

Lordington Park

# Lordington Park

## Inspection report

Lordington  
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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 19 September 2017

Lordington Park provides care, support and accommodation for up to a maximum of 18 older people. Accommodation was over two floors with a lift provided to access the first floor. Accommodation consisted of communal lounge, dining room, laundry, kitchen office and bathrooms. There were 18 individual bedrooms which were all en-suite with one exception and this room had a bathroom directly opposite.

The service had two registered managers who shared the management responsibilities. 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. At this inspection we were assisted by one of the registered managers and this person has been referred to as 'The Registered Manager' throughout the report.

At the last inspection carried out on the 18 August 2015 the service was rated Good. At this inspection we found the service remained Good.

We carried out this inspection as part of our routine schedule of inspections and to check that people were still receiving a good standard of care and support.

Risks to people had been assessed and risk assessments were in place. Staffing levels were maintained at an appropriate level to support people safely. There were safe recruitment practices followed. There was a policy and procedure regarding medicines and these were managed safely.

People told us they felt safe at Lordington Park and no one we spoke with had any concerns regarding the safety of people who used the service. There were policies and procedures regarding the safeguarding of adults. Staff had received training and were aware of the procedures to follow if they considered someone was at risk of abuse.

Each person had a care plan which gave guidance to staff on the support people needed and how this should be provided.

Staff received training to enable them to support people effectively and there were opportunities for them to study for additional qualifications. People were supported to have maximum choice and control of their lives and staff had received training in the Mental Capacity Act (MCA) 2005 and associated legislation.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) and associated regulations.

People told us the food provided was good. Staff supported them to have sufficient to eat and drink and to maintain a healthy diet. People had access to a range of healthcare professionals.

We observed that the staff who supported people were kind and caring and this was confirmed by people who told us they were able to express their views and these were respected by the staff who supported them.

Care plans were person centered and included information regarding people's personal preferences and their likes and dislikes. This informed staff on how people wished to be supported. Activities were tailored to people's individual needs and choices. There was a clear complaints procedure which was available for people and a copy was displayed on the notice board at the home.

People's needs were regularly reviewed and care plans were updated as required to ensure the care and support provided was up to date and meeting individual needs.

The provider and registered manager's operated an open door policy and told us they welcomed feedback on any aspect of the service. There was a policy and procedure for quality assurance and the registered manager's and staff carried out a range of audits and checks to monitor the quality of the service provided. People, relatives and staff were consulted and asked their views about the quality of the service provided.

## 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

# Lordington Park

## 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 checked 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 was an unannounced inspection which took place on 19 September 2017. The inspection was undertaken by one 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.

Before the inspection, we asked the provider to complete 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. They returned the PIR in good time and we used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection. This also included any statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

During our inspection we observed staff interactions with people and also looked at care plans, risk assessments and medicines records for three people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as staff rotas, quality monitoring records and policies and procedures.

We spoke with six people and one visitor who was a friend of one of the service users to ask them their views of the service provided at Lordington Park. We also spoke to the visiting hairdresser, one of the registered manager's, the cook a member of the domestic staff and two care staff.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe. One saying, "I feel very safe". Another said "I am very happy here" another said "one of the many things I like is that I have my own furniture and it is looked after". The visiting friend said "my wife was here up until her death so I know the home very well and I can tell you it is by far the best in the area" Another person said "I feel very safe and my children do not have to worry".

The premises were well maintained and a maintenance person was employed to carry out any routine maintenance. The registered manager told us contracts were in place for the maintenance of fire safety equipment, gas safety and electrical equipment. There was a contingency plan should the home become uninhabitable due to an emergency and each person had an individual emergency evacuation plan. A cleaner was observed working throughout the home. The areas of the home we accessed were clean and well maintained. One person said "the home is lovely and clean". Another said "the cleaning is to a very high standard". Another said "the home is kept beautifully".

