Purley Park Trust Limited

Parry House

Inspection report

15 Huckleberry Close
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Tel: 01189439458

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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 was an unannounced inspection which took place on 11 January 2017.

Parry House is a residential care home which is registered to provide a service for up to eight people with learning disabilities. Some people had other associated difficulties including needing support with behaviours which could be distressing and/or harmful. There were eight people living in the home on the day of the visit, including one person who was in hospital. The service offered accommodation in a purpose built house which provided ground and first floor accommodation.

There is a registered manager running the service. 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 were kept as safe as possible from abuse and harm by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. The staff team's knowledge and understanding of how to keep people and themselves safe contributed to ensuring people lived in a safe and secure environment.

People, staff and visitor safety was further enhanced because general risks and risks to individuals were identified and managed. Staffing ratios ensured people were supported safely. The recruitment procedures were robust and made sure, that as far as possible, staff were safe and suitable to work with people. Medicines were given in the right amounts and at the right times by trained and competent staff.

People's health and well-being needs were met by staff who responded to people's changing needs. The service sought advice from and worked closely with health and other professionals to ensure they met people's health and well-being needs.

Peoples' human and civil rights were understood, and upheld by the staff and registered manager of the service. The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who may not have capacity to do so. People were supported to make as many decisions and have as much control over their lives as they were able to.

People's care was provided by kind and caring staff who were knowledgeable. Individualised care planning ensured staff used a person centred approach and people's equality and diversity was always respected. The service was responsive to people and met their individual needs. People were given the opportunity to participate in a wide variety of activities that met their needs and preferences.

People received good care from a well led service. The registered manager was experienced and qualified and listened and responded to people, staff and others. The registered manager was described as approachable and always supportive. The quality of care the service provided was assessed, reviewed, improved and developed as necessary.

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 who live in the home were as safe as they could be. Staff knew what to do if they thought people were not being protected from abuse.

Health and safety was taken very seriously. Risks to people's, staff's and visitor's health and safety were identified and any necessary action was taken to make sure they were reduced.

Staff were trained to give people their medicine safely.

The number of staff on duty meant there were enough staff to meet people's needs and keep them safe.

Only staff, who had been thoroughly checked and were suitable and safe to work with the people in the service, had been employed.

Is the service effective?

Good

The service was effective.

People were supported and encouraged to make as many choices and decisions about their daily lives, as they could.

Staff made sure people's rights were upheld and they met the legal requirements if people were not able to make certain decisions for themselves.

People's individual needs were met by a well-trained and knowledgeable staff team.

The staff worked with other professionals to make sure people were helped to stay as happy and healthy as possible.

Is the service caring?

Good

The service was caring.

People were happy to be living in the home.

People were supported by kind and caring staff.

People were treated with respect and their privacy and dignity were promoted, at all times.

People's individual needs and lifestyle choices were recognised, respected and supported.

The service made sure people's communication methods were understood so staff could respond to people in the way they preferred.

Is the service responsive?

Good

The service was responsive

Care was very person centred. Staff helped people with their care in a way which met people's individual, current needs.

People's changing needs were identified and action was taken to ensure care was appropriate and up-to-date.

Staff helped people to maintain relationships with families and others who were important to them.

People were supported to choose and participate in activities that met their needs and preferences.

Is the service well-led?

Good

The service was well-led.

The service was well managed and staff were supported to offer high quality care to people.

The registered manager knew people and their needs well and made sure staff met them.

People, staff and others involved with the service were listened to and their ideas and views were acted upon, if possible.

The quality of care the service was providing was monitored and action was taken to improve and develop the service.

Parry 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.

This inspection was unannounced and took place on 11January 2017. It was completed by one inspector.

Before the inspection the provider sent us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

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

We interacted with five people who live in the home and spoke with four. We spoke with three staff members, the registered manager and the operations manager. We received written comments from two relatives of people who live in the service, after the inspection visit. We requested information from eight other professionals and received positive responses from three of them (including staff from the local authority.)

Good

Is the service safe?

Our findings

One person expressed the views of others when they told us they felt, "nice and safe all the time". Family members of people who lived in the service told us they were confident people were safe and well-treated. One commented, "We know that [relative] is safe and well looked after." Another said, "I consider that sufficient attention is being taken to consider the safety of my [relative] and his companions in the house." A professional told us they were confident people were safe living in Parry House.

