

Purley Park Trust Limited

Elizabeth House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Elizabeth House is a residential care home. It provides personal care and support for up to eight people who have learning disabilities and associated conditions, such as autistic spectrum disorders. At the time of the inspection there were eight people living at the service.

People's experience of using this service:

People told or indicated to us that they felt safe and were happy living in Elizabeth House. The house was sociable with a calm, engaging atmosphere.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

- People were involved in planning their care.
- People were supported to follow their interests, set goals and increase their independence.
- People had good access to their local community and opportunities to meet people and were supported to maintain relationships with friends and family.

People were supported by a consistent team of staff who were kind and caring. Staff had good relationships with people and knew them well.

Staff had good knowledge of people's condition, their needs, and how to support them appropriately. Care plans were person centred and gave clear guidance on how people wished to be supported with their diverse needs. Significant work had been done to ensure that the service was responsive to people's needs. When significant decisions had been made, all people living in the service had been considered. This was continually under review to ensure that the service continued to meet the needs of everyone. People's support and social needs were known and staff worked hard with the people to ensure that all of their needs were explored and met.

There was clear leadership and an open culture where staff and people could raise concerns or issues. The service had values which the staff worked to.

Rating at last inspection: Good (June 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue our on-going monitoring of the service and all information we receive. We will use this information to determine when we next inspect the service.

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 remained safe.	Good ●
Is the service effective? The service remained good	Good ●
Is the service caring? The service remained caring	Good ●
Is the service responsive? The service was exceptionally responsive	Outstanding ☆
Is the service well-led? The service remained well led	Good ●

Elizabeth 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:

The inspection was carried out by one inspection manager

Service and service type:

Elizabeth House is one of eight separate residential care homes within the Purley Park Trust Estate. Elizabeth House provides personal care and support for up to eight people who have learning disabilities and associated conditions, such as autistic spectrum disorders. At the time of our inspection there were seven people living in the home. The Purley Park Trust consists of a cul de sac of seven other houses operated by the same provider in a housing estate close to Reading. There is also a domiciliary care service operated from another location offering support to people in their own homes. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in June 2016. This included details about incidents the provider must notify us about. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections.

During the inspection we spoke with two people living at the service. We spoke with two members of staff, the registered manager and the deputy manager. We reviewed three people's care and support records and two staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. People said, "Yes I feel safe, I like it here" and "Yes I am safe and happy"
- People were supported by staff who had been trained in safeguarding practices. They were able to describe to us potential signs of abuse and tell us what they would do about it if they had any concerns. Staff also told us they were confident that the management team would take appropriate action if concerns were raised.
- People told us they knew who to speak to if they were worried about anything. One person said, "I would tell [registered manager], or any of the staff".
- Staff said they felt confident to raise concerns about poor care. One person said, "I have never seen anything that concerns me but I would absolutely report it if I did".

Assessing risk, safety monitoring and management

- Risks to people had been assessed. Risk assessments were in place where appropriate. These informed staff of the risk and actions to take to manage it in the least restrictive way.
- Care plans provided clear guidance for staff to follow in order to reduce the risk of harm to people. These included areas of support including management of health conditions such as epilepsy, going out into the community, specific activities such as horse riding and kitchen safety.
- The environment including fire and water systems were regularly checked and assessed as safe.

Staffing and recruitment

- People were supported by sufficient staff who knew them well. Where people had one to one activities, more staff worked so that all people could be adequately supported.
- People were supported by staff who had been recruited using robust, safe procedures.
- People met potential staff as part of the interview process.

Using medicines safely

- People were supported to take their medicines by staff who had been trained. Medicine administration records (MAR) were signed by staff to indicate people received their medicines as prescribed.
- Where appropriate MAR were signed by two staff to indicate that process had been witnessed and checked.
- Medicines were stored safely. Regular stock balance checks were carried out.
- Some people were prescribed additional medicines, such as pain relief, on an as required basis (PRN). Where this was the case PRN protocols were in place to ensure that people were given as required medicines appropriately.
- Some people needed to have their medicine given to them in food to make it easier to swallow. The records and practices were clear that people knew they were being offered medicine. Medical professionals had been consulted to ensure that the medicine was being mixed with a suitable food.