Each person had a care plan and this contained information about the care and support they needed and also included details of any risks to people. Risk assessments included risks associated with falls, pressure areas, self-administration of medicines and nutritional risk assessments. These identified any risks and gave staff information on how the risk could be minimised. For example a risk assessment for one person had identified there was a risk of falls. The risk assessment explained that the person could move around independently for short distances using a walking frame but for longer distances they would need the use of a wheelchair. Risk assessments were reviewed monthly as part of the care plan review. Staff told us risk assessments advised them about any potential risks to people so they were aware on how to provide safe support to people.

The provider had a policy and procedure regarding the protection of vulnerable people and the registered manager also had a copy of the local authority safeguarding procedures. Staff received training in safeguarding and knew what action to take if they had any concerns. Staff told us that they would report any concerns they had to the registered manager. The registered manager understood her responsibilities about reporting any safeguarding concerns to the local authority safeguarding team and CQC.

The registered manager used a dependency tool to establish safe staffing levels. This tool looked at people's needs in a number of areas and took into consideration what the person could do for themselves. The registered manager told us that the dependency tool was reviewed each month as part of the care plan review. The registered manager told us that the currently dependency level for all people living at Lordington Park was assessed as Low. Currently from 8am to 8pm there was a minimum of two care staff on duty and from 8pm until 8am there was two care staff on duty, one of whom could sleep between 10pm to 7am. These staff were supported by the two registered managers who worked flexibly each day. In addition there were domestic staff who also had care qualifications, a cook, a maintenance person and two gardeners. Staff told us that people were quite independent and that the current staffing levels were sufficient to meet people's needs. This meant that there were sufficient staff available to support people's care needs.

The registered manager told us that Lordington Park had a stable staff team with some staff being employed at the home for over 15 years. The last person was recruited in June 2017. Records we showed that all required recruitment checks had been carried out and these checks included suitable references and checks with the Disclosure and Barring Service (DBS). The DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. The registered manager told us staff did not start work until all recruitment checks had been completed. Staff confirmed this.

The provider had a policy and procedure regarding medicines. All staff who were authorised to administer medicines had received training which included observations of staff administering medicines to people. Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. Medicines Administration Records (MAR) were up to date with no gaps or errors. These showed that people received their medicines safely and as prescribed. Staff told us they were only authorised to administer medicines to people after they had received training and had their competency assessed.

## Is the service effective?

### Our findings

Staff had a good knowledge of the people they were supporting. The people we spoke to all said that the staff knew their needs well. One person said "The staff know me and how I like things done, they are lovely". Another said "The staff are very good, they know what they are doing and I am very well cared for".

Each person had a care plan which gave staff information on each person's care and support needs. People were aware they had a care plan and these had been signed by the person concerned. Each care plan contained a signed 'consent to care' form. There was also a care assessment which showed that people's support needs had been assessed before they moved in. The registered manager told us the assessment formed the basis for the initial care plan which was then reviewed and amended as staff and people got to know each other.

Staff received training to enable them to carry out their roles effectively. The registered manager told us that training was provided through a training company which used workbooks. Once staff had completed the workbook they were given a question paper to test their knowledge and understanding. This was then sent off to the training organisation who marked the paper and if the relevant pass mark was achieved a certificate was issued. The registered manager said that if any member of staff did not achieve the required standard they would have to re take the training. Training records showed that staff had received training in subjects which included: Diabetes, health conditions, equality and diversity, nutrition, care practices, medicines, health and safety and safeguarding. Face to face training was also provided for subjects such as moving and handling, fire training and first aid. Staff told us training was good and the registered manager kept a record and reminded them when any refresher training was needed.

The registered manager said that any new staff member would be given a thorough induction when they first started work at Lordington Park. As part of the induction staff were issued with a staff handbook, this contained information which included: key policies and procedures, aims and objectives, dress code, care practices, core values, record keeping, whistle blowing and communication. The registered manager told us and staff confirmed that induction also included essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with and understand their needs.

Staff were also encouraged and supported staff to gain additional qualifications to help them in their role. The provider employed a total of 18 care staff. 17 had already completed qualifications to a minimum of level two of the National Vocational Qualifications (NVQ) or equivalent Health and Social Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Three members of staff were also undertaking level three training at a local college.

