

Jiva Healthcare Limited

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?

Requires Improvement ●

Summary of findings

Overall summary

Park Lodge provides accommodation and support for up to 16 people who have mental health and emotional needs in a supported living setting. This service supports people so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Park Lodge provides a mixture of 11 self-contained flatlets and rooms with shared kitchen facilities in the main house and five garden self-contained flatlets. All accommodation has en-suite facilities.

Not everyone using Park Lodge received the regulated activity. CQC only inspects the service being received by people provided with 'personal care'. Personal care includes help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection three people were receiving personal care, but this level of care fluctuated for people.

This inspection took place on 10 and 14 August 2018, a further meeting was held with the acting manager on the 17 August 2018. It was an announced visit, which meant the service was given 48 hours notice, to ensure staff were available to facilitate the inspection.

At our last inspection in June 2017 the service received an overall rating of 'Requires Improvement'. This was because the quality assurance system was not effective in terms of identifying areas where improvements were needed; such as updating the support plans and staff training and, processes to monitor the support provided. Staff training appropriate for staff supporting people with decisions within a supported living setting had not been provided.

At this inspection improvements had been made and the service has been rated 'Good'.

A registered manager had not been in place since February 2018. A registered manager from another service within the organisation was managing this service as an acting manager. 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 not always well-led. Quality monitoring systems had not been fully established to ensure effective quality monitoring systems had been established in all areas. For example, medicine audits were not completed and not all medicine records were complete.

People were safe and had the support they needed. As far as possible, people were protected from harm and abuse. Staff were trained in safeguarding and knew how to keep people safe from avoidable harm. There was enough staff to safely meet people's needs and staff had received appropriate training to support their role. Medicines were handled safely by staff who had been trained to do so. The provider had policies

and procedures in place for the recruitment of new staff.

People's needs were effectively met because staff had been trained and supported to do so. Staff were supported well with induction, training, supervision and appraisal. People were encouraged to take control of their own lives and staff worked with them to promote their independence. People were encouraged to make decisions and choices for themselves. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training and understood how this legislation was applied within a supported living service.

People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them and maintain good mental and physical health. There was a complaints process in place and complaints were responded to appropriately.

Staff were caring and had developed positive relationships with people. They treated people with respect and ensured their privacy was protected. People were involved in the planning of their care and support. Staff knew people well and understood the importance of providing good person-centred care.

Staff and people said the management was good and approachable. Staff had regular meetings to discuss people's needs and any changes to the organisation or the way they worked. Staff could contribute to the meetings and make suggestions. People had regular house meetings where they could make decisions about how the service was run. Complaints made were resolved effectively. This demonstrated the acting manager and provider were working collaboratively to improve the 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 were trained in safeguarding people and they knew how to keep people safe from avoidable harm.

There were enough staff to safely meet people's needs and recruitment checks were completed before staff began work.

People had individualised risk assessments in place that gave guidance to staff on keeping them safe.

Is the service effective?

Good ●

The service was effective.

Staff understood the mental capacity act, and asked for people's consent before providing any care.

Staff were knowledgeable about people's support needs and received the training necessary to meet those needs.

People had support to access healthcare professionals for regular check-ups and appointments as needed.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Staff were caring and supported people to be independent.

People were supported to express their views and be actively involved in making decisions about their care.

Is the service responsive?

Good ●

People were involved in making decisions with support from

their relatives as they wanted. Care records showed that a full assessment had taken place prior to a service being provided and people were involved in the initial drawing up of their support plan.

People received support which was personalised to reflect their needs, wishes and aspirations.

People knew they could make a complaint and told us they would speak to staff if they had any concerns. Complaints made were investigated and responded to appropriately.

Is the service well-led?

The service was not always well-led.

The service did not have a registered manager in post and a stable leadership had not been established. The acting manager was effective and provided good support to staff.

Quality monitoring systems had not been fully established to ensure effective quality monitoring systems had not been established in all areas.

