Care Quality Commission

Purley Park Trust Limited

Hazel View

Inspection report

21 Huckleberry Close
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Reading
Berkshire
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Tel: 01189439463

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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 28 March 2017.

Hazel View is a residential care home which is registered to provide a service for up to five people with learning disabilities. Some people had other associated difficulties including needing support with behaviours which could be distressing and/or harmful. There were five people living there on the day of the visit. The service offers accommodation in a domestic sized house, over two floors. The home is one of eight houses in a small community provided by Purley Park Trust Limited.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

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.

The service was safe, improvements had been made since the last inspection. Staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures kept people as safe as possible. Staff understood how to protect people and followed the relevant procedures. General risks and risks to individuals were identified and action was taken to reduce them.

People's needs were met and they were supported safely by adequate numbers of staff. The service made sure, that as far as possible, staff were recruited safely and were suitable to work with the people who live in the home. People were given their medicines appropriately, at the right times and in the right amounts by trained and competent staff.

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

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

The service continued to be caring and responsive. The staff team were committed and provided care with kindness and respect. Care staff were attentive, responsive and knowledgeable about the needs of individuals. Individualised care planning ensured people's equality and diversity was respected. People were provided with activities, according to their needs, abilities and preferences.

The registered manager was highly thought of by people who use the service and the staff Team. She was described as approachable and supportive. The quality of care the service provided was assessed, reviewed and improved, 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.

Staff knew how to keep people safe. They had been trained so they knew what to do if they thought people were not being protected from abuse.

Risks to people's health and safety were identified and any necessary action was taken to make sure they were reduced.

People were given their medicine safely by appropriately trained and competent staff.

There were enough staff on duty, to meet people's needs and keep them safe.

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

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service continues to be responsive.

Is the service well-led?

Good

The service continues to be well-led.

Hazel View

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 28 March 2017. It was completed by one inspector.

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

During our inspection we observed care and support in communal areas of the home. We interacted with the five people who live in the home and spoke with four of them. Some people had limited verbal communication but were able to express their views. We spoke with three staff members, the registered manager and the nominated individual. We requested information from other professionals and received two responses which did not include any negative information. We received comments from two relatives and friends of people who live in the service.

Good

Is the service safe?

Our findings

At the inspection of 24 July 2014 we found the provider did not always carry out robust recruitment processes. This was because one staff file did not fully explore gaps in employment history. It is the legal responsibility of the provider to obtain full employment history to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff. At this inspection we found that action had been taken to ensure that full employment histories were recorded and any gaps in work history were fully explained. The provider's recruitment processes were robust and designed to reduce the risk of people being offered care by unsafe or unsuitable staff.

People told us or indicated they felt safe in the service. One person said, "Yes the staff always keep me safe." Another when asked if they felt safe smiled broadly and nodded their head whilst pointing at staff. People were relaxed and comfortable to interact with staff and ask or indicate that they wanted help or social contact.

People continued to be kept as safe as possible from all forms of abuse. Staff continued to receive regular training in safeguarding adults and gave excellent answers when asked how they would deal with specific safeguarding concerns. They were fully committed to protecting the people in their care and were clear they would use the provider's whistle blowing policy and contact outside agencies, if necessary. There had been three safeguarding issues since the last inspection in July 2014.These had been appropriately dealt with and the relevant authorities had been informed.

People were protected from any financial abuse. Each person had a financial file and financial care plan. The provider was the benefits appointee for four people and the fifth person's finances were dealt with by a trust fund. A benefits appointee ensures people receive their correct income. Robust audits and checks ensured people's money and property were handled correctly.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed at the required intervals. These included fire alarm maintenance and electrical checks. The service was awarded a score of five (excellent), for food hygiene, by the environmental health department in March 2016. The registered manager agreed to investigate the possibility of installing a dishwasher to improve infection control at the earliest opportunity.