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. The registered manager and staff understood their responsibilities with regard to the MCA and associated legislation.

People can only be deprived of their liberty to 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 registered manager told us that currently everyone living at Lordington Park had capacity to make their own decisions therefore no application had been made to the local authority DoLS team.

Staff understood that people should be involved and supported to make decisions about their care and support and said they always obtained consent before any support was given. We observed staff explaining to people what they were doing and gaining their consent before providing any support. One member of staff said "Everyone here can make their own choices and decisions, they will tell you if they do not want anything and their decisions are always respected"

Staff told us they received regular supervision every 6 to 8 weeks. Records showed that staff supervision was up to date. Staff said topics discussed included any issues regarding people who lived at Lordington Park, training and any other issues the staff member may have. One member of staff said "You can talk about anything". Staff also had an annual appraisal which gave an overview of the staff member's performance during the year.

People told us the food was good. Everyone we spoke to said that the food was good. One person said "the food is excellent". Another said "the vegetables are home grown and are very good, I could not ask for better". The visiting friend said "the food is good".

People made their own choices for breakfast and supper. Lunch was the main meal of the day and there was not a set menu. The cook told us that she had a list of people's likes and dislikes and cooked meals fresh each day with fresh vegetables grown in the homes garden. The cook said if the meals provided were not to anyone's liking they would prepare a separate meal for them. A record was kept of what people had eaten each day and we saw that while most people had the main meal on occasions alternative meals such as jacket potato, omelettes or salads had also been provided for some people. The cook told us that there was always a range of food in the fridge so that staff could make a snack or sandwich for people at any time if they wanted this. The registered manager said currently there was no one who had any nutritional needs but if needed she would consult with relevant professionals to ensure effective support was provided. The cook would be made aware and would provide for any specific needs such as fortified foods, pureed diets or those who were diabetic. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

We observed the lunch routine. before lunch was served people gathered in the lounge for a sherry. They were then encouraged to move to the dining room for lunch which was a good social occasion. People who preferred to have their meals in their rooms could do so.

People's health needs were met. The registered manager said she worked with healthcare professionals to promote good health for people. People were registered with two different medical practices in the local area. People who were at the home for short stay or respite care were temporarily registered with a local surgery should then need any healthcare support whilst they were staying at Lordington Park. The registered manager told us most people had their own dentist and optician although domiciliary treatment could be provided if this was needed. The home had access to a private physiotherapist who visited as

required and other healthcare professionals were arranged through GP referrals.

## Is the service caring?

### Our findings

We observed staff providing support in a caring manner. The staff demonstrated that they knew how people liked to be supported by interacting with them when invited. The staff also showed respect at all times and maintained dignity. Comments from people included: "The staff can't do enough for me, I am very impressed". "The staff are very well trained and look after me very well". "It is like living in a country mansion, peaceful and I am well cared for". and "The staff know how to look after me and do it very well".

Visitors were welcome at any time and there were no restrictions on visitors.

Staff supported people to be as independent as far as they were able. If a person could do something, they were supported to do so. Staff observed people discreetly and were available to offer support if required. For example, one person was having difficulty with their hearing aid and was trying to change the battery. A member of staff observed this and when they got into difficulty, the member of staff asked the person if they could help.

We observed staff talking to people and supporting them around the home. Staff spent time with people in communal areas and engage them in conversation. Staff used people's preferred form of address, showing them kindness, patience and respect. When talking to people, they always came down to their level and ensured they were facing the person they were talking to. Everyone said that the staff were respectful. One person said "I am very comfortable and well looked after. My son says I am very lucky". The visiting friend said "the staff do such an excellent job that when my friend came for two weeks respite he liked it so much he never left and has been here for two years".

People said staff respected their privacy and dignity and we observed that people and staff were comfortable with each other. We saw staff spending time listening to people and responding to their questions. Throughout our visit there was a good rapport between staff and people. There was a relaxed atmosphere and people and staff got on well together.

