

# MasterCare Residential Homes Limited

## Park Lodge Residential Home

### 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 

### Overall summary

This inspection was carried out on 23 July and was unannounced. This was the first inspection carried out since the service was registered with the Care Quality Commission on 5 January 2015. The service had been previously registered but there was a change to the registration details. However people were living at the service before the change of registration and some of the same staff were employed at the service before the change of registration.

Park Lodge Residential Home provides accommodation and personal care to nine people. There was a registered manager in post. A registered manager is a person who

has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

On the day of our inspection, there were nine people living at the home. People supported by the service had varying degrees of mental health needs as well as some people who required support with their day to day care needs.

# Summary of findings

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. Staff were fully aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

People received care that was personalised and staff knew them well. Relationships between people who lived at Park Lodge, the deputy manager and support staff

were positive. We found that staff were caring and responsive. People told us they were very happy living at Park Lodge and that staff were very supportive. Care plans were person centred and were reviewed regularly.

The provider had an effective recruitment process in place that protected the people who used the service. Many of the staff had worked at Park Lodge for many years and people had been supported by a consistent group of staff who they had been able to develop meaningful relationships with.

People were supported to maintain their health. They could visit their GP when required. The community mental health team also supported the people living at Park Lodge.

# 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?**

The service was safe.

Staff knew how to recognise and report allegations of abuse.

Sufficient numbers of staff were employed and available to meet people's needs in a timely way.

Potential risks to people's health were identified and effective steps taken to reduce and or mitigate risks.

Staff did not start work until satisfactory employment checks had been completed.

People's medicines were managed safely, and were administered by staff who had been trained.

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### **Is the service effective?**

The service was effective.

Staff received regular support, supervision, and training which meant that people's needs were met by competent staff.

People gave consent to their care and support and staff complied with the requirements of the Mental Capacity Act (MCA) 2005.

People's health needs were met and people were supported to access a range of health professionals as appropriate.

People were assisted with eating and drinking sufficient amounts to keep them healthy and met their dietary requirements.

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### **Is the service caring?**

The Service was caring

People were looked after in a kind, compassionate and personalised way by staff who knew them well and were familiar with their needs.

People's personal information was protected and confidentiality was maintained.

People and their relatives where appropriate, were involved in the planning, and review of the care and support provided.

Care was provided in a way that was respectful of their wishes, dignity and maintained their privacy.

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

The service responsive.

People were supported to pursue hobbies and interests both in the home and the wider community.

People received personalised care that met their needs and took account of their choices.

People were encouraged and supported to raise concerns and have them resolved with to their satisfaction.

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

The service was well led.

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# Summary of findings

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There were systems in place to monitor and review the quality of the service provided to people.

The management and staff strived to achieve continual improvement.

Staff understood their responsibilities. Staff were well supported by the management team.

People, their relatives and staff were positive about the management and leadership arrangements at the home.

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# Park Lodge Residential 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 23 July 2015 and was unannounced. The inspection team consisted of two inspectors.

We reviewed all information we held about the service, which included notifications the provider had sent us. A

notification is information about important events which the provider is required to send us. We also looked at recent reports from the local authority contract monitoring team.

We spoke with five people who lived in the home, the deputy manager, and the assistant manager. We also observed how people were being supported in the home.

We reviewed four care plans, quality monitoring documents, four staff files, the training records and audits during the inspection.

In advance of our inspection, we obtained the views of other health and social care professionals about the quality of the care provided by the service, this included the local authority commissioners of the service.

# Is the service safe?

## Our findings

People were protected from avoidable harm. People told us they felt safe living at Park Lodge. One person said “it’s like home here, the staff are brilliant”. Another person said “all the people who live here get on, so we are safe here”. All the feedback relating to staff was positive.

People were able to lock their bedroom doors if they wished. We saw people going out and coming in throughout the day. This demonstrated that people had the freedom to come and go as they pleased.

People were well supported by staff who knew them well and knew how to recognise and report abuse. Staff told us they had received training on how to recognise abuse and described the process of how they would report abuse. We saw records of the training matrix records which confirmed the training people had undertaken. The two staff who were on duty were able to describe examples of what constituted abuse, and how to protect people from avoidable harm.

We saw that there were adequate numbers of staff employed at the service and people who lived in the home told us there was enough staff. On the day of our inspection there were two staff on duty. Rotas reviewed for the month of July demonstrated that regular staff worked at the service, this included the use of some agency staff. Staff had been employed for many years so people had continuity of care by staff who knew they well.

If ‘new care staff’ were working on a shift they worked with an experienced member of staff and under their supervision, until they had completed their induction and had been signed off as being competent.

We saw from the four recruitment records we reviewed that all staff had been subject to a criminal records check through the Disclosure and Barring Service, or a criminal records bureau check (CRB). Other pre-employment checks such as taking up of references and identity checks had been made in advance of the person starting work. We saw that most of the references had been validated or been provided on a ‘with compliments slip’ or a ‘company stamp’. This system ensured the authenticity of the author of the references.

