SCC Adult Social Care

Park Hall Resource Centre

Inspection report

1 Park Hall Road
Reigate
Surrey
RH2 9LH

Tel: 01737224420
Website: www.surreycc.gov.uk

Date of inspection visit:
12 January 2017

Date of publication:
17 February 2017

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

Park Hall Resource Centre is a residential home which is registered to provide care and accommodation for up to 50 adults with a variety of needs including people living with dementia, learning disabilities and autism. People had varied communication needs and abilities. Some people were able to express themselves verbally; others used body language to communicate their needs. Some of the people's behaviour presented challenges and was responded to with one to one support from staff

The service is in the process of being decommissioned (withdrawn)by the local authority and on the day of our inspection only 13 people lived at the service The judgement in this report is based on the service meeting the requirements of the fundamental standards for those 13 people.

This inspection took place on 12 January 2017 and was unannounced.

The home was run by a registered manager, who was present on the day of the inspection visit. '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 and associated Regulations about how the service is run.

Staff had written information about risks to people and how to manage these. We found the registered manager considered additional risks to people in relation to community activities and changes had been reflected in people's support plans. People who may harm themselves or displayed behaviour that challenged others had shown a reduction of incidents since being at the home.

Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. One staff member said they would report any concerns to the registered manager. They knew of types of abuse and where to find contact numbers for the local safeguarding team if they needed to raise concerns.

Care was provided to people by a sufficient number of staff who were appropriately trained. Staff were seen to support people to keep them safe. People did not have to wait to be assisted.

People received their medicines safely. Processes were in place in relation to the correct storage of medicine. All of the medicines were administered and disposed of in a safe way. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood their responsibilities in relation to capacity and decision making. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best

interests.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. We were told by the registered manager that people could go out for lunch if they wished.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit the home.

People were at the heart of the service; and took part in a wide range of community activities on a daily basis; for example trips to the shops, and attending an external day centre. The choice of activities was specific to each person and had been identified through the assessment process and the regular meetings held.

People had individual support plans, detailing the support they needed and how they wanted this to be provided. We read in the support plans that staff ensured people had access to healthcare professionals when they needed. For example, the doctor, the community learning disability team or the optician. People's care had been planned and this was regularly reviewed with their or their relative's involvement.

The registered manager told us how they were involved in the day to day running of the home. It was clear from our observation that the registered manager new the people very well and that people looked at them as a person to trust. Staff felt valued under the leadership of the registered manager.

The provider had a robust system of auditing processes in place to regularly assess and monitor the quality of the service or manage risks to people in carrying out the regulated activity. The registered manager had assessed incidents and accidents, staff recruitment practices, care and support documentation, medicines and decided if any actions were required to make sure improvements to practice were being made.

The registered manager kept up to date with any changes in legislation that may affect the service, and participated in monthly forums with other managers from other services where good practice was discussed. They pro-actively researched specialised publications and websites to identify innovative ways to enhance people's quality of life and introduced these to the service.

The service notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

Complaint procedures were up to date and people and relatives told us they would know how to make a complaint. Confidential and procedural documents were stored safely and updated in a timely manner.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe.

People's views were obtained by holding residents meetings and sending out an annual satisfaction survey which staff supported people to complete using different methods of communication.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

Assessments were in place to manage risks to people. There were processes for recording and monitoring accidents and incidents.

The provider ensured there were enough staff on duty to meet the needs of people individually.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

People received their medicines safely. The service had safe procedures in place for the storage, monitoring and disposal of medicines.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of, and followed the requirements of the Mental Capacity Act 2005.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered a choice of food that met their likes and preferences.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about their care.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. We observed caring staff that treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Support plans and risk assessments were reviewed and updated when needs changed.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community which reduced the risk of people being socially isolated.

People felt there were regular opportunities to give feedback about the service.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focussed on people. Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns.

The registered manager had a robust system in place to monitor the quality of the service provided and as a result continual improvements had been made.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Park Hall Resource Centre

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 took place on 12 January 2017 and was unannounced. It was undertaken by one inspector who had experience in working with older people.