People and staff remained protected by generic health and safety and individual risk assessments such as moving and handling, stress, showering and eating and drinking. People had an individual risk analysis which identified any risk. A risk management plan was developed and cross referenced to the specific support plan to assist staff to provide care in the safest way possible. Examples included epilepsy in the vehicle and in the community and specific behaviours. People had an individual emergency and evacuation plan, tailored to their particular needs and behaviours. The service recorded accidents and incidents and investigations into their cause. Learning was taken from these.

People continued to be given their medicines safely by staff who were trained to follow the medication administration processes and procedures. Their competency to administer medicines was tested before they were allowed to carry out this duty and every year thereafter. Three medication administration errors had been reported in the previous 12 months. These had been dealt with appropriately, including disciplinary actions and further training for staff.

The service continued to regularly assess people's needs and provide enough staff to meet those needs and keep them safe. There were, generally, a minimum of two staff during the day and appropriate arrangements made for ensuring people's safety at night. Night care arrangements varied depending on the needs of people. These varied from staff working throughout the eight houses, on site, and responding to alarm bells to waking night staff, for the site, being based in the house. Any shortfalls of staff were covered by staff working extra hours. The registered manager could increase the number of staff in the event of special activities or emergencies.

Good

Is the service effective?

Our findings

The service remained effective. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Support plans were of extremely high quality and included appropriate information to ensure staff knew how to meet people's individual identified needs.

People had a separate detailed health care plan which noted all aspects of their health needs. These included a record of treatment, a medical profile and a health action plan. Referrals were made to other health and well-being professionals such as psychiatrists, dietitians and specialist consultants, as necessary. People were supported to attend specialist appointments and regular check-ups and the staff team followed any advice given by other professionals such as speech and language specialists. People told us staff took them to the hospital and supported them to make appointments with Drs and nurses.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (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 four DoLS referrals, one of which had been authorised by the local authority (the supervisory body). Two applications were being considered and one had been refused. Applications were made appropriately and met legal requirements. Best interests meetings were held, as necessary and records were kept of who was involved in the decision making process. The registered manager and staff were aware of the imminent changes in DoLS procedures.

People were encouraged and supported to make as many decisions and choices as they could. People's individual communication methods were identified and understood and staff were able to interpret their choices and decisions if they were unable to clearly communicate verbally. People's agreement to the care plans noted how people had given/shown they consented to it and who else was involved in helping them to make the decision.

People who had behaviours that may cause distress or harm to themselves or others were well supported by the service. They had excellent detailed behaviour plans which supported staff to help them to reduce the anxiety and distress which may result in such behaviours. The service used minimal physical restraint and staff were trained in the use of such methods. The nationally recognised training was regularly updated and actual techniques to be used were clearly noted in individual support plans using photographs to illustrate the text. Physical restraint was used as a last resort as the training focussed on using early intervention and distraction techniques.

People were involved in writing menus and food preparation, as appropriate. If they had any specific needs or risks related to nutrition or eating and drinking, these were included in care plans. The service sought the advice of dietitians or speech and language therapists, as necessary and offered food in the way they were advised. People's cultural, religious and other special needs with regard to food were catered for.

People's needs were met by staff who had access to training to develop the skills and knowledge they needed. Six of the eight staff had attained a social care qualification and the remaining two were pursuing a qualification. A mandatory set of training topics and specific training was provided to support staff to meet people's individual diverse needs. This included health and safety, lifting and handling, epilepsy and dementia. 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.

People were offered care by a staff team who felt they were well supported by the registered manager and management team. Staff received one to one supervision every four to six weeks and an annual appraisal. At the appraisal staff discussed their development and training needs for the following year as well as their past performance.

Good

Is the service caring?

Our findings

People continued to be supported by a caring and committed staff team. People told us or indicated by smiling and nodding that they liked living in the home. Two people described staff as "kind" and one person said, "The staff really care about us, they help us with whatever we want."

People were treated with the greatest respect and their privacy and dignity was promoted. Staff interacted positively with people, communicating with them at all times and involving them in all interactions and conversations. Staff used appropriate humour and physical touch to communicate with and comfort people, as necessary. Support plans included positive information about the person and daily notes were written respectfully and positively.

