the home is immaculate", and, "The home always smells fresh and is cleaned to a high standard." Staff oversaw the cleaning of the home and carried out regular duties including laundry, cleaning of communal areas and equipment such as hoists.
- The service had received a rating of five, by The Food Standards Agency in January 2018. This reflected a high standard of cleanliness and food hygiene.
- Staff had received training in infection control and understood the measures required to minimise the risk of infections or germs spreading. This included the use of personal protective equipment such as gloves and aprons when supporting people with their personal care.

Learning lessons when things go wrong

- The registered manager documented any incidents that took place. They reviewed these reports to identify triggers and strategies to avoid reoccurrence. These measures had been effective in learning from incidents to promote people's safety. This included actions which had been implemented after people suffered a fall.

Is the service effective?

Our findings

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

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

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

- Many people had complex health needs which required close monitoring from staff and ongoing input by healthcare professionals. By meeting these needs, people were able to live full and active lives that were not defined or limited by their medical conditions.
- People received effective care which led to positive outcomes. In many examples, people had experienced significant improvement in their health and wellbeing due to the provider's input. In one example, one person was admitted to the home having not mobilised independently for a significant period. They had been told they would no longer be able to walk, becoming socially isolated as a result. The provider worked with the person and physiotherapists to develop a care plan which promoted the person's mobility and confidence, which had resulted in them regaining the ability to walk independently.
- Professionals told us the provider was adept in incorporating best practice into people's care. The provider had systems in place to monitor and continually assess people's health, mood and behaviour. Guidance was very specific to people's individual needs and fully reflected recommendations from professionals. There were very clear protocols in place to refer concerns back to professionals when required. One healthcare professional told us, "They are very prompt to contact me when they have concerns. I also know that if the manager contacts me there is a valid reason." In one example, one person was admitted to the home after a stay in hospital with severe malnutrition. Upon admission to Watson House, the person was still very underweight and was suffering associated health issues. The provider incorporated guidance from dieticians and doctors to introduce a diet plan that promoted safe and gradual weight gain. The provider worked closely with professionals to monitor the person's health, reporting fluctuations and making changes to person's diet according to professionals' advice. This had significant benefits for the person's health.

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

- We received positive feedback from six professionals about the providers working collaboration with other stakeholders. In one example, a healthcare professional told us how they had provided staff training, developed guidance and fostered an exceptional ongoing working relationship with the provider. They commented, "Excellent joint working. Staff treat me professionally and seek and follow advice as necessary. I am always confident that guidelines will be adhered to and that if they have questions they will ask." The provider consistently incorporated professional's guidance to meet people's needs. In one example, the provider worked closely with doctors and health professionals to monitor a person's health whilst they were supported to reduce the dosage of a medicine they were prescribed. The process of reducing the person medicines was complex and required close monitoring from the provider and collaboration between professionals. The provider work with doctors to develop monitoring tools which could track the impact of

the medicines reduction to gauge potential benefits or side effects. The provider reported concerns or changes to professionals quickly to ensure the person's medicines could be adjusted to find the right dose needed to be effective.

- There was a thorough approach to planning and coordinating when people moved between services, which fully reflected individual circumstances and preferences. This had contributed to several successful transitions into the service for people with complex needs or a history of failed care placements. In one example, a person had a gradual transition into the service, set at a pace which gave the person control, time and support when adapting to new surroundings. The provider dedicated time and resources into ensuring they put the person's needs at the centre of the transition plan, which had resulted in a successful placement at the service.

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

- Technology was incorporated to increase people's independence. In one example, one person mobilised with use of a wheelchair. The provider had made adaptations, so the person could activate their bedroom door and curtains through wall mounted buttons and remote controls. The provider had made adaptations to the person's bathroom, so they could use it independently and arranged for a bed the person could lower to floor level, so they could get in and out themselves. These adaptations meant that the person had a degree of independence in areas of their everyday life, which they would otherwise be fully reliant on staff for.
- The provider understood the impact the home environment had on people's health, anxieties and behaviour, making adaptations to ensure people's inclusion and comfort. In one example, one person wanted to participate in communal mealtimes, but was very sensitive to people encroaching on their personal space. This meant the person would frequently become very anxious around mealtimes and decline to eat. The person had a medical condition which meant it was important to receive good nutrition. Staff worked with the person to purchase their own chair and table, which could be set slightly aside from other people when eating. This enabled the person to participate in communal mealtimes as they wished.