The culture in the service was open and feedback from people and staff was responded to in order to improve the service.

Requires Improvement 

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 the 10, 15 and 17 August 2018. We gave the provider 48 hours' notice of our inspection because we needed to be sure staff would be available to support the inspection process. The inspection was carried out by one inspector.

Before the inspection, we reviewed the completed Provider Information Return (PIR) which the provider had sent to us. The PIR is a form that asks the provider to give some key information about the service such as, what the service does well and improvements they plan to make. We also reviewed information we held about the service such as notifications. A notification is information about important events which the provider is required to send us by law. We contacted the local authority before the inspection to obtain their views about the care provided.

During the inspection process, we spoke with four people who used the service and attended an evening meeting held by people using the service. We also spoke to a visiting relative, the acting manager, a senior support worker and a support worker.

We reviewed the care records and risk assessments of three people who used the service. We looked at staff recruitment files, supervision and training records, and spoke with the acting manager about the systems in place for monitoring the quality of care people received. We looked at medicines records, accidents and incidents and policies and procedures. After the inspection visits we spoke with two social workers and one health care professional who were able to provide their direct feedback on the service.

Is the service safe?

Our findings

People felt safe where they lived and with the staff providing support. One person said, "I feel safe here much better than the last place I was at." Another said, "I feel safe in my own room. No one comes in here." A relative was confident people were safe and received the support they needed.

People were protected against the risk of abuse or discrimination because staff knew what steps to take if they believed someone was at risk. Staff received training on safeguarding people and understood their own responsibilities to protect people from the risk of abuse. Where concerns had been raised these had been reported appropriately to the local authority to ensure appropriate actions were taken and people were kept safe.

When safeguarding concerns or other issues related to people's safety had arisen staff were aware and knew what actions had been taken to prevent a recurrence. There was information in the support plan about how people may be at risk of abuse, for example from others they may be with in a social setting. Staff understood what measures were in place to reduce any risks.

There were enough staff to provide the support people wanted. There was a system to identify and review the support hours required for each person, each day. The staffing arrangements ensured three staff were working in the service each day with a waking staff member working at night. This ensured people's needs could be responded to in a flexible way. An on-call system was in place and the acting manager confirmed this would be updated to reflect the management cover more clearly.

Staff recruitment records showed a number of checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. These checks included obtaining references, identity checks and completing a Disclosure and Barring Service (DBS) background check. The DBS identify if prospective staff had a criminal record or were barred from working with children or adults. Staff completed an application form, showed proof of identity and the right to work in the UK. Potential staff underwent a formal interview as part of their recruitment and written references from previous employers had been obtained.

People's medicines were managed safely. Staff had undertaken medicine training and had their competency re-assessed to ensure they had suitable skills to support people with their medicines in a safe way. Support plans included a risk assessment, outlining how the person managed their medicines, the level of assistance required and measures to reduce any associated risks. Medicines were stored in secure cupboards within each person's own accommodation. These were being used to promote people's involvement with their own medicines. Information within the PIR showed there was a plan to enable people who could, to manage their own medicines independently. The medicine administration charts (MAR) included details of the medicines people were prescribed and any allergies. Staff were aware of the importance of people taking their medicines as prescribed to ensure they maintained good health.

Staff knew people really well and had a good understanding of risks associated with their support. People's

support plans included a wide range of risk assessments to ensure risks were managed safely. Risk assessments related to personal care needs, mental and physical health and behaviours that may challenge. These were detailed and provided guidance for staff.

Accidents and incidents were recorded with information about what had happened, such as who was present and what was witnessed and any injury noted. The information recorded included action taken to prevent a further accident, such as a review of associated risk assessment. Staff were aware of the need to report incidents and accidents to the local authority and CQC if it resulted in a serious injury. Following a recent serious incident at the service, staff work shops were used to identify issues, lessons learnt, how to improve and to develop a robust self-harm policy to support staff and people. This demonstrated the culture of the service promoted an ability to learn and develop from any mistakes.

