Heatherwood Nursing Home Ltd

Lloyd Park Nursing Home

Inspection report

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Croydon
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected Lloyd Park Nursing Home on 10 and 15 September 2015. The inspection was unannounced. Lloyd Park Nursing Home is registered to provide accommodation for up to 18 people who require nursing or personal care. On the days of our inspection there were 16 people living in the home.

The home had a registered 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.'

People told us they were safe. This was also the view of their relatives. Care was planned and delivered to ensure people were protected from avoidable harm. There were procedures in place to protect people from abuse. Staff were familiar with these procedures and knew how to identify abuse and report any concerns.

Summary of findings

There was a sufficient number of suitable staff with the right skills, training and experience to help keep people safe and meet their needs.

People's medicines were appropriately managed so they received them safely. Staff understood their responsibilities in relation to infection control. People were protected from the risk and spread of infection because staff followed the procedures in place.

People received care that met their personal care, health and dietary needs but people's social needs were not always met in a way that suited them.

Staff responsible for conducting people's capacity assessments had limited knowledge of the Mental Capacity Act 2005 and how it applied to people in their care. This meant there was a risk of people having decisions made for them when they were capable of making decisions for themselves.

Staff enjoyed working with the people in their care. People were treated with respect, compassion and kindness. People were supported to express their views and give feedback on the care they received.

There were procedures in place to regularly check and monitor the quality of care people received which were consistently applied by staff.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to how the provider obtained consent for people's care and treatment.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

The service had policies and procedures in place to minimise the risk of abuse. These were effectively implemented by staff and staff had a good understanding of how to identify abuse and report concerns.

Risks to individuals were assessed and managed. Medicines were managed safely and administered appropriately.

Staff were recruited using effective recruitment procedures which were consistently applied. There was a sufficient number of staff to help keep people safe.

Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

Staff responsible for conducting people's capacity assessments had limited knowledge of the Mental Capacity Act 2005 and how it applied to people in their care.

Staff had the necessary skills, knowledge and experience to care for people effectively.

People received a choice of nutritious meals and had enough to eat and drink. People received care and support which assisted them to maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were involved in their care planning. The care people received met their personal care, dietary and health needs and was reviewed promptly if their needs changed.

Summary of findings

People and their relatives were given the opportunity to make suggestions and comments about the care they received and felt their comments would be acted on.

People received co-ordinated care when they used or moved between different healthcare services.

Is the service well-led?

Good

The service was well-led.

There was an established management structure in place which people living in the home and staff understood. Staff felt supported by the provider and management.

Regular audits were conducted to check that people were receiving care safely and that the provider's policies and procedures were effectively implemented by staff.

People using the service, their relatives and staff felt able to approach the management with their comments and concerns.

Lloyd Park Nursing Home

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 10 and 15 September 2015. The inspection was carried out by an inspector and an expert-by-experience on the first day and by a single inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was elderly care.

Before the inspection we reviewed all the information we held about the service. This included routine notifications, safeguarding information and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the report from the previous CQC inspection in August 2013 when the service was found to be meeting the regulations we inspected.

During the inspection we spoke with six people living in the home and three of their relatives. We spoke with six staff members including the registered manager and deputy manager. We also spoke with representatives of a local authority which commissions the service. We observed staff interaction with people. We looked at a variety of records including six people's care files and four staff files, the service's policies and procedures and records relating to the maintenance of the home.

Good

Is the service safe?

Our findings

People felt safe and told us they knew what to do if they had any concerns about their safety. People commented, "I feel safe" and "I'm safe here. I would tell [relative's name] if I wasn't." Relatives also thought people living in the home were safe. One relative told us, "I am very confident [the person] is safe." Another relative told us, "[The person] would tell us if there was anything to complain about."

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The home had policies and procedures in place to guide staff on how to protect people from abuse which staff applied day to day. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns. There was information in the communal areas of the home about who people could contact if they were concerned about their safety. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person living in the home.

Arrangements were in place to protect people from avoidable harm. Risk assessments were in place for people covering aspects of care such as falls, pressure ulcers, choking and malnutrition. Care plans gave staff detailed guidance on how to reduce the risk. For example, one person was at risk from chocking, there was guidance for staff about the type of food the person should have and how they could assist the person to eat. Records and our observations confirmed staff delivered care in accordance with people's care plans.

People told us there were sufficient staff and that they received care and support from the right number of staff. People commented, "There is enough staff, more than enough" and "There are enough staff at the moment." People's needs were assessed before they began to use the service. The number of staff required to deliver care to people safely when they were being supported was also assessed. We observed that people who were assessed as requiring one-to-one support received it. The number of staff a person required was reviewed when there was a change in the person's needs.