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

- Relatives and professionals told us the provider was excellent at meeting people's healthcare needs. Comments included, "Staff are responsive and preventative steps are also taken to maintain people's health", and, "Staff keep good records [monitoring of health condition] and quickly respond to a change in presentation by referring to the appropriate medical service."
- The provider was creative in helping people to overcome anxieties to ensure they accessed healthcare services as required. The registered manager had received training from healthcare professionals to become a phlebotomist. This was in response to people being reluctant to give necessary blood samples around unfamiliar people or unfamiliar settings. The registered manager had supported people to give blood samples, which would have otherwise been unattainable. This helped medical professionals monitor their people's health conditions and ensure care and treatment plans were appropriate.
- In another example, the provider worked with health professionals to ensure hospital appointments ran as smoothly as possible. Where people were highly anxious about attending healthcare services, staff helped them feel comfortable about upcoming appointments. This included role play and desensitization work prior to appointments and co-ordinating carefully with healthcare professionals to ensure suitable and flexible appointments which minimised waiting times. Staff worked with people post appointment to ensure they had support to address any residual anxieties, which encourage people to future appointments if required. This had significantly increased the number of appointments people had successfully attended.
- The provider had arranged for a local doctor to regularly visit the service to monitor people's ongoing health needs. This also helped people become familiar, comfortable and engage better with health professionals.

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

- Staff had a comprehensive understanding of how to meet people's diverse nutritional needs. Where people had specific conditions such as dysphagia, malnutrition, diabetes or followed specialist diets, staff received training from professionals and followed guidance in line with their recommendations. This included input from speech and language therapists and dieticians. One healthcare professional told us, "The Home Manager contacted me to arrange a rolling programme of delivering dysphagia training to staff. This has been very successful and well attended."
- People and relatives told us the food at the service was fresh and well prepared. Comments included, "Lovely, very nice", and, "The fresh food is a breath of fresh air. It's nutritious and we have really noticed the benefits to [my relatives] health as a result." The provider employed a cook, who cooked fresh food daily. They were very knowledgeable about people's dietary preferences and requirements. The registered manager told us, "We take the subject of nutrition very seriously and have a designated member of staff to plan and prepare the meals to ensure they are well balanced, adhere to guidelines and meet individuals' preferences."

Staff support: induction, training, skills and experience

- Staff were skilled, having received training to meet people's specific needs. All staff received training in line with The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care.
- Staff had attended a constipation workshop run by a healthcare professional. After this training, the provider worked with people to implement changes to their diet, which had resulted in a marked decrease in medicines people needed to take for constipation. Many people had become historically reliant on these medicines and the changes staff made had wider benefits by reducing side effects associated with these medicines.
- In another example, staff had received training in the use of suction machines. A suction machine is a piece of equipment used to help people breathe and prevent aspiration. This training had to be organised at short notice to meet a person's changing needs. Without the training, staff would have not been able to support the person to stay at Watson House. The registered manager told us, "I feel it is important that we are in a position to be able to respond to situations and forward plan for each individual, so we can be responsive to their specific needs."
- The provider tailored training to individual staff's needs and recognised the importance of continued development. The registered manager organised for some staff to attend training at a local undertaker. This was in response to staff voicing they were not confident in providing aspects of end of life care. The training explained the process of caring for people who have passed away. It helped to give staff confidence and develop an effective approach to providing care.

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

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

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

- Staff understood the need to gain appropriate consent to people's care. Each person had an assessment in place which documented decisions about their care they could make, independently, with support and decisions which would need to make in their best interests as they lacked capacity or insight.
- The registered manager told us the process they followed if a person lacked the capacity to make an informed decision about their care. In one example, a best interests decision was made around consent to medical treatment. These actions were in line with the MCA.

Is the service caring?