Before the inspection, we reviewed all the information we held about the provider. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. The provider had been sent a PIR before the inspection, the PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. We used this information to inform our judgements.

We used a number of different methods to help us understand the experiences of people who used the service. We observed care and support in communal areas and looked around the home, which included people's bedrooms (with their permission), the main lounge and dining area. We spoke with three people, two members of staff, the registered manager, the deputy manager and two relatives.

We reviewed a variety of documents which included two people's support plans, medicine records, four weeks of duty rotas, maintenance records, all health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

Good

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns. One person said "I like it here." One staff member said "People are safe, we know everyone really well. Everyone's got risk assessments."

Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, one member of staff explained the different types of abuse and what the local authority safeguard protocols were. They said, "I would report anything to the registered manager or phone the local authority myself." The registered manager showed us the safeguarding policy which was in place and staff had signed to show they had read and understood their responsibilities.

Staff had personalised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Behaviour management plans had been developed with input from specialist professionals, such as 'behaviour therapists'. We observed staff interactions with people during the day. Staff followed guidance as described in the people's support plans. One person was at risk of falling out of bed, the staff had involved the GP and implemented actions such as more frequent checks and sensor mats beside the bed to help reduce the risk of harm to the person.

Support plans contained risk assessments in relation to people who required one to one supervision, as well as individual risks such as walking to the shops, accessing community transport and nutrition. Staff told us they had signed the risk assessments and confirmed they had read and understood the risks to each person. They were able to describe individual risks to people, their behaviours and how to address these. Some people experienced seizures through Epilepsy and staff confirmed to us the action they would take to keep a person safe.

People received their medicines safely. There were safe procedures in place for the administration and storage of prescribed medicines. We looked at medication administration records (MAR) and confirmed this had happened. Staff and people administered the medicine collaboratively as directed and this showed us that people had received their medicines as prescribed. One staff member said; "I have had regular training and competency assessment in how to administer medicines."

Appropriate arrangements were in place in relation to the recording of medicines. The service used the medication administration record (MAR) chart to record medicines taken by people. We noted appropriate codes were used to denote when people did not take their medicines.
For example if they refused, if they were on leave or in hospital. The MAR charts included information about people's allergies, if they required PRN (when required) medicines and a photograph for identification. The majority of medicines were administered using the monitored dose system (MDS) which were supplied by a local chemist that also undertook audits of medicines in the home.

The registered manager told us that staffing levels were determined based on people's needs. Their dependency levels were assessed and staffing allocated according to their individual needs; For example, one person received one to one support and supervision. The registered manager told us staffing levels were

constantly reviewed to meet the changing needs of people, we were told that extra staff employed by the provider would be used if necessary. Staff told us they felt there were enough staff to meet people's needs. On the day of our inspection we saw that people received care by enough staff in a timely manner.

Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

The registered manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. We were told that any incidents of behaviour that challenges are managed by identifying triggers that may have caused the incidents.The registered manager said that if triggers were identified this would reduce the risk to people of incidents happening again.

The registered manager told us the home had an emergency plan in place should events stop the running of the service. Staff confirmed to us what they were to do in an emergency. We saw in peoples support plans that they had PEEP's personal evacuation plans in case of emergency.

Good

Is the service effective?

Our findings

People told us they had a choice about their care and lives. One person said "I am free to do what I want." Staff ensured people's needs and preferences regarding their care and support were met. Staff were knowledgeable about the people they supported.

People had a choice about what and where they wanted to eat. People were able to choose to eat their lunch where they wanted. We observed one person choosing to have their meal in their bedroom; other people chose to sit at the dining room table. People's weight was monitored on a monthly basis and each person had a nutritional profile which included the person's food allergies, likes, dislikes and particular dietary needs. People who were unable to communicate verbally were supported to make their choice by using picture cards.

One person needed extra support with nutrition and was on a high energy food plan. Staff had received support from a dietician and explained to us that if a person had lost or gained an excessive amount of weight they would refer them to the GP or dietician for advice. They were able to describe how often and what types of food the person needed to increase their weight and specialist supplements that had been provided to help ensure the person maintained a healthy weight.