Preventing and controlling infection

- People were supported to live in a clean house. Staff had received infection control training and had access to personal protective equipment such as aprons and gloves.
- One person told us how proud they were of keeping their room clean and tidy.

Learning lessons when things go wrong

- Incidents and accidents were reported. All incidents were recorded and analysed. Staff reviewed incident reports to look for themes and trends in an attempt to reduce recurrence. For example, if someone had become particularly anxious, staff reviewed the incident to determine what might have triggered the anxiety in order for a similar event to be better managed in the future.

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

Good: 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

- Before moving into the service people's needs were assessed. The needs of others and the impact of some one new moving into the service was also considered before the service decided if they could support people. All people's needs and how they interacted with each other were under constant review to ensure each person's individual needs continued to be met.
- People had support plans that had been written with them, or if appropriate with a family member. They were clear and personalised. The plans were regularly reviewed and updated when necessary.
- People's protected characteristics under the Equalities Act 2010 were identified. Plans explored their individuality. This included people's needs in relation to their culture, religion and relationships.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and suitably experienced. Staff told us they felt very well supported. They explained there was a thorough induction and that training was very good.
- Records showed that staff had been trained to carry out their roles. There was a training plan in place which highlighted when refresher training was due.
- People with specific needs were also well supported. Staff had also been trained to support people with specific needs such as epilepsy or dementia.

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

- People were well supported with eating and drinking. They were involved in planning the menu. There was a member of staff with the responsibility of meal planning which meant they were able to spend time working with people to devise a menu and where possible to prepare it from scratch using fresh ingredients. People told us the food was "lovely" and "I really enjoyed my lunch today, it was very tasty".
- Staff knew people's preferences and care plans contained details of what people preferred to eat and drink. However, we saw that staff did not assume and always asked people what they would prefer and waited for a response before preparing a drink, meal or snack.
- People were supported with particular diets, for example needing to have food of a softer consistency or fluids thickened. One person said, "I am going to a [weight loss club], I am doing really well and have lost another three pounds this week. [staff member] cooks me special meals."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access ongoing healthcare. Where appropriate staff arranged appointments for people and supported them to attend. Where people were unable to travel to attend appointments then, where possible, health care professionals visited them at the service.

- People were referred to other health care professionals in a timely manner where appropriate. For example, the speech and language therapist (SALT) was actively involved in ensuring that one person had particular meals and fluids to ensure they were able to eat and drink safely.
- People had regular health checks. The service was in regular contact with health care professionals where people's health was changing to ensure they were supported to keep them as well as possible.

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

- People lived in an environment that was clean, tidy and homely.
- People had their own rooms which were decorated as they wanted and filled with personal items. One person had a brightly coloured bedroom door to identify the room as theirs.
- People had access to a sensory area that could be a quiet place to relax away from the television and radio or when people chose it was an area to gather and sing karaoke.
- People visited friends living in other houses in the cul de sac and had access to a safe garden environment whenever they wanted.
- Regular environmental checks were carried out. Maintenance issues were resolved quickly.

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

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

- People were supported by staff who were knowledgeable about the principles of the MCA and supported people to make informed decisions.
- People's capacity to consent to their care and support had been assessed. People had signed their care plans to indicate their consent where appropriate. People were aware capacity was decision specific and care plans identified the sorts of decisions that people could easily make for themselves and those where they may need more support.
- People were involved in every day decisions such as what to wear, which activity to do and what to eat or drink. Staff made sure people were given choices and those choices were respected.
- Where necessary, best interest decisions were made in conjunction with other health professionals and people's relatives.