Our findings

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

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

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

- People were comfortable and felt secure in staff presence. They sought out staff's company for reassurance and companionship. This contributed to an extremely homely and relaxed atmosphere. Many staff had worked at the service for a long time and they had a rich understanding of people's needs.
- Relatives told us staff were exceptionally caring and kind to people. Comments included, "[My relative] has formed a really amazing relationship with staff", and, "In a league table. The care they [staff] provide would put them at the very top."
- Staff were receptive to people's needs when they were anxious or in discomfort. In one example, staff noticed a person had developed a habit of rubbing their head against a seat, which had caused skin irritation. The registered manager helped the person choose a more suitable chair which was non-abrasive to their skin. The registered manager understood that this was part of the person's behaviour and was receptive to making changes to reduce the impact of this.
- Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristic identified in The Equality Act 2010. As part of the provider's assessment process, the registered manager assessed people's needs in relation to equality and diversity to make any adjustments necessary to ensure they suffered no discrimination in relation to their protected characteristics.

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

- People were involved in developing and reviewing their care. Staff understood people's abilities and how they could contribute towards making decisions about their care. Each person had a 'keyworker'. Their role was to work with the person to help identify choices and preferences about their care. This had helped identify people's preferred activities and menu choices, which were incorporated into their care plan.
- Relatives told us the provider kept them fully involved in their family member's care. One relative said, "The phone calls about activities, updates, even phone calls just so [my relative] can say hello. The thought and personalised touch that goes into everything they do is wonderful." Relatives felt welcomed at the service and comfortable spending time at the home. One relative said, "We sometimes visit unannounced. We are always made welcome, made to feel really involved with updates from staff. The atmosphere is natural, calm and homely. It is a special place."

Respecting and promoting people's privacy, dignity and independence

- The registered manager promoted staff spending quality time with people and not rushing their care. People were able to choose when they received help with personal care and where possible, who would

assist them. Staff were not task orientated and let people direct them about when and how they wanted support.

- People were treated with dignity and respect. Staff spoke to people in a kind and patient manner, giving people time to respond and acting on their wishes where appropriate.
- People were given personal space and privacy when they wished. Some people preferred some time on their own. Staff were respectful of this and conscious to ensure people's privacy was promoted.
- People were supported to be as independent as possible. People were encouraged to carry out aspects of their personal care or domestic tasks independently. This helped to boost their confidence and self-esteem as their skills were developed.

Is the service responsive?

Our findings

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

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

End of life care and support

- The provider consistently delivered end of life care that was person centred and inclusive of families and others important to these people. People's care fully reflected their physical, spiritual and cultural needs, taking into account their protected equality characteristics to ensure people's choices and wishes were respected.
- Staff had the training and specific skills to understand and meet the needs of people receiving care at the end of their life. The service had achieved accreditation in the Six Steps Programme. This is a nationally recognised best practice approach to providing responsive and compassionate end of life care. Many staff had also accessed additional qualifications in end of life care. The registered manager and staff were often seconded to the provider's other services to provide advice and support with end of life care.
- The provider was skilled at helping people and their families explore and record wishes about care at the end of their life, so that they felt consulted, empowered, listened to, and valued. This included using knowledge about people's communication needs, abilities, motivations, preferences and life histories to help them make choices about their care. Choices were presented to people in a way they could understand, taking into account their level of insight and potential distress about the concept of their life ending. This included when choices needed to be made about suitable treatment plans, medicines, and in some cases decisions around suitable care placements.
- The registered manager had qualifications to deliver end of life training and bereavement support specifically for people with learning difficulties. This had helped them develop an approach to supporting people, families and other people living at the service, which fully took into account the individual's communication needs, ability to understand and consent to decisions made.
- The provider worked closely with healthcare professionals to provide responsive end of life care. People experienced a comfortable, dignified and pain-free death. Due to people's sensitivity to change and highly complex needs, traditional settings such as hospices or hospitals were not always suitable settings. There were many examples, where people were able to return to Watson House to spend their last days in a comfortable and familiar environment. This was in partnership with other stakeholders such as district nurses.
- There was a rapid response to people's changing care needs and staff were flexible in their approach to ensure people received the right care and treatment. In one example, the provider arranged for staff to support one person in hospital at very short notice, when they were no longer able to stay at Watson House. The person had very complex mental health needs and was highly anxious about being admitted to hospital. The provider arranged for a permanent staff presence at hospital, which helped reduce the person's anxieties and encouraged them to receive treatment from medical professionals. This contributed to the person being as comfortable as possible during their last days.