People were able to move freely around the home, some used walking aids and staff monitored people but allowed them to be as independent as possible and do as much as they were able for themselves. One member of staff said "I love working here, people are so lovely, staff as well. I always treat people like family"

People were confident and comfortable with the staff who supported them. Staff knocked on people's doors and waited for a response before entering. People's rooms were decorated in line with their personal preferences and people were able to bring in personal items to decorate their rooms.

We saw that people were dressed appropriately for the time of year. Everyone was smartly dressed and were supported and enabled to wear clothes of their choice. On the day of our visit the hairdresser was in attendance. They told us "I go to a few care homes in the local area and this is by far the best. I have never heard anyone complain about anything. If I had to go into a home I would definitely choose here"

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

The registered manager told us and records showed that a person's wishes for their end of life care was recorded in their care plan. We saw that any advanced decisions were recorded and if required Do Not Attempt Resuscitation (DNAR) decisions were completed by the person's GP and put into place to ensure that the person's wishes were clearly recorded in case of an emergency.

## Is the service responsive?

### Our findings

People told us they were well supported and cared for. Comments from people included: "The staff are marvellous; they take very good care of me". Another said "The staff are very good, nothing is too much trouble".

Before anyone moved in to Lordington Park a pre admission assessment was undertaken. The assessment recorded information including: Communication, hearing, vision, medicines, care needs, eating and drinking, sleep routine, and past medical history. This information was then used to make up an initial care plan for the person. Not all people could not remember if they had been involved in their care plan. One person said "my son and daughter-in-law deal with all that".

Each person's care plan was individual to them and was person centred. This meant the needs and preferences of people were central to their care and support plans. Care plans gave staff information about people's care and support needs and how people wanted this to be provided. For example the care plan for one person explained. Person liked to go to bed at 10pm, requires hot drink to settle at night. Does not like light on and does not wish to be disturbed. Will call staff when ready for breakfast.

Care plans were reviewed each month by the registered manager. Or earlier if a person's needs had changed. For example, the care plan review for one person dated July 2017 informed staff that the person end of life care plan had changed and that there was now an advanced care plan in place which detailed the person wishes.

The registered manager told us staff were kept up to date about people's current needs at the handover which was carried out before staff commenced their shift. A handover sheet was kept in the kitchen and staff recorded any issues that staff needed to be aware of. This information was also passed to the registered manager. Staff told us that the registered manager went through the handover sheet with the oncoming staff so they were informed of any particular issues they needed to be aware of. Staff said the handover informed them about people who may have been out on their own or with family or any issues about people's current care needs. The handover and updated care plans ensured staff provided care that reflected people's current needs.

Staff responded positively to any requests for assistance. The registered manager told us the call system had been updated and we saw that staff had individual hand held call monitors. These enabled staff to respond quickly to any requests for assistance as they could see who was calling without having to go to a wall mounted monitor. One person said "I just have to ask for help and a member of staff comes and supports me".

Staff were able to tell us about the people they supported and this reflected the information contained in their care plans. Staff said they knew people well. They knew how people liked to spend their time and whether they liked to join in with activities. This enabled staff to provide the support people needed. A member of staff said "We are here to meet the needs of the people we support, this takes priority over

everything else". Throughout our visit we observed that when anyone requested assistance this was quickly responded to by staff.

A record was kept for each person and daily recording was carried out to evidence what support people had received. Staff recorded how the person had been throughout the day and included information about care and support that had been given. These reports showed that care had been delivered in line with people's care plans.

The registered manager and staff told us that there was not a programme of activities each day. This was because people liked to spend time reading or listening to music and did not want to participate in set organised activities. Some people like to walk in the grounds while others liked to spend time in their rooms or on their own. The registered manager told us that one person asked for some informative talks to be provided occasionally. A lecturer from a local college visited two or three times a year and gave talks on art and artists. The local operatic society gave a performance in the home three to four times a year and occasional jazz concerts were held. On the day of our visit local children were giving a piano recital in the lounge.