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

Mental capacity assessments had been undertaken for people who were unable to make choices about their care. We saw in people's support plans clear evidence of how choices were made; for example for dental surgery that required a general anaesthetic. The documents contained records of the best interest meeting held and those people that were involved such as the person, the family and the social worker. The best interest checklist describe how one person was unable to read and write and stated that 'they are to be supported to understand the decision that needs to be made through using photos and visual prompts.' This meant that the registered manager had obtained or acted in accordance with the consent of people, and had completed documentation for establishing and acting in accordance with the best interests of people.

DoLS applications had been submitted to the authorising authority in line with the MCA Act. As part of the application mental capacity assessments had been completed for that confirmed they did not have capacity to consent to this restriction. Best interest decision processes had also been recorded that evidenced professionals and relatives had been consulted.

Staff received training which included how to support people in a safe and dignified manner that may be at risk of causing harm themselves or others. Staff had access to a range of other training which included

positive behaviour support, MCA, DoLs and manual handling. Which showed that the registered manager supported staff in developing and improving their skills and knowledge.

Staffs were up to date with their training and were assessed for competency by the registered manager in certain topics such as administration of medicines. They were observed undertaking care practices to ensure that the dignity and respect of people was upheld. This showed us staff developed essential skills to provide the appropriate support in a positive and constructive way.

Management supported staff to review the appropriate induction and training in their personal and professional development needs. The induction consisted of the recommended Care Certificate (This is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers)The registered manager held regular supervision sessions with staff which looked at their individual training and development needs. One staff member told us about their induction training. They said they had received a good induction when they first started working at the home and that training had been on-going. They said, "The training is really person centered."

Support plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, psychiatrist, specialist support and development team and chiropodists. The level of involvement of external professionals had been increased. To ensure that all people had received a robust re-assessment of their abilities and disabilities in line with the transition process for moving. This showed us that the staff had up to date knowledge of the specific conditions people experienced and were always seeking to improve the person's care, treatment and support they provided by implementing best practice.

Good

Is the service caring?

Our findings

Staff knew people's individual communication skills, abilities and preferences. Staff knew they needed to spend time with people to be caring and have concern for their wellbeing. The conversations between staff and people were spontaneous and relaxed. Staff understood the different ways in which people communicated and responded using their preferred communication method for example Makaton or showing people objects. We observed staff doing this at lunch time with cartons of drinks. Drawers and cupboards around the home were labelled so people knew what was in them and this made it easier to find items.

People who had been assessed as requiring one to one support. The support had been provided with consistency and the same member of staff was assigned to the person throughout the day .This gave the person reassurance that their care would be delivered consistently. The registered manager was knowledgeable about people and gave us examples of people's likes, dislikes and preferences. We heard the registered manager and staff regularly ask people how they were.

Staff told us they reviewed peoples' support plans regularly. They said they would involve the person in reviewing their care and ask for input from relatives. Support plans had been signed by either people who used the service or their relative. One relative we spoke to said that they were regularly contacted by the home and invited to care review meetings which they attended.

People were well dressed and clean. For example, with appropriate clothes that fitted and tidy hair which demonstrated staff had taken time to assist people with their personal care needs. One person told us, "I like to go out clothes shopping."

People looked relaxed and comfortable with the care provided and the support received from staff. One person was heard talking to staff throughout lunch, seeking advice and support. We heard staff reply cheerfully and with kindness to their requests.

Good

Is the service responsive?

Our findings

People said they had been supported to undertake activities that they were interested in. They told us "I like art and going out." A staff member said "I feel people had come out of themselves and were more confident due to the care and support staff provided."

Records we viewed and discussions with the registered manager demonstrated a full assessment of people's needs had been carried out before people had moved into the service. One person told us "I love it here, everyone's so nice."