People were protected from any form of abuse or poor treatment. The staff team received training in safeguarding adults and were able to describe, in detail, how they deal with any concerns. The provider had a whistle blowing policy which staff told us they would not hesitate to use, should it be necessary. Staff told us they were confident the management team would act on any concerns reported to ensure people's safety. There had been one safeguarding concern since the last inspection in 2014.This had been appropriately dealt with and the relevant authorities had been informed. The service informed the local authority of all incidents that they believed could be safeguarding. The local authority then triaged the incidents and made the decision whether they were safeguarding and what action was needed. For this reason some incidents had not been notified to the Care Quality Commission (CQC). The registered manager undertook to notify the CQC if she identified an incident as safeguarding.

People living in, working in or visiting the service were kept as safe from harm as possible. Staff were trained in and followed the service's robust and detailed health and safety policies and procedures. The service had service emergency plans, which advised staff how to deal with foreseeable emergencies, in place. Staff were able to seek help and support from other services on the same site, if necessary. General health and safety risk assessments and risk management plans such as use of personal protective equipment, use of lifts and lifting equipment and cleaning tasks were in place. Health and safety and maintenance checks were completed at the required intervals. These included gas safety checks, water regulations inspections and fire equipment checks. The service was awarded a five (very good) rating, for food hygiene, by the environmental health department in March 2016.

The service further improved people's safety by the completion of robust individual risk assessments and evacuation plans. A risk analysis matrix had been completed for each person. These indicated what actions, if any, needed to be taken to reduce specific risks identified and how these could be applied whilst still encouraging independence. The detailed care plans clearly illustrated the level of risk and how these were to be managed by staff to reduce them. Identified individual risks included areas such as unpredictable behaviour, special activities and choking. The service learned from accidents and incidents which were recorded, investigated and analysed, in a monthly accident book, by the registered manager. Care plans showed that learning from accidents and incidents informed the care planning process, where appropriate.

People's finances were protected by a number of different systems according to their needs. For example some people's money was looked after by their local authority and some by the provider's administrative team. The service did not keep any personal money for people. If people wanted money they were given it from the service and it was then reclaimed. The registered manager was aware of the financial status of

those supported by the provider and had monthly oversight of their accounts. This meant she could assist people to make informed decisions and choices about what money they wanted to spend.

People were assisted to take their medicines safely. Staff were trained and competency tested to ensure they were able to administer medicines correctly. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. People had guidelines for the use of 'to be taken as necessary' medicines. Any allergies people suffered from were clearly recorded in medicine files and on care plans. The temperature of the medicine trolley and medicine storage cupboard was taken every day. The registered or deputy manager completed a medication audit every week. The service had reported three medicine errors in the preceding year. These had been appropriately dealt with and changes had been made to the system to minimise the risk of recurrence. Some gaps in the records for administration of creams were noted. The registered manager undertook to deal with these omissions immediately.

People were supported by staff who had been safely recruited. Prospective staff were fully checked so that the registered manager could be as sure as possible that they were suitable and safe. Checks included Disclosure and Barring Service (DBS) requests to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Detailed application forms which included full work histories, were completed and references were taken up and verified, as necessary, prior to candidates being offered a post.

People's needs were met by a staff team with enough staff, on duty to keep people safe. Staff members confirmed there were enough staff to ensure people's safety. There were a minimum of three staff during day time hours, with one waking night staff. The waking night staff were able to request immediate support in emergency situations from other services on the same site. Additionally some people had extra hours allocated to them as an individual to meet their specific needs. The rotas for December 2016 showed that staffing did not drop below the minimum levels. The registered manager regularly assessed people's needs and was able to adjust staffing numbers according to people's current requirements. Any shortfalls of staff were covered by staff from the service and other services, on site, working extra hours and on rare occasions by agency staff. The service currently had four vacancies which the registered manager was finding difficulty in recruiting to. The needs of people who lived in the home were complex and some staff found it a challenging service to work in.

Good

Is the service effective?

