

Swanton Care & Community (Autism North) Limited

Park Lodge

Inspection report

Park Avenue
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Ratings

Overall rating for this service	Good ●
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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 inspection took place on 12 and 15 February 2018 and was announced. The inspection was announced to ensure people who used the service would be present.

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

Park Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Park Lodge accommodates eight people. At the time of inspection the service was providing support and care for seven people.

The manager had started the application to become the registered manager at Park Lodge. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The provider had safeguarding systems in place to ensure people were protected from abuse and harm. Staff were aware of the provider's whistleblowing process and expressed their confidence that the manager would deal with any concerns appropriately.

The provider recorded, collated and analysed safeguarding concerns and accidents and incidents to identify any patterns or trends for lessons learnt.

Where risks were identified, they were assessed and managed to minimise the risk to people who used the service and others.

An effective recruitment process was in place. Sufficient staff were deployed to ensure people remained safe. New staff completed an induction and shadowing period. Training was up to date. The manager had an action plan in place to ensure staff received supervision.

Appropriate arrangements were in place for the safe administration and storage of medicines. The provider ensured checks were in place to maintain the safety of the home. Systems were in place to ensure people would remain safe in the event of an emergency.

Staff understood and applied the principles of the Mental Capacity Act (MCA), and were aware of people's

rights when they could not consent themselves. People were involved in all aspects of decision making about their care and treatment.

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

The manager consulted with people and their relatives when making changes at the home. People were supported to personalise their own rooms.

The service ensured people received care and support from healthcare professionals including GPs and community nurses. People were supported in maintaining a healthy and balanced diet.

People were treated with dignity and respect. Staff had a sound knowledge of the people they supported. Care plans were detailed and reflected people's specific needs. Reviews were regularly completed.

People were supported to follow their interests and take part in social activities. Relatives told us they were made welcome at the home.

The provider had a comprehensive system to audit various aspects of the running of the service. These included checks of the medicines and care plans. The manager had developed an action plan to deliver improvements throughout the service including accessible information as standard.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Park Lodge

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 and 15 February 2018 and was announced. The inspection was announced to ensure people who used the service would be present. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On 15 February 2018 an adult social care inspector telephoned relatives and staff members.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed 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 care records for two people who used the service. We examined documents relating to recruitment, supervision and training and various records about how the service was managed.

We spoke to two people who used the service, three relatives, the manager, the deputy manager, a team leader, chef and three staff members.

We undertook general observations of how staff interacted with people as they went about their work. We

looked around the home, visited people's bedrooms with their permission and spent time with people in the communal areas.

Is the service safe?

Our findings

At our inspection in February 2016, we rated this domain as "Good." At this inspection, we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Relatives told us they felt their family members were safe living at Park Lodge. One relative said, "When my [family member] first came to this home eight months ago I had mixed feelings about the safety here, but over the months I've witnessed an unprecedented change in the way they have been managed by staff and the freedom they now have which has allowed them to settle in well". One person told us, "I feel quite safe here."

The registered manager told us staffing levels were set by the needs of the people using the service. The service monitored people's activities and appointments and ensured enough staff were deployed to meet people's needs. Some relatives and staff expressed concerns over the use of agency staff and their lack of knowledge of the people they were supporting. We saw the service had made efforts to address this matter with the recruitment of new staff.

Staff had completed safeguarding vulnerable adults training. Staff we spoke with were aware of the provider's whistleblowing policy and expressed confidence that any matters raised would be dealt with appropriately. One staff member told us, "I haven't had to make an alert but I would if I had to and I know it would be looked into." The service investigated safeguarding concerns and when required made referrals to the local safeguarding authority.

The service recorded safeguarding information and accidents and incidents on the provider's central computer system. The provider reviewed and analysed the collected information to identify themes and trends with lessons learnt. Learning points were then cascaded back to each service.

People had risk assessments for a range of person specific identified risks. The risk plan described the risk and detailed how staff were to manage the risk to ensure the person remained safe. These were regularly reviewed. The provider also had general risk assessments for the environment and premises in place ensuring anyone visiting and working at the service were safe.

The provider continued to operate a safe and robust recruitment process. New staff had pre-employment checks conducted including obtaining full employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

Medicines were safely managed and administered as prescribed. Medicines records we viewed were up to date and accurate. Regular audits were carried out. Staff had completed medication awareness and administration training prior to administering medicines.

'As required medicines' protocols were in place. These assist staff by providing clear guidance on when 'as required' medicines should be administered and provide clear evidence of how often people require additional medicines such as pain relief medicines.