We saw evidence that appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Each person had a medicine profile which gave information about their medicines, when and how it should be taken and in what dosage. This helped to minimise the risk of people being given the wrong medicine. Registered nurses were responsible for giving people their medicines. They completed medicine administration records. The records we reviewed were fully completed.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene. People's rooms and the communal areas of the home were clean. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE), always wore PPE when supporting people with personal care and practised good hand hygiene. People were satisfied with the standard of cleanliness in the home. One person told us, "I like my room, they clean it every day." Another person told us, "It's always clean here but sometimes the toilets are a bit untidy."

The home and garden was of a suitable layout and design for the people living there. The utilities were regularly serviced and where necessary repairs were carried out in a timely manner.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. The service had policies and procedures in relation to the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). The deputy manager who was responsible for conducting capacity assessments had received MCA training but had limited knowledge of how the legislation and the code of practice applied to people living in the home.

Records confirmed that people's capacity to make decisions was assessed before they moved into the home and in relation to specific aspects of their care. Where people were unable to make a decision about a particular aspect of their care and treatment, best interests meetings were held.

However, the records relating to best interests meetings contained insufficient information on why the decision had been made and no evidence people had been supported to make a decision on their own, before a decision was made on their behalf. People's mental capacity assessments were reviewed monthly. However, when an improvement in a person's capacity was identified and they were able to make their own decisions, there was not a review of decisions which had a continuing impact that had been made by other people on their behalf.

We found that best interests meetings had been held when they should not have been. Records in two people's care files indicated that best interests meetings had taken place with people's relatives in relation to do not attempt CPR (DNACPR). However in both instances, at the time the best interests meetings were held, the person had been assessed by staff as having full capacity to make their own decisions in relation to every aspect of their care. This meant that important decisions were being made on behalf of people when they were capable of making the decisions themselves.

We raised this with the registered manager and deputy manager. The deputy manager stated she could do with further training in this area. We were assured that all best interests decisions with a continuing impact would be reviewed in light of people's current capacity to make decisions. Since our inspection we have seen evidence that this has happened in relation to the people we highlighted. However, we remain concerned about staff's lack of knowledge regarding the MCA and how it applied to people in their care.

This was a breach under Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed and people confirmed that staff asked for their consent before providing care. People told us, "Staff ask for permission before they do something" and "Staff do knock before entering my room and they explain things to me."

People were cared for by staff who had the knowledge, skills and experience to carry out their roles and responsibilities effectively. People living in the home commented, "The staff are very good" and "I trust they know what they are doing". A relative commented, "The staff are quite knowledgeable." Staff received internal and external training in the areas relevant to their roles such as, infection control and moving and handling people. Staff were encouraged and supported to obtain further qualifications.

The provider adequately supported staff to enable them to meet the needs of people living in the home. Before staff began to work with people they had an induction which introduced them to the main policies and procedures of the home. Thereafter, staff received regular supervision and performance reviews. During supervision meetings staff had the opportunity to discuss the needs of people living in the home and any issues affecting their role. They were also set performance targets. During annual performance reviews the registered manager checked staff performance against core competencies and their training needs were identified.

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People had a choice of nutritious food and were offered enough to drink. Staff responsible for preparing meals knew what constituted a balanced diet and the menus we looked at were designed to offer a healthy, balanced diet. People living in the home were very satisfied with the quality of food they received. People commented, "The food is lovely, it's cooked on the premises", "The food is quite good" and "The food is very good. The chef is fantastic."

Requires improvement

Is the service effective?

People who were at risk of poor nutrition and dehydration were identified when they first moved into the home and this was recorded in their care plans. Where appropriate, their food and drink intake was monitored.

People were supported to maintain good health because a variety of checks were regularly carried out and recorded. We saw that people were regularly weighed and where appropriate their skin regularly checked for the existence of pressure sores. Everybody living at the home was registered with a local GP surgery which had a good working relationship with the home. People were appropriately referred to specialists and had access to a range of external healthcare professionals.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. People commented, “The staff are pretty good, they love the people, they are very kind”, “The carers are diligent, they’re kind”,

“The staff are very good, very considerate, very polite” and “I love all the nurses. The carers are nice, good to you, I like them all”. Relatives commented, “The staff are very kind, very polite, they do their best” and “They introduce themselves to [the person] all the time, they’re not approaching her as strangers.”

People’s bedrooms were personalised and contained some of their own furniture and items such as family photographs. Staff had a positive attitude to their work and told us they enjoyed caring for people. We observed that staff in the home supported people at a pace that suited the people living there. Staff and people were at ease with each other. Staff spoke to people in a kind and caring manner, and people were treated with respect. People told us staff respected their privacy at all times. One person told us, “They always knock and ask if they can come into my room.”

Staff showed concern for people in a caring and meaningful way. We observed that staff provided a person who was going out for the day with snacks even though they would be provided with lunch where they were going. We saw that staff acted promptly to relieve a person’s discomfort when they were in pain. People told us that when they required assistance staff reacted quickly. One person told us, “The call bell is answered promptly.”