Our findings

People's legal rights were upheld by a staff who had received training in and understood issues of consent, the principles of the Mental Capacity Act 2005(MCA) and Deprivation of Liberties (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option.

People can only be deprived of their liberty so that they can 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 DoLS. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had made three DoLS referrals, which had been authorised by the local authority and a further four which were currently under consideration. Applications were made appropriately and met legal requirements.

People were helped to make as many decisions and choices as they could and their individual plans of care included a specific one for decision making. This described the five key principles of mental capacity as noted in the MCA. It noted that people must be assumed to have capacity unless there is evidence to suggest the opposite. Additionally, they included a detailed decision making profile which advised staff how to present the question, the best time to ask it and how the individual communicated their decision. Best interests meetings were held and appropriate records were kept. People signed their plans of care, if they were able to.

People received effective care from staff who had the skills, knowledge and understanding needed to carry out their roles. A family member commented, "All [relative's] health and well-being needs are met at Parry House…" A professional noted, "Staff are friendly and professional."

Staff were well trained and encouraged to develop the skills and knowledge they needed to meet people's needs. Specific training was provided to support staff to meet people's individual diverse needs. This included managing actual or potential aggression, use of defibrillators and epilepsy awareness. New members of staff received a comprehensive induction which equipped them to work safely with people. The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool. Staff told us they received their mandatory training at the required intervals and had opportunities to pursue any specialised training they needed. They were also able to pursue professional qualifications. Five of the 10 staff had obtained a recognised qualification in the field of health and social care.

The staff team were supported by the registered manager and management team to ensure they could offer good care to people. Staff received one to one supervision approximately four times a year. Staff confirmed that they were supervised regularly and received an annual appraisal. Staff told us they felt very well

supported by the registered manager and could always approach her for advice or help.

People's plans of care were of a very high quality and included the appropriate information to ensure staff knew how to meet people's individual identified needs. They gave step by step guidance for staff on how to meet each area of the person's needs. For example photographs accompanying written text of how to fit hearing aids and use mobility equipment.

People's health needs were met very effectively. People had a separate medical file which included a detailed health action plan. These included a record of treatment, consent and capacity to medical treatment and a hospital passport. The hospital passport contained information the hospital staff would need to provide appropriate care for the individual. Well-being charts such as weight records were kept if required to meet the individual's needs. The service additionally used the provider's care pathways that had been developed to meet health needs such as chest or other infections.

People's health and well-being needs were supported by referrals made to other health and well-being professionals such as social workers and speech and language therapists. A healthcare professional wrote, "… I confirm that the house gets in touch promptly and sends us a completed referral form if they have a concern re: one of their residents. They do follow our guidance and will phone or email if they need more help." A family member said, "It would seem that he is very well catered for regarding health checks, and also visits from the visiting doctor when required."

People who had behaviours that may cause distress or harm to themselves or others were well supported by the staff team. People had very detailed behaviour plans which ensured staff knew how to help people to control such behaviours. The support measures made it clear why they were in place and what outcome was being sought, by using them. The methods to be used were focussed on early intervention and distraction techniques. However, the service used minimal physical restraint as a last resort for specific individuals. These were detailed in individual's behavioural management plans which included photographs and clear text of which restraint techniques should be used and when. The nationally recognised training was regularly updated to ensure staff were as confident as possible in the use of physical restraint techniques. Robust records were kept of any interventions and staff used such incidents as a learning opportunity.

People were provided with food of good quality. They were involved in choosing menus and preparation of food, as appropriate. People's nutritional needs, if any were included in care plans. The service sought the advice of dietitians or speech and language therapists, as necessary and followed any advice given. People told us they had really nice food and that they could choose to eat whatever they wanted.

Good

Is the service caring?

Our findings

People were treated with kindness by a caring staff team. People told us they liked living in the home and that staff were kind and treated them well. One person said, "The staff care about me", another told us, "I really like the staff they are kind." Family members told us, "As a family we are very happy with the care and support [my relative] receives" and "In my experience the staff are very dedicated and patient with members of the house, and I feel they have the well-being of their charges at heart, and act in a dignified manner." A further comment was, "I think all the staff that I have met at Purley [Parry House] have been so conscientious and dedicated and [relative] is very lucky to have them."