People's care and support was planned proactively and in partnership with them where possible. Support plans comprised of various sections which recorded people's choices, needs and preferences in areas such as nutrition, healthcare and social activities. We saw each area had been reviewed at regular intervals. Staff said they used various different communication methods for this such as photos and PECS (picture exchange communication). People who were able to told us they had been involved in reviewing their plan of care. One person said "I have my care plan in my room; I look at it when I want to."

Staff supported people to access the community which reduced the risk of people being socially isolated. Daily records recorded the care and support people had received and described how people spent their days. This included activities they had been involved in and any visitors they had received. People said about activities they had taken part in one person told us how they had been to a rugby match. We saw in the daily records that one person regularly spent time at the activity centre with friends. A visitor said to us "There's always something going on. "And "You always hear laughter when you come through the doors."

Staff ensured that people's preferences about their care were met. One staff member told us there was always a handover and the first thing they did was to read the communications book. They had written daily notes about people and would highlight any changes to the needs of the person to the registered manager so that the care plan could be reviewed.. People's health passports were regularly updated. A hospital passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital.

People were actively encouraged to give their views and raise concerns or complaints. The services saw concerns and complaints as part of driving improvement. People's feedback was valued and people felt that the responses to the matters they raised were dealt with in an open, transparent and honest way. Residents meetings take place on each unit where topics of discussion would include, for example, activities, menu choices among other topics. Minutes of these meetings are recorded and actions identified to ensure that resident's preferences and suggestions are acted upon.

People chose the activities they wanted to do. There were activities on offer each day at the onsite day centre and an individualised activity schedule for each person. On the day of our visit we saw some people undertaking art, some people had gone to outside activities and other people had chosen to stay home and watch video's or have some relaxing time. One person said with pride "Do you like my painting; I am going to

put it in my bedroom." People's activity logs listed a range of activities people had taken part in; external day centres, exercise, money management, shopping, walks and flower collecting as well as Bingo, Art, Crafts Bridge, Solitaire, football.

There had been no formal complaints received in the last 12 months. The registered manager showed us the complaints policy and explained how they would deal with a complaint if one arose. The registered manager told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary. Relatives we spoke to told us that the manager was approachable and could openly discuss issues when needed.

The registered manager showed us satisfaction questionnaires that people had completed all of which showed positive comments. They explained to us that the care staff had supported peoples' individually to fill them in. Relatives and external professionals were also being sent questionnaires for their views on how the service runs and any improvements that might be needed.

Good

Is the service well-led?

Our findings

One staff member said "I feel valued as a member of staff." They said the registered manager was approachable and, "Do their best."

There was an open and positive culture which focussed on people. We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture with a relaxed atmosphere. Staff expressed their confidence in being able to approach the registered manager. They felt they would be taken seriously by the registered manager. Staff told us they had been supported through their employment and were guided and enabled to fulfil their roles and responsibilities in a safe and effective manner.

Staff told us they had staff meetings regularly and could always request extra meetings if they wanted to talk about anything. They said they were kept up to date in between meetings by the registered manager and during handovers these meetings acted as group supervision. The staff showed us the communication books that were used regularly as a daily method of sustaining continuity of care.

The registered manager carried out a robust audit process to ensure the quality of the service and drive improvements in best practice. These included checks of care plans, risk assessments, infection control, medication and health and safety. To enhance and update their knowledge and service delivery, the registered manager researched and reviewed varied publications and websites that specialised in providing guidance and advice to improve health and social care. Guidance and advice were followed in practice when they were appropriate to people's needs.

As part of the services decommissioning process the registered manager had robust oversight of people changing needs, and had a 'resident tracker' for each person detailing each care needs, the support they needed from external professionals and how to maintain a continuity of care throughout the process.

The registered manager has developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they have always acted upon. The registered manager gained daily feedback from people about their choice and preferences. People had been supported to complete satisfaction surveys. The registered manager had sent surveys to family members and professional's and was waiting for the responses to be returned.

All the policies that we saw were appropriate for the type of service, reviewed annually, were up to date with legislation and fully accessible to staff. The staff knew where they could seek further guidance and how to put the procedures into practice when they provided care.

The registered manager had ensured consistently that the appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely throughout the home.