Each person had a personal emergency evacuation plan (PEEP) which contained comprehensive details about their individual needs and how staff should support the person in the need of evacuation in an emergency. Fire drills were regularly carried out with the involvement of people living at the home. Records relating to the maintenance and safety of the building were up to date. Monthly health and safety checks were regularly completed.

The service had a dedicated domestic support who was responsible for the cleanliness of the building. We saw communal areas and people's living areas were all clean and tidy and personal protective equipment such as gloves and aprons was readily available for staff. Infection prevention audits were regularly completed.

Is the service effective?

Our findings

At our inspection in February 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People's needs were assessed before they came to live at Park Lodge. The deputy manager told us, "We discuss people's support needs with their family and social work teams to ensure we can support the person."

Training and development was up to date. Recruitment records showed new staff completed an induction prior to starting work at Park Lodge. Staff completed a range of training including subjects such as safeguarding, equality and diversity, health and safety, fire awareness and British Institute of Learning Disabilities (BILD) positive behaviour support training and restrictive intervention. The deputy manager advised that they had arranged for staff to receive specialised epilepsy training in line with people's needs.

We noted staff were not receiving bi monthly supervisions in line with the provider's policy. This matter had been addressed prior to our inspection with an action plan in place for the year ahead. Staff we spoke with told us they felt supported by the provider. One staff member said, "The training is really good here." Another staff member told us, "I feel supported. There have been improvements, it's more stable now. I can speak to the manager anytime."

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 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 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 a person of their liberty were being met.

The service monitored people's DoLS and made timely applications to the local authority. MCA assessments had been completed and 'best interests' decisions were carried out for people who lacked capacity to make decisions for themselves. Throughout our inspection we observed staff seeking consent before supporting people. One staff member told us, "We always do things for the best interest of the people using the service, because our mission is all about making service users lives better".

The home was a large period property that had been adapted into individual living areas. Rooms were

bright and airy, with high ceilings and large windows allowing natural light to flood in. People's living areas were personalised and they were consulted in deciding the colour of the décor. A large communal lounge and a kitchen/dining area was available if people wished to socialise together.

The service consulted with people, their families, staff and healthcare professionals to gather their views about creating a sensory/relaxation room. The manager told us, "This will provide an additional area for all residents to access and enjoy sensory stimulation and relaxation. It will offer a safer more private area for people to receive intervention and support in managing any personal behavioural challenges they may experience." They advised the project had been agreed by the provider and funding was to be released to buy equipment.

People were supported to access healthcare professionals. Care records showed people had regular input from a range of health care professionals, such as GPs, nurses and occupational therapists. The service was proactive in seeking the support of healthcare professionals when required.

Staff supported people to meet their nutritional needs. The service employed a chef who prepared meals for both staff and people. People were shown a picture of what was available each meal time to support with making their choice. The chef told us, "If people don't want what is on offer, I can make them anything they want." People were supported in maintaining a healthy balanced diet. One staff member said, "We encourage [person] to make health choices." One relative told us, "In my observations the food is very good" and added "My [family member] gets a choice of salad and staff always look out for him getting a balanced diet".

Is the service caring?

Our findings

At our inspection in February 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Relatives we spoke with told us staff were kind and caring. One relative said, "I know [person] likes it there because if they didn't they would let me know. They are always ready to go back following a weekend." Another relative told us, "Staff have been so caring," and "In a nutshell I can't believe how settled my [family member] is in this home – he has come on leaps and bounds".

Relatives told us about the importance of consistency within the staff team. One relative told us, "They have lost staff and that means familiar faces have gone." Another relative said, "There are lots of new staff, some are great with [family member]." One staff member told us, "Staff have left but we mix new staff with experienced staff so it doesn't have an impact on people."

Staff we spoke with clearly knew people well. They were able to discuss people's life and family history, method of communication and likes and dislikes. We observed good relationships between people and staff. People appeared comfortable in the company of staff. One staff member told us, "It takes time to develop a bond with residents. I see [person] smile and it makes me smile."

The service supported people with their preferred method of communication. For example, a number of people used Makaton communication tools. Makaton is a language programme using signs and symbols to help people to communicate. Care plans contained guidance for staff to follow for the best way to support the person to communicate; these included what gestures meant to that person. Staff with established relationships with people supported new staff to ensure they learnt people's preferred communication needs.

Staff treated people with respect and dignity. One relative told us, "Yes they treat [person] with dignity." One staff member said, "I give them time, make them as comfortable as possible. I encourage the person to do as much as they can but no pressure." We observed staff were respectful when people wanted time alone.

Staff encouraged people to be as independent as they wished. People were encouraged to engage in daily tasks. This involved cleaning, cooking and loading the washing machine. One person enjoyed being involved with completing the weekly bedroom audits and was supported to take the lead. One staff member told us, "I ask [person] if they would like to help me when I'm doing things." One person said, "At the moment I have two staff taking care of me but I have a goal to have only one member of staff eventually as I gain more independent living".