Staff received training on infection control and supported people to maintain a clean environment. For example, cleaning schedules and standards were discussed as an agenda item within the evening meeting. Staff and people discussed the importance of cleaning areas in the service that included toilet and bathing areas. As some people required support with their meals staff also completed food hygiene training to ensure this was done safely.

Is the service effective?

Our findings

People told us they had their needs met and they were satisfied with the care and support provided at Park Lodge. A relative told us the support was given in an individual way and the staff had the appropriate skills to support people. One person said, "The staff look after me very well they are so nice."

At the last inspection we found the provider had not ensured appropriate staff training for staff supporting people with decisions within a supported living setting. At this inspection we found the provider had acted to ensure staff had received appropriate training on people living in a supported living setting and how to support them with decisions.

Staff had the skills and knowledge to provide support and care for people. Staff were provided with training in a range of subjects relevant to their roles. Staff told us that their training helped them provide effective care. New staff completed an induction programme which included formalised training and support in understanding people's support needs along with shadowing senior staff. The induction programme incorporated the completion of the 'care certificate' a common induction framework. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. All staff undertook 'a core' training programme that included fire safety, food safety, infection control, health and safety, moving and handling, safeguarding, MCA and DoLS and first aid. Recent training on the General Data Protection Regulation (GDPR), which was effective from 25 May had been provided. Additional specific training was also included in this programme and covered areas including, mental health awareness, autism awareness and managing conflict/ behaviour that challenged. The provider was committed to promoting staff development and staff told us they had the opportunity to undertake training that interested them and was useful for their own development. One staff member told us they had recently attended training on suicide, expected and unexpected death which was 'brilliant'. They reflected how useful it was when working with people who may have suicidal thoughts.

Staff told us they were well supported and received regular supervision along with a yearly appraisal. Staff found these sessions constructive and a time for a two-way sharing of information, ideas and a time for reflection. One staff member said, "You feel the supervision is about 'you' now, what you want to improve when working with people."

When people needed support to eat and drink, staff provided this appropriately. Care plans and risk assessments recorded how staff could support people to plan and shop for their meals. During the inspection staff worked with one person to cook a meal. They ensured it was cooked safely and cut into pieces that they could eat independently. Staff discussed nutrition and healthy food options with people and encouraged them to make healthy choices around their diet.

Staff had completed training on the Mental Capacity Act 2005 (MCA) and on the Deprivation of Liberty Safeguards (DoLS). The service had appropriate policies and procedures on this subject that staff could refer to for advice and guidance. Staff understood the principles of the MCA. 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. Staff understood what constituted a deprivation of liberty and how DoLS were authorised through the Court of Protection. Most people were able to make decisions about all aspects of their day to day lives. However, when people did not have capacity to make a certain decision appropriate representatives and social care professionals were involved in ensuring that any decisions was made in the person's best interest, in line with the requirements of the Mental Capacity Act 2005 (MCA). For example, one person was assessed not to have capacity to handle all their own finances, arrangements were put in place to support them with these.

People were supported and encouraged to maintain and improve their health. Staff reminded people and attended health appointments with people as needed. This included GP's, specialist nurse, dentists and chiropodists. A visiting professional told us staff communication with the mental health team was proactive and effective, they ensured appropriate contact was made when people's mental health became a concern. Staff were also aware of the importance of people maintaining good physical health as well as good mental health. One staff member described how they had previously supported a person with a particular health condition that required regular monitoring of their bloods and liaison with a specialist nursing team to manage the symptoms. Staff had also identified when adaptations to the environment would improve a person's safe mobility and worked with them and the property owner to provide these. For example, one person was having an adapted shower fitted to their en-suite. Physical health needs were documented within health passports which were used to monitor and review any long term or short-term health condition.

Is the service caring?

Our findings

People told us the staff were kind and caring and they liked them. One person said, "The staff are lovely." Another said, "I love it here, the staff are fantastic." A relative and visiting professionals were confident staff were attentive and caring. One visiting professional was very positive about the approach of staff and how they treated people. "All staff are caring, nothing is too much trouble, staff go out of their way to look at support options to meet the client's needs and wishes."