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

Good: 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 lived in a home that had a nice social atmosphere. They were relaxed around staff; chatting, smiling and laughing with them.
- People were able to move around the building and cul de sac freely. Risk assessments and mitigating processes were in place to minimise the chance of someone walking out of the cul de sac without staff knowing where they had gone.
- People told us staff were kind and that they got on with them well. We observed warm caring interactions between staff and people. One person was due to go out in the morning to visit relatives which they were clearly very excited about. Staff assisted them to manage their excitement so they did not get too anxious.
- Staff were proud of working at Elizabeth House. They told us how important it was to really know the people living there. They said that it had taken time to get to know people and what was important to them. One staff member said each person needed something a little different and they were now confident they knew how to meet the needs of the people living in Elizabeth House well.
- People were well cared for and also encouraged to express their feelings and to be supportive and caring to others. The house had a pet guinea pig which people got a lot of pleasure from caring for. Another person was passionate about charitable causes and caring for others. They were supported to get involved with charitable events. Just before our inspection they had organised a cake sale for a national televised charity event. They had involved people and staff from all the other houses in the street, making and selling cakes to raise money for the charity.

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

- People and their families, where appropriate, were involved in their care plans. It was clear that people had been involved in making decisions about the care and support they needed and how this was to be delivered.
- Regular feedback was sought from people. Each person worked closely with a key worker, in addition there were house meetings. We observed that people were confident to share their thoughts and that these were acted upon.
- Relatives and professional were also asked for their input. We saw the feed back from these surveys was all positive.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. We observed staff knocking on doors, asking people to make a choice about their support and respecting their decisions.

- People were supported by staff who understood how to maintain people's dignity and independence. Support plans all documented the support that people needed, they also documented what people were able to do for themselves and how each person's independence could be promoted.
- People were supported to contact family and friends independently where it was possible. One person had a telephone in their room so they were able to chat to family and friends as and when they wanted which promoted their independence.
- People were able to lock their doors if they chose to.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- □ People were actively involved in developing their care plans. Each person had a key worker who knew them well and made sure their support plan remained accurate. Care and support plans were person centred throughout. Each was different and reflected the people that we met on the day.
- □ The people living in Elizabeth House had a wide range of needs. Each of these needs had been considered carefully, individually and alongside the needs of the other people living in the service. It was clear people's wishes and views had also been considered. Where necessary changes had been made to the house to ensure each of these needs were met. For example, one person was very lively and vocal at meal times, another person found this distracting which had meant they were not eating as well as they could be. The service had worked with the people and the SALT to enable both a quiet and a lively meal time area to be available for people to choose. The quiet area had been created and had a new table and had been decorated to be calming and inviting. Staff were available to support people in both areas and each person was able to choose where they preferred to eat. The person preferring a quieter meal time often chose the quieter table and was joined by another resident. Both enjoyed their meals and began to eat much better.
- □ People's support needs were well known and staff knew people well enough to react quickly to the slightest change. For example, one person was prone to infections which in the past had required admission to hospital for intra venous antibiotics. The person had not coped well with being in hospital confined to bed. This had a significant negative impact on their mental wellbeing which had in turn impacted on their general health. The service had identified risks, triggers and indicators that the person was starting to feel unwell. With the involvement of the GP they were able to identify at the earliest opportunity that the person had an infection. There were clear protocols in place for staff to follow before antibiotics were administered at Elizabeth House with the aim of controlling the infection before an admission to hospital was required. This had been incredibly successful and since the process had been put in place the staff had assisted the person to manage their health to avoid further admissions. This had been hugely positive for the person who had taken a significant amount of time to recover for their last stay in hospital.
- □ The importance of people's relationships with others and their families was understood and fully supported. The service had recently supported the family member of one person to move into the service. In order to achieve this the needs of both and the other people had been carefully considered. Changes had been made to the building and the registration with the care quality commission to ensure that each person was provided with their own personal space. The situation was under continual review as to ensure that it remained the right thing for everyone involved. However, the impact had been that the service had been able to fully support a relationship that was incredibly important to the people involved that might otherwise have had to change to the relatives having infrequent contact.
- □ People's choices and preferences were recorded in detail. People's preferences were also known by staff, however we observed that staff did not assume they knew what people wanted and always asked and

waited for the answer.

