

Higher Park Lodge Limited

# Higher Park Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Higher Park Lodge is a 'care home' which provides accommodation and personal care for up to 34 people who may be living with dementia. At the time of the inspection 30 people were using the service. The home is a large-detached property within Devonport Park, Plymouth.

### People's experience of using this service and what we found

People who lived in the service told us they were happy and safe. One person said; "Very happy and safe" and another said; "Carers are very good." A relative said; "He (named their relative) is very safe living here."

People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

The environment was safe, regularly updated and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Records were accessible and up to date. Medicines were ordered, stored and disposed of safely.

Staff received appropriate training and support to enable them to carry out their role safely, including fire safety and dementia care training. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and go out into the community. Staff knew how to keep people safe from harm.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection.

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

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm.

People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

People and staff told us the registered manager and the management team made themselves available and assisted them daily. They went on to say how they were approachable and listened when any concerns or

ideas were raised.

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good. (Published 11 July 2017).

Why we inspected

We were prompted to carry out this inspection due to concerns we received about the service, care provider and staffing.

A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains good. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Responsive and Well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Higher Park Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Higher Park Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Higher Park Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service about their experience of the care provided and spent time observing people. We spoke with 6 members of staff including the provider, registered manager and care and auxiliary staff. We also spoke to 6 relatives during our inspection visit.

We reviewed a range of records. This included 3 people's care records and 4 medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The previous providers rating for this service had been good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Systems and processes were in place to make sure people received their medicines safely and as prescribed.
- Staff were trained and assessed as competent to administer medicines. Managers checked that staff were following policies to support people to take their medicines and record when medicines were given.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- Medicines were used safely. People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.

### Staffing and recruitment

- Staff were recruited safely. The provider followed safe processes to make sure staff recruited were of good character and had the skills and knowledge to carry out their role safely.
- A Disclosure and Barring Service (DBS) check was completed for all staff prior to their appointment. DBS checks provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People and staff told us there were enough staff on duty to meet people's needs.
- The staff said they worked additional hours, so people had staff they knew and trusted. This was to support appointments or during staff absences.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.

### Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. Where a person wanted to retain their independence and mobility, even though there was a heightened risk of falls, it was acknowledged by the service. The person's risk assessment identified this, and staff respected the person's rights to retain their independence. Staff supported people to move around and transfer safely.
- Risk assessments were detailed and up to date which meant staff had guidance on how to manage people's care safely. They covered areas such as skin integrity, personal care and falls.
- Records guided staff on providing safe care. Risk assessments for weight management and nutrition and

dependency levels had been undertaken.

- Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse. One person said; "Very happy and safe." While a relative said; ""He (named their relative) is very safe living here"
- Staff received training and were able to tell us what safeguarding, and whistleblowing meant.
- The provider had worked with multi agency safeguarding procedures when there had been safeguarding concerns.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the service.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

The previous providers rating for this service had been good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was using an electronic care reporting system and staff had handheld devices to continually update information. There was detailed information held which showed people's needs, routines and preferences.
- Care plans were person centred and detailed people's likes and dislikes and how best to deliver care and support. For example, how to manage if a person's general health or dementia had deteriorated.
- Care records detailed information about people's backgrounds, history, social, physical and health needs. Care plans provided information for staff on how to meet people's identified needs including, the support people needed to maintain their health and well-being.
- Where people had a specific health condition, guidance was in place for staff on how to manage and support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and had been supported by staff to go through procedures to ensure visiting was safe during any outbreak.
- The service had a range of activities arranged by a designated activities coordinator.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale.
- People and relatives told us they would be confident to speak to the management or a member of staff if they were unhappy. One person said; "The management are always willing to talk." One relative said; "Never

had any complaints."

#### End of life care and support

- No one was currently receiving end of life care.
- Care plans identified people's preferences at the end of their life and the service coordinated palliative care with other professionals.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The previous providers rating for this service had been good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider had oversight of what was happening in the service and were very visible. They took an active role in the running of the service. They had worked to improve the service. This included the introduction of new systems, including a new computerised care plan systems. This assisted staff to ensure people's needs were met.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their roles in terms of regulatory requirements. For example, notifications were sent to CQC when required. Regular audits took place, which were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said of the provider; "We will do anything for anyone."
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively, usually by the computerised care system on handheld devices. One staff member said how they had staff meetings to discuss any updates or concerns raised.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff were complimentary of the service. One person said; "Staff are very good– exceptional!" While another said; "I can always go to the manager and staff for help." A relative commented; "Staff are excellent!"
- There was a warm and friendly atmosphere in the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "Good team work here." Relatives, staff and management told us how at the start of the pandemic and lockdown a number of staff moved into the service to help protect people. Relatives told us how reassured they had been due to this action on protecting their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. One person, who chose to remain in their room, told us how the staff always visit her regularly in her room.
- Staff and people told us the service was well managed and they felt valued. Staff told us the management team were very approachable and always available for advice and support.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The management team and staff said this had been particularly important during the pandemic.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The management kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The management team told us how they had worked alongside the local GP surgery and the local authority during the lockdowns and during a COVID-19 outbreak. The management team worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment available.
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs and consultants to provide prompt care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.