The atmosphere in Park Lodge was friendly and relaxed. People enjoyed the company of staff and each other and interactions were positive. Staff engaged in every day conversations with people and were interested in what they had to say. Supportive and trusting relationships were made between people and staff in which they felt safe to share thoughts and any problems. For example, one person was able to share a possible safeguarding concern. A staff member told us how they had contacted a person while they were visiting family, 'just to check they were OK and having a good time'. This demonstrated a genuine interest and concern for their wellbeing. Staff supported people to maintain contact with family and friends. Maintaining these links was important to people and staff recognised the need to facilitate this contact. For example, one person used the office telephone to talk to a family member as they did not have their own.

Staff were respectful of people and protected their privacy, dignity and rights. Staff ensured people's accommodation was only entered with people's consent and they respected any contents. They also promoted a respectful environment where people took account of each other's views and choices. For example, during an evening meeting staff ensured everyone was listened to. There was also a discussion around respecting everyone who lived at Park lodge. This included ensuring noise in the service was kept to a minimum after 11pm so as not to disturb people.

Each person living at Park Lodge had an allocated keyworker. The key workers met regularly with people and formed positive working relationships. They took time to get to know people and understand all their support needs. The key worker system was well established and worked effectively and promoted a meaningful understanding of people that supported their level of wellbeing. For example, one professional told us, "They work hard to manage key working relationships from day one of a client moving in, getting to know them and integrating them into the social aspects of the placement."

Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like, the people and other things that were important to them. One person had a pet and having this live with them was very important. There was an emphasis on independence and emotional support. Staff described how they promoted people's independence and were proud of how people had developed skills to enable a more independent life. For example, one person was now able to cook using a microwave. A visiting professional was also positive about the promotion of independence. "I have seen a great improvement in the independence of my clients one of whom has come from residential background."

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. For example, one person wanted to cook meals that were reflective of their cultural

background. A staff member was able to explore this wish with them and completed some specific ethnic dishes with them.

Staff understood their responsibilities in managing people's sensitive information and maintaining confidentiality. The office computers were secure and access to the office was limited to ensure people's written information and any confidential conversations between staff were not overheard by people.

Is the service responsive?

Our findings

People told us that they got the support they needed in the way they wanted it. One person said, "I can go out when I want and have help when I need it." Another said, "The staff do things with me when I need them." Visiting professionals told us staff were always in contact with them for advice and guidance. The service was responsive to people's needs and they took action to respond to any changes in people's health. One professional told us when a person's behaviour changed they contacted the mental health team for support and arranged for extra staffing at night to ensure everyone's safety while monitoring this change in behaviour.

People's needs had been assessed before they started using the service. This included a visit to Park Lodge to meet other people living within this supported living setting. The PIR confirmed there was an open referral criterion that ensured people were not discriminated against in any way. The pre-assessment included an assessment of the person's mental health, emotional needs, daily living skills, and ability to develop skills to live independently. Staff were aware of people and their needs before they started using the service. A visiting professional confirmed the admission process was thorough with staff working collaboratively with them to ensure it went smoothly. "Staff work well in partnership with me and the service user to plan the support required from the assessment appointment through to moving in and on-going." Any new placement was reviewed following six weeks to ensure suitability and correct support hours were provided.

The care documentation was being reviewed and updated to ensure reflective of the care and support needed. This included a person-centred profile that identified individual support plans and aspirational goals. Staff knew people well and could tell us about people's individual goals, needs, choices and preferences. Staff were committed to providing good, person-centred care that promoted people's independence. Systems for communication between staff were established and included a staff handover meeting when staff on duty changed shifts. There was evidence that people, their relatives with people's consent and relevant care professionals had been involved in planning and reviewing people's support plans.