People who were able to and where appropriate their relatives, were involved in the care planning process and were actively involved in making decisions about their care. People felt their views were listened to. They felt in control of their care planning and the care they received. One person told us, “They let me decide what I want.” A relative told us, “We were involved in the assessment process and consulted at every stage.”

The home had an effective approach to end of life care. This meant that people were consulted and people who wished to make plans had their wishes for their end of life care clearly recorded and acted on. People and their relatives felt they were in control of the decisions relating to their end of life care and that the issue was dealt with sensitively. People’s care files had clear, detailed information on people’s preferences for their end of life care and demonstrated that a range of people were involved in the planning process. There was an ongoing process of training staff in end of life care.

Good

Is the service responsive?

Our findings

People were satisfied with the quality of care they received. People's comments included, "I'm well looked after here", "I'm quite happy" and "I get everything I need". A relative told us, "They are very attentive."

People's needs were assessed before they began to use the service and reviewed regularly thereafter. People were as involved in the care planning process as they were able to be. People's assessments considered their dietary, social, personal care and health needs. People's specific needs and preferences were taken into account in how their care was planned. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people's individual needs.

There was continuity of care. Staff were familiar with the needs of the people they cared for. Care was delivered in accordance with people's care plans. Staff worked sufficiently flexibly so that where there was a change in a person's circumstances, they were able to meet their needs without delay.

A variety of external healthcare professionals were involved in people's care. The communication between the home and external agencies was good. People with newly identified health care needs were referred to the appropriate specialist promptly. There were systems in place to ensure people attended their hospital and other healthcare appointments and to ensure that all staff were aware of the appointments.

An activities co-ordinator organised group activities which took place regularly. People had mixed views on the activities available. People commented, "There are no activities apart from games, they happen every other day", "There are activities going on nearly every day. Noughts and crosses on the floor, bingo, dominoes." and "There are activities you can get involved in if you want to." However some people felt they could be better supported to follow their interests and spend time day-to-day in the way they preferred. One person told us, "I love reading. I used to read the paper every day but they don't get the newspapers here. I really miss that" and "It would be nice to sit in the garden on a nice day like this". Another person told us they were happy with the activities available but also liked knitting. They told us they did not get the chance to do it as they did not think the staff knew. We raised this with the registered manager who told us he would ask the activities co-ordinator to review people's personal preferences in relation to how they spent their time.

People's relatives were encouraged to visit and made to feel welcome. People's values and diversity were understood and respected by staff. People who preferred to receive personal care from someone of the same gender did so. People's religious and spiritual needs were taken into account. The home had links with a local place of worship. Clergy regularly attended the home to conduct religious services.

People had opportunities to give their views on the care they received. These included surveys as well as residents meetings. People and their relatives felt able to approach staff with their comments and suggestions about the care they received. People told us they knew how to make a complaint and would do so if the need arose. A relative told us, "If I tell them something they listen and do it."

Good

Is the service well-led?

Our findings

People living at the home, their relatives and staff were of the view that the service was well organised and well-led. People told us the management and owner were approachable and receptive to comments and suggestions for improving the service.

The home had a registered manager. There was a clear management structure in place at the home which people living in the home, their relatives and staff understood. Staff knew their roles and responsibilities within the structure. People and their relatives knew who to approach with their concerns. They also knew how to escalate concerns.

Staff told us they were well supported by the provider and management. We observed that staff worked well as a team. This contributed to people receiving continuity of care. Staff told us the home was a pleasant working environment and that they enjoyed working there. They felt able to discuss issues which affected their role, had regular supervision and the opportunity for personal and professional development. Records confirmed the registered manager checked that recommendations made during supervision meetings were actioned by staff.

There were appropriate arrangements in place for checking the quality of the care people received. As part of their daily checks, the registered and deputy managers observed staff interaction with people and checked the standard of cleanliness in the home. They regularly checked medicine records, staff training and supervision. People's care plans were reviewed monthly to check they were meeting their current needs. The maintenance and security of the home was also regularly checked.

The registered manager sought to improve the quality of care people received by obtaining feedback from people living in the home, their relatives and staff, and acting on it. People living in the home gave their feedback on staff, their meals and activities on offer through surveys. They also had the opportunity to give feedback during residents' meetings.

There were effective systems and processes in place to allow staff to identify and assess risk to the health and welfare of people living in the home. There was a system in place to record, monitor and review accidents, incidents and complaints. Where appropriate such events were discussed at staff handovers so that staff were immediately aware of what had happened and were given guidance on how to minimise the risk of similar events occurring.

Registered services such as Lloyd Park Nursing Home must notify us about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely manner.

The provider told us in their PIR about their development plans for the home. They were constantly looking for new ways to develop staff and enhance the facilities of the home. We saw that plans were actioned. Plans to increase the training offered to staff and to test their competency were being implemented.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment must only be provided with the consent of the relevant person