We saw the home had been maintained to a good standard and this had been recorded in records reviewed including regular equipment and fire safety checks. Risks to people’s safety had been assessed and people had been asked if they wanted to be involved in the assessment and we saw that these were reviewed regularly. Individual risk assessments provided staff with relevant information on how to manage risks safely when supporting people. For example, we saw that risk assessments had been completed with regard to people going out of the home.

All risk assessments were up to date and had been reviewed within the past six months. For example assessments relating to the risks of choking, road safety and mobility. Each person had a crisis action plan in place including guidelines for managing people’s behaviours with techniques recorded on how to pre-empt the person becoming agitated. There was also a risk assessment for one person who had requested that they were not to be checked during the night as it disturbed their sleep pattern. This was up to date and had been reviewed within the past six months.

There was a process for ordering, storage and disposal of medicines. We saw that medicines were stored safely. Medicine administration records (MAR) charts had been completed and the recording of medication was correct. Staff told us they had received training in the administration of medicines. We also saw that competency checks were in place to ensure staff continued to be competent in this area. Staff described the process for the safe administration of medicines. We found that they were able to demonstrate a good knowledge of all aspects of the process. We saw that medicine audits had been undertaken as part of the quality monitoring systems in place at the home.

There was only a hand towel in the kitchen for up to nine people who used the service and three staff to use – we brought this to the attention of the deputy manager as it increased the risk of infection. The deputy manager told us that this would be changed to a paper towel dispenser without delay.

# Is the service effective?

## Our findings

We were told that new staff received an induction covering a three month period. This included an orientation with the building session, a review of current policies and procedures and then specific training relevant to their roles. New staff then shadowed more experienced staff, who fed back to the manager how the person was progressing until they were able to demonstrate that they were competent enough to work in an unsupervised capacity and they were then signed off by a member of the management team. This ensured that staff were able to carry out their role effectively and safely.

Staff told us they felt they had the appropriate training and support to enable them to carry out their role effectively. We saw from records that staff received regular supervision from their line manager. We saw the training matrix and individual training records confirming that staff had received training in a number of topics relevant to their role. Staff demonstrated their knowledge of how to protect people from harm, and records confirmed staff had received safeguarding training. No one living at the service was restricted in any way and the deputy manager told us people were not deprived of their liberty. Staff were able to demonstrate a good understanding of MCA in relation to DoLS.

People had a good choice of meals. We saw that there was a eight week rotating menu, (displayed four weeks at a time). People told us they were asked about their choices of food at the monthly team meeting. This was confirmed within the minutes of the meeting held in June 2015. We were told by the deputy manager that specialist dietary advice was available from a Dietician if needed through the GP. There were no special diets required at the time of our inspection, but staff told us these were catered for when if and when required. One person was vegetarian who was catered for.

People told us they were happy with the choices and one person said “if I don’t like something, the staff always offer an alternative”. We observed people assisting with preparations for lunch. A person told us “it’s my favourite today cheese on toast”. People told us they liked the food at the home. We saw that people were able to help themselves to drinks and snacks. Two people had chosen not to have lunch at the home and they were supported to buy their own lunches and join with other people for the evening meal. Staff told us about people’s specific likes and dislikes and described in detail special requirements relating to food and hydration. For example one person had been poorly and had lost their appetite; staff encouraged them to have high calorie smoothies to maintain a healthy food intake. Another person was vegetarian.

People’s nutritional needs were routinely monitored as part of monthly care plan reviews. People were weighed monthly and if there were any concerns about people’s weight or poor nutritional intake staff either referred to a dietician for advice and support or referred to the GP for advice. The processes that were in place ensured that people’s food and fluid intake was maintained and where there were concerns, appropriate advice was sought.

People told us that staff always asked for consent before assisting them. We saw care records had been signed to show people’s agreement to their care plans. Consent was reviewed as part of the care plan review.

People told us that they were supported to access appropriate medical services, including their GP, dentist or other healthcare professionals if required. There was also regular help and support from the CMHT Community mental health team.

# Is the service caring?

## Our findings

People told us the staff “are marvellous”. We saw that a member of staff had been out in the town with a person who lived at the service and when they returned they had brought a special cake back for a person. The person told us, “that’s what they are like, they really are so kind and thoughtful”. One person told us “It’s great here everyone is very good.” “You can choose what you want to do and staff are always there to help you if you have a problem.”

We saw numerous examples of person centred care in place. We observed staff speaking to people about their likes and dislikes for example a person who had not been well and who had a poor appetite. We saw that staff were trying to encourage them to eat and drink things throughout the day that were nutritious and that they enjoyed. We saw that staff used body language which was caring and reassuring to people. We saw staff were interested in what people had to say and encouraged people to express their views.