People were supported to follow their interests, hobbies and to secure employment when possible. People's views were respected when planning any activities and social interaction that they wanted to take part in and in choosing staff they wanted to be supported by. One person was planning a holiday with their keyworker. They told us, "I am so excited about going on holiday, I am really looking forward to going."

From August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they ensured people's communication needs had been assessed and met. For example, one person had a hearing problem and staff ensured they had their hearing aid, and it was working. During a meeting in the service a staff member sat next to this person and ensure they understood what was being said and had their views expressed and heard.

A complaints procedure was available and the acting manager confirmed this was explained to people who wished to raise a concern. Complaints have been dealt with appropriately in the past. People knew they could raise a complaint with any staff member and were confident they would be listened to. One person told us "I talk to my keyworker if I have any concerns."

No one at the time of the inspection required end of life care. The PIR confirmed the provider and acting manager were reviewing and recording peoples advanced decisions about end of life care and any funeral arrangements.

Is the service well-led?

Our findings

The service had not had a registered manager since February 2017. An acting manager was in post and was managing this and another registered service within the organisation. People and staff liked and respected the acting manager who had provided stable, supportive management over the past months. The provider was closely involved with the service and was known to people and staff. Both felt they could approach him with any issue around the service or the premises. The acting manager was supported in their management role at Park Lodge by two senior support workers and a team of staff who were committed to the delivery of responsive and effective care.

At the last inspection we found the provider had not ensured the quality assurance system was not effective in terms of identifying areas where improvements were needed; such as updating the support plans and staff training and, processes to monitor the support provided. At this inspection we found the provider had taken action to ensure support plans had or were being updated and staff training had been formalised.

However, we found some areas that had not been addressed and further areas that required improvement. Records were not always complete or completed in a consistent way and effective quality monitoring systems had not been established in all areas.

For example, medicine records relating to topical creams had not been completed and PRN guidelines were not in place for all people. Medicine audits had not been completed to review practice and accuracy of records. Individual risk assessment that took account of all possible environmental risk had not been undertaken to ensure people's safety. This had not impacted on people's care at the time of the inspection and the acting manager gave written assurances that suitable medicine records, guidelines and audits had been established along with individual risk assessments that took account of environmental risks were being established as a priority.

We found records relating to staff recruitment that were not always full and needed further clarification on people's past employment and health in relation to completing their designated roles. This was identified to the acting manager as an area for improvement. They confirmed these matters would be taken forward with further advice from an external human resources department.

Although feedback from professionals was consistent on the caring approach of staff there was mixed feedback on the leadership of the service. Some feedback was very positive with professionals confirming an effective management system. With one professional saying they would recommend and use the service for other people. Other feedback indicated the leadership of the service had not provided staff with the confidence and the support to deal with some people's behaviour that challenged. This included dynamics between people living at Park Lodge. At the time of the inspection there was no evidence that this had impacted on people's care and support the acting manager had recognised staff needed further support and more skills to work with people independently and had provided additional training and support. The provider was establishing a management structure that included a registered manager to provide a strong leadership and clear focus on effective, consistent support for people who used the service provided. Whilst

this report was being written the provider had confirmed the acting manager was going to take on the management role and an application to register him with the CQC had been received.

The culture of the service, and of the provider, was inclusive of staff, people and their relatives, who were involved in the daily running of the service and in decision making. There were house meetings and keyworker meetings where people could give their views and contribute to decisions about the home and their daily life. Staff views were asked for and staff felt they were listened to. Team meetings are held on a regular basis.

The provider used a number of quality checks to monitor and improve the quality of the service. The organisation had received accreditation through a national quality assurance system. The PIR confirmed this included a review of all policies and procedures and how the service managed corrective actions that were required. The provider undertook a quality review quarterly which identified day to day issues and concerns. The provider held senior management meetings to share experience, learning and knowledge across the three services within the organisation. For example, an investigation following a sudden death was followed with a facilitated training event with the staff team to identify lessons learned, and to assist in formulating a self-harm policy for the organisation. This demonstrated a service willing to improve practice across the organisation.