The manager advised that no one was currently using the service of an independent mental capacity advocate (IMCA).

Is the service responsive?

Our findings

At our inspection in February 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Care plans contained information about people and how they wished to be supported. Each care plan contained personal information about the individual, a profile called 'Understand me' and a range of specific support plans. The profile described briefly how the person was to be supported in certain situations. For example, 'What help do I need to make decisions?' 'What helps me feel relaxed?' 'How do I communicate?' and 'What and who is important to me?' These were written in a personalised way. For example, within one person's 'What helps me feel relaxed?' section staff had recorded, '[Person] likes to dance as this alleviates their anxieties and helps them interact with staff and peers.'

Care plans included areas such as daily skills, mobility, nutrition and hydration, personal care, communication and positive behavioural support (PBS) interventions. Each section gave staff clear guidance on how best to support the person. For example, '[Person] could be shown the picture of a cleaning product and then verbally encouraged to use this on their furniture.' Support plans were regularly reviewed every 28 days. The electronic care plan system sent a reminder alerting staff if a review was not completed within the time period.

We noted care plans lacked information about people's social background and life history. The service had identified this and had actions in place to address the matter working with families. Staff told us care plans were always developing. One staff member told us, "A person's care plan is always changing, we add to it. I've learnt [person] loves classical music." The provider had recently introduced the role of positive behavioural support practitioner. The manager was passionate that people lived fulfilled lives.

Relatives we spoke with told us they were involved with the planning of their family member's care and support. Where risks were identified a risk plan was created which outlined the risk and how it was to be managed.

People and relatives told us about activities available. One person told us, "I like working with animals and staff support this and get me involved with dog walking," and "I also go to college to do art and science with the right support". One relative said, "I've noticed that people get to choose the activities of the day without staff placing restrictions."

One person was supported to access an adult learning programme at a local college. This involved increasing their independent living skills and promoting work based learning opportunities. Relatives told us they were made welcome when visiting the home and people were supported to maintain relationships important to them.

People were supported to access their local community. This included enjoying walks in the local parks and

beaches, using shopping facilities and visiting local pubs and restaurants promoting independence. No one currently living at Park Lodge had any religious or cultural needs. The service had an equality and diversity policy and clear systems in place to support people.

The provider had a complaints and concerns process in place. There had been no complaints since the last inspection. Whilst the service had basic easy read information available advising people how to make a complaint, the manager told us they were working with people who lived at the home to improve the format to ensure every person's voice was heard. They also advised that they had identified the need to review the 'service user guide.' This formed part of the service's action plan to review accessible information formats. Relatives told us if they had concerns they would approach the manager.

Is the service well-led?

Our findings

At our inspection in February 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The new manager commenced their role in September 2017 and had started their application to become a registered manager. Although they had only been in post a short time they had developed an action plan identifying areas where they wished to make improvements.

The manager had clear ideas for the future of the service. They were keen to improve people's quality of life. They spoke about making changes to the environment and developing opportunities for people to become more independent. We saw people had been consulted about the environment and where possible, the manager encouraged and supported people to have involvement in all aspects of the home. At the beginning of our inspection, the manager encouraged and supported a person to support us on our initial look around the home.

Some relatives we spoke with expressed a lack of communication with the home. However, following the appointment of the new manager all relatives we spoke with told us communication had improved. The manager had introduced 'family and carer engagement' meetings. One relative told us, "Even when I can't get there, they ensure I get the meeting minutes."

The manager and deputy manager worked well together. Staff told us morale had improved. All staff we spoke with told us they enjoyed working at the home and found the work rewarding. One staff member said, "I've been working here for 15 years and I've seen staff come and go, but there is now better morale between staff in this home than I've ever seen before and this is reflected in better quality care to service users". Another staff member told us, "Things have improved immensely in recent times in this home".

Staff also told us they had seen a number of improvements since the new management team arrived. One staff member told us, "We are having team meetings again, so we can discuss what's happening in the home." Another staff member said, "It's better organised with a good mix of staff with different knowledge."

We noted the service did not actively seek people's views about the quality of the care provided at the home. The manager recognised the need to develop accessible information formats for people using the service and this was included on their action plan for improvements. The manager ensured day to day staff supported people to give general feedback via their preferred method of communication.

The service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. The manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

The provider had a range of review processes to monitor the quality of people's care. A quality and governance team carried out audits at each of its services. Audits included areas such as medicines, environment, health and safety, safeguarding and care records. When required an action plan was developed with timescales for actions to be completed.