There was an effective complaints procedure in place and a copy was given to people and their relatives when they moved into the home. The registered manager said that she had not received any complaints since the last inspection. They said if any complaints were received they would be dealt with quickly and in line with the provider's complaints procedure

## Is the service well-led?

### Our findings

People told us that Lordington Park was well-led. Everyone spoken with said that the service was well led. One person said "The manager is always available and she is very approachable". Another said "The manager is lovely". The visiting friend said "The management is very good, approachable and willing to listen. The manager sorts things out without fuss". Staff were relaxed and happy working in the home. One person said "The staff always have a smile on their faces". There was a good relationship between the staff and management and they were very supportive of each other. There was a very calming atmosphere.

The registered manager told us her door was always open and anyone was welcome to speak to her on any subject. She said open communication was encouraged and they would bring her attention to any problems. All staff told us there was a good stable staff team who all worked well together. Comments from staff included "The registered manager is easy to talk to, she is always keen to listen to any ideas for improvement". And "The manager is good, you can speak to her about anything, just knock on her door, she will always make time for you.

The registered managers were able to demonstrate good management and leadership. One of the registered manager's is a Registered General Nurse and she has maintained her professional registration. She told us she also completed the same training as staff and attended any relevant training provided by the local authority. She said she kept in contact with the registered managers of two other homes in the area to share knowledge and discuss relevant issues such as changes to legislation. The registered manager also monitored the CQC website and other professional websites to keep up to date with best practice. Any relevant information was then passed on to staff so that they, in turn, increased their knowledge

We were told by the registered manager that she did not hold meetings such as residents and staff meetings. She told us she had tried to arrange these in the past but they had proved unsuccessful. Residents did not wish to take part and it was difficult to get staff together to hold staff meetings. She said she did try to talk to staff when they were all together for any training and she had regular 1-1 meetings. These enable staff to influence the running of the service and make comments and suggestions about any changes. The registered manager said she walked around the home each day and spoke to people and listened to what she was told. One person said "I am asked for my opinion all the time and I am listened to".

The registered manager said she encouraged feedback and would not hesitate to make changes to benefit people. The registered manager said she spoke with relatives whenever they visited and had regular phone calls to update them on their relative's health and well-being.

The provider had signed up to 'The Social Care Commitment'. This is a promise made by care providers to those who need care and support. Signing up is a public declaration of a commitment to high quality care.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included: Falls, infection control, care plans, risk assessment, medicines, health and safety and

audits of maintenance.

Quality assurance surveys were sent to people, relatives, outside professionals and staff annually. We saw completed surveys that were sent out in October 2016. There were 15 responses received from people living at the home, 72% said they were very satisfied with the care and support provided while 12% said they were satisfied. All responses were positive and did not identify areas for improvement. Feedback from outside professional who had completed a questionnaire were all positive and included: "I have always found the level of care at Lordington Park to be extremely high". "Well managed care home". And "Everyone seems well cared for".

All the people we spoke with during our visit were complimentary about Lordington Park. It can be summed up from the comment received from one person who said "This is a beautiful home with beautiful grounds and wonderful people. What more could you ask for".

We received only positive comments on the CQC website 'Share your views' which can be completed anonymously online. The registered manager had received compliments from relatives regarding the care and support provided to relatives. One card read 'With love thanks and gratitude for all you did for mon you provided gold star care, gold star guidance, from two golden hearts'. Another letter of praise stated 'Thank you is really not enough because you did what we could not and that is to look after them all day every day whilst they were with you and you did a very special thing, you made Lordington Park her home'.

The registered manager showed us questionnaires that were given to short stay respite residents after their visit. People were asked about the care they received, the food, the staff, the accommodation and if there was anything else they would like to add. There were 14 questionnaires completed and all were positive with comments including: 'Excellent staff, nothing was too much trouble, very professional'. 'I would recommend Lordington Park to anyone, you could not find anywhere better'. And 'A lovely home both the residents and staff gave me such a warm welcome for such a short stay'. When asked if there was anything they would like to change one person wrote 'Absolutely nothing adverse, a home from home' and another wrote 'Nothing may it flourish forever'.

Records were accurately maintained and those requested were accessed quickly. All records were stored securely in the office at the home and were locked away when not in use.