People were treated with respect. Staff interacted positively with people, communicating with them at all times, throughout the duration of the visit. Staff used appropriate humour, banter and physical touch to communicate with people, as necessary. Plans of care included positive information about the person and included areas such as, ''What's important to me and for me" and "What people like and admire about me." A professional told us people were always treated with respect and dignity when they visited.

Daily notes were of high quality and used respectful and positive language. People were involved in writing their notes, if they chose to be. People's records were kept confidentially, in cupboards in an office that was locked if not attended. Staff understood people's right to confidentiality which was discussed at induction, in the first instance.

People were helped to maintain their dignity and staff ensured people's privacy was respected. Staff were able to describe how they afforded people their privacy and dignity in their daily work and routines. They gave examples such as covering people when supporting them with personal care, listening to what people wanted and encouraging people to be as independent as possible. People told us staff did not enter their rooms without knocking and waiting to be invited in. They said they felt very comfortable when helped with personal care by staff of either gender. The environment was designed and adapted to ensure their privacy was respected. For example some female residents had special locks fitted. These ensured other people could not gain entry unless invited in.

People's communication care plans were of very good quality and ensured staff were able to communicate with people effectively. The plans clearly described how people made their feelings known and how they displayed choices and preferences. For example plans listed the words an individual used for specific things, hand gestures and body movements and what these meant. They also noted how staff would know when people were displaying particular emotions and states of well-being or distress. For example if people felt relaxed, happy, sad or angry. The service worked with the speech and language therapy team with regard to people's communication methods, as appropriate.

The service provided compassionate end of life care to people. If necessary a specific plan entitled, "How to support people whose health is deteriorating" was developed for individuals. One family wrote, "Thank everyone in Parry House for the care and love [relative] received. Relative} was surrounded with so much love, especially in their last few weeks". In one example the registered manager ensured a person in hospital

had 24 hour support from staff who knew them. This meant the person was as settled and happy as possible, under the circumstances.

Staff got to know people well and built strong and caring relationships with them. Staff were able to describe, in detail, people's needs and what was in their care plans. People were observed to be comfortable with staff and were able to express or display their needs and preferences to them. People were encouraged and supported to be as independent as possible, whilst remaining as safe as possible. For example unusual, unobtrusive door locks were fitted to area such as the laundry and kitchen. People for whom this posed no risk were able to use the code system to enter the rooms while others needed the assistance of staff, as appropriate.

People's needs with regard to their equality and diversity needs were understood and met by the staff team. Staff ensured each person's diverse physical, emotional and spiritual needs were identified and met in the way that suited them best. A specific care plan described any special needs people had to support their culture, religion or other lifestyle choices. For example when someone continued to make an unwise lifestyle choice staff supported them to do it as safely as possible.

Good

Is the service responsive?

Our findings

The staff team were responsive to the needs of people who lived in the service. They were able to recognise when people needed or wanted help or support, however the needs was expressed We saw staff responding to body language and behaviour as noted in people's communication plans. For example when one person made particular noises staff assisted them from the meal table. Other people's verbal requests such as asking staff to organise an outing were responded to immediately.

The service assessed people's needs before they moved in. This assured the individual and the staff that they could meet the person's needs. Assessments were developed into high quality, detailed care plans. People's care plans were exceptionally person centred. They included information such as, "What people like and admire about me" and "What's important to me and for me." These clearly described people's needs, preferred routines, any special needs and the person themselves.

People's diverse and changing needs were met by knowledgeable staff who were kept up-to-date with any changes needed in people's care. Care plans were formally reviewed a minimum of annually and whenever people's needs changed. However, a monthly review was completed by the person and their keyworker to ensure people were happy with their plans of care. Each person was allocated a key worker, a key worker is a named member of staff who was responsible for ensuring people's care needs were met. People and their relatives or representatives were involved in planning and reviewing their care if they wanted to be and as was appropriate. A professional commented, "At my client`s review staff have had all relevant documents and information to hand, and the meeting was conducted professionally and with respect to my client's needs."