- People were supported to have aims and goals. One person had a new year plan to improve their diet, lose weight and improve their health. This had previously been a real challenge for them. They had discussed how to achieve this with staff and made a plan. They were supported to meet their goal by attending a weekly diet support group with a member of staff who was also participating. They also chose a particular diet which followed the guidance they had been given at the group. They had been really successful and were fully supported by everyone living in the house who celebrated their achievements. This gave the person control over their diet and a real sense of achievement and ownership.
- People were encouraged to explore their hobbies and interests. Activities were varied and numerous taking place both within Elizabeth House and the onsite day centre as well as out in the community. One the day of our inspection each person was offered the opportunity to go out for a period of the day. People had numerous opportunities to get involved in the local community. One person made their own greetings cards and sold them to other residents and staff. When there were community events they set up a stall selling their cards. They were currently working with staff to set up stalls at local fetes and fairs. All the proceeds were donated to charity.
- People with communication difficulties were supported by staff to be involved and to be understood. Support plans included details about how people communicated. Where people did not communicate verbally their preferred means of communication was detailed such as behaviour, some signing or picture cards. It was clear each person knew how to communicate their wishes to staff and that these were understood.
- The service was within walking distance to the local town, and public transport links. This meant people could access the community easily. People told us they participated in activities of their choice. For example, one person said, "I go to the supermarket on my mobility scooter on my own, I enjoy going for a coffee. Another person who got anxious going outside enjoyed taking a car ride to the local shop. Staff were able to park the car so their time outside was limited, however this still meant there were able to enjoy shopping and making their own choices.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Details of how people could complain was available in easy read format.
- People told us they knew how to raise concerns. We saw that any concerns raised by people had been dealt with officially and a response had been made. One person told us of the changes that had happened in response to them making a complaint. We saw that another person had been able to inform staff they were not happy about something. The concern has been put into an easy read letter on their behalf and the response had also been made in easy read. We saw that the changes had been made.

End of life care and support

- People were offered the opportunity to discuss their end of life wishes.
- There was no one receiving end of life care at the time of our inspection.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's needs were met by staff and an organisation that lived its values. Staff had worked with the management team to decide what the values meant and how they influenced everyone at Purley Park Trust. If staff did not display the values of the organisation this was addressed with them.
- Each person was recognised as an individual. Their needs and how these may impact on others living at the service were considered and well documented.
- There was an open culture where staff were encouraged to get involved with how the service was managed and how people were supported. Handover meetings discussed each person and their specific needs for that day, also any ideas for better supporting the person were shared.
- Staff spoke highly of the registered and deputy manager and the acting director. Staff said they were approachable and they felt listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People benefitted from clear leadership of a team who all had ownership and responsibility to make the care and support as good as it could be. Staff had areas of responsibility so everyone was involved in making sure the service was of a high quality.
- Regular management quality assurance processes were in place. This included audits of support plans, medicines, health and safety and the environment. Any actions arising from the audits created an action plan.
- There was a further whole service audit completed by the operations director which meant the provider had oversight of the quality of the service.
- The management team had a development plan in place which had reviewed the service as a whole and identified and prioritise what need to be progressed to ensure the service was continually improving. This included discussion specific support details with individuals as well as environmental changes within the building and garden.
- The registered manager understood their responsibilities to notify us of certain events.
- The rating of the previous inspection was displayed as required.

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

- People were considered as individuals and supported to be as engaged and involved as they could be.

- ☐ People were asked for their feedback on a formal basis as well as having the opportunity to share any ideas or comments at any time or in key worker meetings or house meetings. One person told us they could share their ideas at any time.
- ☐ Regular staff meetings took place and minutes of these were available.
- ☐ Surveys to people, their relative and professionals had been carried out and the responses were positive.

Working in partnership with others

- ☐ The service had good links with the local community.
- ☐ The service had worked to create a good relationship with other healthcare professionals. They were contacted appropriately and the service implemented their advice.