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

- Relatives and professionals told us the provider was responsive, delivering person-centred care which achieved positive results. Comments included, "Staff are very intuitive. The nucleus of staff they have really know people. We have watched [my relative] grow and develop as a person with their help", and, "The management team is stable, responsive and caring. They consider the individual's views. I would not hesitate in placing someone else in this service. "
- Staff were responsive in meeting the needs of people with complex health conditions. In one example, one person had a very complex health condition which required minute by minute monitoring and intervention by staff to prevent the person becoming acutely ill. The full extent of the person's health condition was not known upon admission to Watson House. The provider responded decisively to ensure training, guidance and support from other stakeholders was in place. The effective management of the person's health had enabled them to stay at Watson House.
- People received individualised care which focussed on their choices and preferences. One relative said, "Their attention to detail is exemplary. They know [my relative] so well." People were supported to follow their preferred daily routines. Staff understood when people needed motivation, encouragement, reassurance or personal space. They were intuitive to people's mood and responsive in adapting planned care accordingly. Staff were skilled at de-escalating potentially challenging situations by working with people to adopt strategies to reduce their anxiety. This meant people felt secure in staff's presence, enabling them to challenge themselves to try new activities and experiences.

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

- People were supported to lead full lives and take an active part in their local community. The service was in walking distance of the local town, people took full advantage of shops and services in their vocational, leisure and social pursuits. People were supported to access public transport and overcome historical anxieties about using these public services. This helped to increase their independent skills as they were not reliant on staff transport or provider led activities.
- The importance of people's relationships with each other was understood, respected and encouraged. Staff recognised where people had shared interests, nurturing their bond through joint activities, including attending clubs or taking a holiday together. Relatives comments included, "They encourage friendships through activities and shared experiences", and, "Staff have worked incredibly hard to foster friendships between people." This helped people form meaningful friendships with others which they would have otherwise struggled to maintain.
- People were supported to follow their interests, identify aspirations and pursue opportunities to improve their skills and independence. In one example, one person was admitted to the home after difficulties at a previous care placement. This had resulted in them becoming, withdrawn, socially isolated and lacking in confidence. Staff worked with the person to improve their life skills through helping with domestic tasks in the home. Staff encouraged other people to join in these activities, which led to the person developing friendships and the confidence to try other activities outside of the home. The person had vastly widened their social network as a result and had been supported to incorporate a wide variety of activities in their weekly schedule. This included participating in several everyday tasks which they previously had not been able to do. This demonstrated that staff understood how building people's confidence and skills could have a wider benefit to their social and emotional wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The provider met the requirements of this standard by presenting information to people in a variety of ways, which was tailored to their understanding.

- Staff promoted effective communication with people. In one example, staff had worked with one person to develop a set of bespoke communication strategies, which incorporated, gestures, staff using storytelling, referring to self in third person and framing upcoming events sequentially. The person struggled to manage; transitions between activities, timeframes and expectations for upcoming events. They could become very frustrated when their communication needs were not met. By using these strategies, staff help the person gain understanding, choice and control about aspects of their daily life, enabling them to successfully broaden the range of activities they accessed.
- Relatives told us that staff's skilled and patient approach had helped to develop people's communication skills and empowered them to make choices about their activities, decoration of home, staff who supported them, food and drink. In some cases, staff had worked with people to develop their spoken language skills, which had resulted in improvements to people's confidence in using speech, promoting their self-esteem and independence. Comments included, "Staff know what [my relative] wants through their body language, gestures and movements. They can help give a voice", and, "[My relative's] speech has really developed since living there. That's down to staff encouraging and spending time with her, giving her confidence and the opportunity to grow into the person they could be."