People were supported to develop and maintain relationships with those important to them. A family member illustrated this by saying, "If we have a family gathering and ask for [name] to be there [registered manager] and the team will always make sure that she is able to be with us." People's relatives were kept informed of any significant changes to people's well-being (with people's agreement). One family member commented, "We are informed of everything that has been done or going to be done for [relative] We know that if we have any concerns we can speak to the staff at any time and they are always very helpful." The service sought external help to respond to people's changing needs, as necessary. Changes to people's care recommended by external health care professionals were recorded on their plans of care. A professional told us, "I am pleased to report that whatever I have requested, be it, additional measures, information or updates regarding my client, the staff at Parry House have always responded efficiently and timely."

People's activities programmes were highly individual and designed to meet their specific needs. Some people's programmes responded to their choices, moods and well-being, on a daily basis. Others had an organised weekly activities plan. Activities were provided within and outside of the service. People were supported to participate in community activities, as they chose. These included external social clubs in the local villages. Some people were assisted to obtain work whilst others participated in one to one activities with staff. One person had been supported to obtain a season ticket to enable them to attend their local football club games. A family member commented, "[Name] is often taken out to lunch, on shopping trips

and to the theatre." Another family complimented the service on making a special activity possible, for their relative.

The service had a robust complaints procedure which was accessible by people, their friends and families and others interested in the service. An easy read version of the complaints procedure was available to people and gave them the best chance to understand the process. It was clear that some people would need support to express a complaint or concern. Staff were able to identify if an individual was unhappy or distressed and investigate the cause. People told us they would talk to the registered manager if they were unhappy. One person said, "I have never had a complaint since I moved in here." The service had received two complaints during the preceding 12 months. The registered manager recorded the complaints in detail and took as much action as possible to rectify the situation. The service had received three compliments in the same time frame.

Good

Is the service well-led?

Our findings

People received good quality care from a staff team which was led by an experienced, qualified and skilled registered manager. The registered manager had been in post since June 2013. People and staff told us the registered manager was open and approachable. One person said, "I can always talk to [registered manager name] she always listens." Staff said, "[Registered manager] is approachable and very good at valuing and listening to staff." They said they were well supported through some difficult times and, "We get good support from the manager and deputy manager." Staff members told us they were confident to approach any of the senior management or house management teams.

The registered manager and management team listened to the views of people, their families and friends and the staff team. People had one to one meetings with allocated staff members. These were held as frequently as necessary but generally every month. They were particularly designed to listen to the views of people who were unable to verbally communicate their views clearly. Two resident's meetings were planned every month but generally only one was held. Notes of the meetings were kept and any issues discussed were acted upon, if possible. For example a new Christmas tree had been purchased , a new pedestal table for the dining room to make it easier for wheel chair users, a larger TV and WIFI obtained. We saw people enjoying the benefits of the WIFI connection.

Additionally people's views, opinions and reactions were recorded in the key worker session notes and on people's daily records. For example people's reactions to behaviour plans and activities were recorded to enable staff to analyse progress and /or outcomes.

People's families, friends or advocates were asked for their views, via an annual questionnaire and collected informally when contact was made with the service. The last questionnaire sent in 2016 to people, families and other professionals resulted in positive feedback. Staff views and ideas were collected by means such as monthly staff meetings, one to one supervisions and daily handovers. A communication book was used in addition to the other methods of gathering staff views and ideas.

People benefitted from living in a service which monitored and assessed the quality of care being offered to make sure it was maintained and improved, as necessary. There were a variety of auditing and monitoring systems in place. Examples included health and safety checks, regular financial audits and medicines checks. A quality audit was completed every three months by the operations manager. Additionally a registered manager from another service completed a quarterly quality check. The three monthly audits highlighted any areas of improvement needed and when it had to be actioned by. Actions taken as a result of the audit system and listening to the views of all interested parties included, replacing some flooring, making an area of the garden more user friendly and steam cleaning bathrooms. Additionally plans were in place for the development of a sensory cabin, where people could relax and enjoy a calming atmosphere. A new compliance auditing system was being developed for future use.

High quality records accurately reflected people's individual needs and were detailed and up-to-date. They clearly informed staff how to meet people's needs according to their specific needs, choices and

preferences. Records relating to other aspects of the running of the home such as audit and staffing records were, accurate and up-to-date. All records well-kept and easily accessible. The registered manager understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales.