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Park Lodge

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 4 August 2016. Our previous inspection took place on 15 August 2014 when we found all of the regulations we inspected were met.

Park Lodge is a privately owned and run residential care home for up to four older people. The manager lives on the premises and is responsible for the day to day running and management of the home. There were four people using the service at the time of the inspection.

There was a registered manager in place at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people were happy at the home and good, person centred care was being provided in a homely environment.

The registered manager and staff were aware of what constitutes abuse and the action they should take if such an incident occurred. They received safeguarding training and policies and procedures were in place for them to follow.

There was sufficient staff to support people safely and to meet their individual needs.

Assessments were undertaken to assess any risks to people using the service and steps were taken to minimise potential risks and to safeguard people from harm.

Procedures were in place to ensure staff were suitable to work with people as staff had undergone the required recruitment checks.

Staff completed an induction programme and mandatory training in areas such as, fire safety, health and safety, infection control, moving and handling and safeguarding.

Records showed that staff had received regular one to one supervision. There was also evidence of regular annual appraisals.

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 Mental Capacity Act 2005. The registered manager was in the process of applying for a DoLS authorisation for a person staying at the home to legally deprive them of their liberty.

Staff showed dignity and respect as well as demonstrating an understanding of people's individual needs. They had a good understanding of equality and diversity issues and care plans included information on how

equality and diversity should be valued and upheld.

Staff knew how to support people to make a formal complaint and complaints were logged and dealt with effectively, demonstrating the outcome of the investigation and how learning was shared.

Audits and quality monitoring checks took place regularly and annual service user satisfaction surveys were undertaken to ensure the service was delivering a high quality, person centred service.

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 report concerns or allegations of abuse and appropriate procedures were in place for them to follow.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There was sufficient staff available to meet people's needs.

There were suitable arrangements for the safe management of medicines.

Is the service effective?

Good ●

The service was effective. Staff received induction training and relevant mandatory training to help provide people with effective support.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

People were offered a choice of food and drinks and received appropriate support to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

Staff took their time and gave people encouragement whilst supporting them. They had a good understanding of people's individual's needs and preferences and were respectful of them.

Staff supported people appropriately in relation to equality and diversity.

Is the service responsive?

Good ●

The service was responsive. People received personalised care

that met their needs.

People and relatives were involved in planning support and decisions around how support was delivered.

The service had a complaints policy in place which was displayed in the communal areas.

Is the service well-led?

Good ●

The service was well-led. The service promoted a positive culture which was person centred.

There were regular audits and surveys taking place to ensure high quality care was being delivered.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

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 4 August 2016 and was unannounced. A single inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We spoke with three staff including the registered manager and the deputy. During the inspection we spoke with two people who used the service and three relatives. We also gained feedback from health and social care professionals who were involved with the service as well as commissioners.

We reviewed three care records, three staff files as well as policies and procedures relating to the service. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

Is the service safe?

Our findings

People and relatives we spoke with told us they felt Park Lodge was a safe place. One relative said, "I have no doubts this is a safe place." We saw people who were able, moving around freely and those who needed supporting were being supported appropriately.

The registered manager and staff were aware of what constitutes abuse and the action they should take if such an incident occurred. All staff we spoke with understood the whistleblowing procedures and they knew they could report issues of concern to an appropriate senior staff member, local authority or the Care Quality Commission if they needed to. One staff member said, "If I had concerns I would speak to [registered managers name] or [deputy managers name] or the social worker at the local authority. If it was serious I could speak to the police." Staff had received safeguarding adults training and people and relatives we spoke with understood what abuse meant and how to report concerns to staff.

We looked at records relating to accidents and incidents and there was policy guidance relating to this for staff to follow.

Relatives told us there was enough staff to support people and we saw this on the day of inspection. Rotas also confirmed there were enough staff on duty at different times of the day. Most staff had been working at the service for many years; however they were in the process of recruiting a new care worker. The registered manager told us they had taken time to recruit new staff to ensure they were right for the home and worked well with other staff.

We saw evidence that appropriate recruitment checks took place before staff started work. This included obtaining two references, proof of eligibility to work in the UK and evidence of a criminal record check. The deputy manager told us and we saw that staff were in the process of applying for updated enhanced Disclosure and Barring Service (DBS) certificates.

We found assessments were undertaken to assess any risks to people using the service. Risk assessments were centred on people's individual needs and included, for example, assessments relating to personal care, use of the hoist and risk around eating and drinking. Risk assessments also included information about any triggers and action to be taken to minimise the chance of the risk occurring. They were reviewed six monthly or where there had been a change in a person's condition or circumstances. Staff said they knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a fire risk assessment for the home and records of periodic fire evacuation drills.

Arrangements for administering and storing medicines were safe. During this inspection we observed that medicines were being administered correctly to people by the registered manager. They demonstrated appropriate checks of the medicines against the Medicine Administration Record (MAR) charts, and checked the people by name. Medicines were administered to people using blister packs or dosette boxes supplied by a local pharmacist.

Medicines were stored securely in a locked cabinet. The medicine keys were retained by the registered manager or deputy manager, who administered the medicines. There were no medicines that needed to be kept at a certain temperature. There were regular medicine audits conducted by the deputy manager and unused medicines were returned to the pharmacy promptly.

We saw that there were no "as required", known as PRN medicines being administered but the medicines policy stated that instructions should be written on individual containers as to when they should be given. A medicines policy was in place for staff to consult. The service had no current homely remedies in use. There were no controlled drugs in use at the time of the inspection.

Infection control measures were in place. Soap and paper towels were at hand basins and cleaning was on going throughout the day by the care workers.

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to perform their roles effectively. Relatives we spoke with told us they felt staff supported people well and understood their needs. One relative said, "The staff are all trained well and are very polite." Staff told us that they received training from external providers and also had sessions and briefings at the home facilitated by the deputy manager.

Staff told us they had received induction over a one week period and this was confirmed in the records we saw. It included shadowing more experienced staff as well as covering training topics such as fire safety, health and safety, infection control, moving and handling and safeguarding. The deputy manager told us that the induction can go on longer if staff needed more time and support to understand their role. She said, "Some people may need more supervision and support. We have had staff where English is not their first language and they may need a longer induction, that's fine, we will support them." Staff felt that they were well prepared for their role. The registered manager confirmed that all new staff would work towards the new care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support.

We spoke with staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Records indicated that staff had received one to one supervision on a monthly basis. We saw that the content of supervision sessions recorded were relevant to individual's roles and included topics such as residents appointments, policies and procedures in relation to infection control and staff leave. Staff told us and records confirmed that they received an annual appraisal. One staff member said, "It's good to talk with managers about any problems and also how to improve."

We observed staff asking people what they wanted in terms of their support, for example we heard a staff member asking a person if they wanted to go out the shops and another asking if someone wanted to watch the television. Each care record had a consent form, which was signed by the person, to agree the support to be provided.

The registered manager and the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). They told us they always presumed that people were able to make decisions about their day to day support and if they felt someone may lack capacity to make a decision they would always discuss this with the appropriate health or social care professional in order for a best interest decision to be made.

The 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 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 saw that the registered manager was in the process of applying for a DoLS authorisation for a person staying at the home to legally deprive them of their liberty. She told us that staff at the home always ensured they used the least restrictive method whilst supporting people and they always encouraged people to be involved in decisions, no matter how small. Staff had received up to date training on the MCA and DoLS.

People were receiving a balanced diet. Menus were compiled with the input of people using the service and therefore included people's likes and dislikes. Relatives told us that the food at the home was very good and people were offered what they liked. Staff told us that although they have menus, people often chose to have something different, which was never an issue. We saw on the day of the inspection that culturally specific food was prepared and served to people.

Is the service caring?

Our findings

People and relatives we spoke with told us that staff were helpful and we saw by their interactions with people that they were trusting of staff and happy with their support. Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. There was lots of reassurance given and lots of warm smiles. One relative said, "I have visited the home at different times of the day, lunch times, evenings and my mother is always very happy and well looked after." They went on to tell us that they had visited several places before they decided on Park Lodge but when they walked into the home, it was like stepping into their relatives home, a real home from home.

Staff took their time and gave people encouragement whilst supporting them. It was evident that staff had a good understanding of people's individual needs and preferences and were respectful of them. For example, one person had been at the home for many years and liked things to be done in an organised way, following a strict routine. Staff were aware of this and understood what the person needed and at what time throughout the day. It was evident that this made the person feel safe and secure.

Staff were skilled in caring and supporting people with dementia and used communication that was personal and appropriate for them as individuals. We saw one staff member in a person's room singing and dancing with them and from the expression on their face and the odd comment they made, it was clear they were very happy. Care plans gave specific information on people's chosen activities and how they might choose to spend their day.