Improving care quality in response to complaints or concerns

- There were effective systems in place to deal appropriately with complaints. The provider had a complaints policy which detailed how and to whom a complaint could be made to. This policy was adapted into a simplified form to help people understand what to do if they had concerns.
- Relatives told us the provider was responsive to complaints or when concerns were raised. Comments included, "I can always pick up the phone and speak to the registered manager if I had a concern. They are very open to our suggestions and comments", and, "The lines of communication are always open."
- Staff regularly reviewed the complaints policy with people and spoke with them about whether they had any worries, concerns or complaints about their care. Staff were intuitive to people's behaviour and non-verbal cues when getting their feedback about the care they received. This helped to ensure they were able to give meaningful feedback and concerns could be recognised and acted upon.
- The registered manager documented all formal and informal complaints which were reviewed by the provider's senior management. This helped to ensure that there was transparency within the provider when concerns were raised.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Health and social care professionals told us they had been impressed by the person-centred approach of the registered manager. They reported confidence in the provider's capability to deliver high quality care to meet people's complex needs. Comments included, "The registered manager is very good. They put the needs of the client at the top. From what I have seen the care is of an exceptionally high standard", and, "I would not hesitate to recommend this service provider. They look after some extremely complex people and the care here is better than anywhere else in the area."
- People and relatives told us the registered manager was an excellent leader with a person-centred approach. Comments included, "The registered manager is brilliant. An excellent communicator, always going the extra mile by demonstrating a personal touch. She really models exemplary behaviour and professionalism", and, "[The registered manager] embodies everything that is wonderful about the home. She is the heartbeat of the home." The registered manager was knowledgeable about people's needs and played a prominent role in their daily support and care.
- Staff told us they felt supported by management and motivated in their role. One member of staff told us, "We have a wonderful team here and a brilliant manager. We all try to do the best for people we care for."
- People's relatives told us they trusted the provider and there was an accessible and open culture which was embodied throughout the organisation. Comments included, "We are really lucky to have found Purley Park Trust. The organisation is brilliantly run from top to bottom. We know the chief executive. You can go to him for anything, anytime. He has people's best interests at heart."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- There was a clear management structure in place. The deputy manager oversaw aspects of the day to day running of the home and deputised in the registered manager's absence. There was a team of senior staff in place who oversaw the day to day care of people. Staff were clear about their roles and many had taken on additional responsibilities such as overseeing the arrangements for medicines management.

- Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

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

- The provider had worked towards helping people make links with their local community. This included people and local business owners becoming familiar with each other, promoting ease of access to local facilities. The registered manager had also invited members of the local community to a summer fete held by the provider, which had helped to solidify people's integration in the community where they lived. The registered manager told us, "People were running stalls and we welcomed family, friends and members of the community attended. The summer fete was a great success."
- The provider sent out quality assurance questionnaires to people, relatives and professionals. The questionnaire had been adapted into an easy read format for accessibility. Staff went through questionnaires with people to help people give a meaningful response.

Continuous learning and improving care

- There were effective quality assurance processes in place which helped the registered manager monitor the quality and safety of the service. This included audits of support plans, medicines, health and safety and risks relating to the home environment. Where issues had been identified, actions were quickly put in place to ensure they were addressed.
- The service engaged with external professionals by taking on their recommendations about how improvements could be made. In one example, the service had recently had an inspection from a pharmacy, who gave the service very positive feedback about the arrangements for medicines management.
- The provider's senior management also completed regular quality audits of the service. These audits included visiting the service, reviewing care documentation and observing staff's working practices. This helped to ensure the provider had oversight of the quality of the service.

Working in partnership with others

- The provider worked in partnership with other agencies to help provide positive outcomes for people.
- The registered manager made referrals to appropriate external professionals when people had complex care needs or their health condition changed. This included, hospices, palliative care nurses, speech and language therapists, dieticians and physiotherapists. This helped to ensure that people had appropriate plans of care in place.
- We received very positive feedback from seven healthcare professionals about the standard of care, quality of communication and working partnerships the provider had fostered with them. One healthcare professional told us, "The reviews I have attended (with the provider) have always demonstrated that the staff always put the needs of people at the top."