People received care from a small staff team who had built strong relationships with them and were very knowledgeable about their individual needs and personalities. People were very comfortable with staff and were able to express or display their needs and preferences to them. People's independence was promoted as much as was possible and appropriate. For example people were risk assessed and supported to take their own medicine and access the community independently.

People had excellent communication plans to ensure staff understood them and, as far as possible, they understood staff. The plans described, in detail, how people made their feelings known and how they displayed choices, emotions and state of well-being. For example, plans listed the words or behaviours an individual used to show they were becoming distressed. This assisted staff with early interventions to improve people's mood and well-being. People's identified methods of communication were used to inform staff how people felt about the care they were receiving and the service, in general.

Information about the service was produced in user friendly formats which included photographs, pictures, symbols and simple English. This information included explanations of the key worker system and the provider's statement of purpose.

People's equality and diversity needs were met by staff who knew, understood and responded to each person's diverse physical, emotional and spiritual needs. Support plans included any special needs people had to support their culture, religion or other lifestyle choices.

People's records were kept in an office which was locked when no staff were present. The staff team understood the importance of confidentiality which was included in the provider's code of conduct.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's current and changing needs. The staff team were able to recognise when people needed or wanted help or support. We observed staff responding to people's body language and behaviour as well as verbal communication.

People, relatives, social workers and other relevant services were involved in an initial assessment of the person prior to them moving into the service. Detailed support plans were developed from the assessment. 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. Support plans were reviewed, formally, a minimum of annually and whenever necessary. The service responded to changing needs in areas such as those related to behaviour or well-being. Additional reviews included monthly key worker meetings and a person centred review. The summary of the person centred review was produced in a pictorial and photographic format which was supported by simple text.

People's care was totally person centred and support plans were highly personalised. People's support plans ensured that staff were given enough information to enable them to meet specific and individualised needs. Support plans included sections such as my profile, history time line (a life history of the individuals), activities and personal care. Some support plans contained a great deal of detail about people's cultural and religious needs. These included areas such as, "discuss with the person upcoming festivals and holidays and encourage [name] to watch cultural films and listen to [name of culture] music."

People were provided with a flexible activities programme which responded to their choices, moods and well-being. Some people had a mixture of set and flexible activities but other individuals had activities which were organised on a daily basis. People were offered outings, day trips and short holidays. People were taken for shopping trips and supported to participate in community activities, as they chose. Some people were supported to go into the community independently, as appropriate.

The service had a robust complaints procedure which was produced in a user friendly format and displayed in communal areas in the home. It was clear that people would need support to express a complaint or concern and staff had encouraged people to make a compliant, as necessary. The service had recorded three complaints (two made by people who use the service) during the preceding 12 months. These were dealt with appropriately and action had been taken to resolve them.

Good

Is the service well-led?

Our findings

People continued to receive good quality care from a staff team who were led by an effective and qualified registered manager. The manager was registered in January 2017and held management and care qualifications. People and staff spoke highly of the registered manager. One person said, "She's very good you can always talk to her." Staff described her as open, approachable and very supportive.

The views of people, staff and other interested parties were listened to and taken into account when organising the service and providing care. The various ways of listening to people's views included formal reviews, monthly house meetings and monthly key worker meetings. People's views were recorded and acted upon, if possible. Additionally the views of people, their families and friends, staff and other professionals were requested via an annual questionnaire. Staff views and ideas were also collected by means such as monthly team meetings and 1:1 meetings with the registered manager.

People benefitted from a good quality service which was monitored and assessed to make sure the care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Examples included an annual infection control audit and an annual food hygiene audit, financial audits and medicines checks. A quality audit was completed every month by a manager from another service. Six monthly audits were undertaken by the nominated individual and an annual audit was completed by members of the board of trustees. Monthly service action plans were produced to ensure any identified areas were improved.

Actions taken as a result of listening to people and other quality assurance procedures included providing training in diabetes and dementia, encouraging people to lock their doors, organising monthly house group activities and providing people with more choices on the menu.

People's records accurately reflected their individual needs, they were detailed and up-to-date. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. Records were of good quality, 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.