Staff were aware of how to protect privacy and all said they knocked before entering people's bedrooms as well as ensuring privacy when providing personal care by ensuring curtains were pulled. They told us how they promoted independence and maximised people's ability by encouraging them to do as much as possible with support if they needed it. One staff member said, "I always talk with people and encourage them."

Equality and diversity was an integral part of people's care plans and staff were aware of how to ensure people's differences were respected, valued and upheld. Staff were aware that homophobia, racism and other forms of discrimination were forms of abuse. One staff member said, "I always get to know people and their history, it's really important." We saw staff actively supported people in this area. For example one person, who had failing eyesight, had passages of the Bible recited to them by staff. There were equality and diversity procedures in place and the deputy manager was in the process of updating them.

Is the service responsive?

Our findings

People and relatives were involved in planning care and support as well as decisions about how support was delivered. We saw evidence of this in care records as well as from information in each person's daily record book and the communication book. We saw that staff meetings were also held regularly and issues relating to people's care were discussed.

People were receiving care, treatment and support that met their needs. Care records we looked at contained pre-admission information from the placing authority and this included people receiving respite care. We saw evidence of assessments for nutrition, physical and mental health and details of professionals to contact in the event of any issues. Information in care records had been reviewed by the registered manager, deputy manager and people using the service every month or when a person's needs had changed. However, we noted that the local authority had not always conducted an annual review of care and support for people and this was something the registered manager had raised with them.

The care plans were personal for each person receiving care and support and the deputy manager told us they were always looking at ways to further improve them in order to make them simple and easily understood by people, staff, relatives and friends.

Each person had an individual monthly activity plan in their records and this included for example, regular walks, gardening and reminiscence. Other group activities included armchair exercises and darts. We saw that parties were held to celebrate people's birthdays or important events and we also saw from photos and newspaper cuttings that a big celebration had taken place sometime ago for a person who was 100 years old.

A copy of the complaints procedure was located on a notice board in the entrance hall for people and their relatives to access. People said they would tell the registered manager or deputy manager if they were not happy and needed to make a complaint. Staff were able to tell us how they would support people to make a complaint.

There were no complaints raised in the past 12 months. The complaints log detailed the nature of the complaint, how it was investigated and whether it was a satisfactory outcome for the complainant. There were mechanisms in place to ensure learning from complaints was shared. We saw a compliment letter from the family of a person who had recently stayed at the home for respite care, praising managers and staff for the excellent support their relative had received during their stay.

Is the service well-led?

Our findings

People we spoke with told us they were happy at the home. One person who was staying for respite care told us they were very happy and that they wouldn't mind making it their permanent home. Relatives told us they felt the service offered care that was like home from home and it was well run. One relative we spoke with told us their family member had been at the home for many years and they had complete confidence in the managers. They said, "Communication is excellent and they always call us to update us with information."

The registered manager and staff provided person centred support and were committed to promoting a positive culture with people using the service at the centre. The registered manager told us they actively promoted person centred care and always put people first in all they did. We saw evidence of this in action during our inspection. People were being supported according to their individual needs and it was clear staff understood them well.

There were various ways that people were able to communicate with and feedback to staff. These included regular one to one talks and monthly individual satisfaction surveys that were completed by people. They asked particular questions relating to people's rooms, food and the activities provided. Any concerns or suggestions raised were acted on. We saw, for example, that when people requested a change of food or a specific menu, this was provided for them.

Relative and staff surveys were also undertaken regularly and although the results were positive, any information gained was used to make changes or improvements.

Staff spoke highly of the management team and told us they felt well supported to carry out their roles. One staff member said, "I always get support from the managers, I am not afraid to ask anything." They went on to say they had been working at the home for over four years and they loved their work. They spoke highly of the registered manager, using words like kind and generous.

Regular meetings were held and areas covered included, service user issues, care planning, update on Care Quality Commission processes, staff training and knowledge. Staff told us they found the meeting and supervision valuable and they helped to keep them updated on developments across the home. The registered manager told us that because it was a small home they were able to meet informally on a regular basis and this included handovers or catch up session when required.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work which they could access in folders stored in the office.

Records showed that regular audits were being carried out at the home to ensure the service was delivering a high quality service. These included six monthly checks of care plans, health and safety, infection control, medicines and fire safety monitoring.

Professionals we spoke with told us they had no concerns about the service and felt the home offered a good service.