We saw information in people’s care plan which was person centred for example we saw that people had been involved in their care planning and staff had recorded detailed information such as “I use specific toothpaste”. Or “I can do that by myself”. “I do not want staff to do everything for me”. “I like to take a shower not a bath”. Staff to support [person] with booking appointments. We spoke with staff throughout the inspection and they demonstrated they really did care about the people who lived at Park Lodge.

We saw that people were spoken with in a kind and caring way. For example, we observed a person to be anxious and saw that staff sat with them, engaged in a meaningful conversation and reassured the person. The person soon became relaxed and chatted away for some time. We saw a person laying the table and staff chatted away to them, complimenting them and supporting them at the same time.

People told us that staff respected their privacy and dignity. Staff also demonstrated that they understood the importance of respecting people’s dignity, privacy and independence. They gave several examples of how they would preserve people’s dignity while providing personal care. We observed a member of staff speaking with a person in the lounge about a personal issue, as we passed by the staff member stopped speaking and waited until we had gone into the conservatory before resuming the conversation. People told us that staff always knocked on the door and waited for them to respond, before going into their room. These actions demonstrated that staff were aware of people’s right to enjoy privacy and respect.

We saw that all confidential information that related to people who used the service was securely maintained and locked within the main office. This helped to ensure that people’s confidentiality was protected.



# Is the service responsive?

## Our findings

We saw that staff knew people well and spoke in detail and fondly about individuals. They told us about what they enjoyed doing, those who looked forward to their visitors coming and people going out to the town to visit the market or places of interest. One person told us they “enjoyed concerts at a venue” near the home. A person told us “I like to go out and get a paper at the local shops.” “Because I am still independent the staff let me help out with some of the jobs like going to get milk for them from the supermarket.”

We saw that care plans were person centred and contained detailed information about people. Each person had a crisis action plan in place. Guidelines were in place to support people who had behaviour which could challenge others, with techniques recorded on how to pre-empt the person becoming agitated.

People told us that they were involved in their care planning and reviews staff told us that if people were agreeable they invited family or friends to be involved in the review process.

We saw that risk assessments had been completed and these were reviewed six monthly and more frequently if there was a change to the person’s health or abilities. We saw that the care plans too had been reviewed within the past six months.

Staff told us they encouraged people to retain skills and prompted and supported them if they required assistance. Care plans reflected people’s abilities as well as setting objectives so that people were motivated to overcome challenges. People were encouraged to assist with laying the table, keeping their rooms tidy, and other tasks within the home.

We saw that people had signed their care plans. People had a ‘keyworker’ and they were able to discuss anything relating to their care and support with them.

The Complaints policy and procedure that was in place was available in both written and pictorial versions. No complaints had been received – all five people we spoke with were able to tell us where the complaints policy was and that they knew who to complain to if they had an issue - most people resolved issues between themselves or at the monthly service user meetings. There was information displayed with regard to POWHER, this is an independent advocacy service and each person we spoke with knew the information was there if they needed it. One person told me that they received support from their care co-ordinator who was also their ‘Advocate’. This demonstrated that people were supported to voice concerns and that their concerns were listened to and acted on.

There was also a ‘communication board in the dining room where people could write suggestions or concerns. The deputy manager told us they encouraged people to tell them if there was anything wrong or if they were not happy as it gave them an opportunity to put things right.

People told us they were supported to pursue hobbies and one person enjoyed painting and told us they had produced “some lovely work”. People enjoyed a range of activities both in the home and community and were happy with things “the way they were”. One person said, “you can do something if you want, but if you prefer to watch television they don’t mind. Another person told us they loved chess and often played. This demonstrated that people had a choice about what they wanted to do.

We saw that people had individual social and activity plans in place. These ranged from attending a day centre in the local area to attending a men’s group, 1; 1 crossword sessions, trips to the library and current affairs discussions. Also there were slots on the activity planner for people to complete their daily living tasks such as cleaning, washing and food shopping. People spoke very positively about how they spent their day and that staff supported them to access local community facilities.

# Is the service well-led?

## Our findings

We saw that regular meetings were held and people were able to discuss aspects of the service which they were not happy with. For example we saw minutes from a recent meeting held on 17 June 2015. Issues discussed included night hourly checks with people stating that they were happy with this arrangement except for one person. We saw that the issue had been dealt with following this being raised and the fact that they were unhappy with the current arrangements. For example we saw that the deputy manager had reminded staff to be discreet and checks were to ensure the safety of people and not to disrupt people. We saw that health and safety issues were discussed with regard to room checks and on-going maintenance within the home. The deputy manager reassured people that this work would be done with, 'The least disruption possible'. Road safety was discussed with the deputy reminding people where to cross safely and to use the crossings and subway. This demonstrated that people were listened to and issues raised were acted upon.

People told us that they found the management team supportive and that they were approachable. One person said "I have lived here for many years and this is my home." "Staff and managers know it's our home and they respect that". Staff and people told us they discussed things as a way of improving the service.

We reviewed the "Statement of purpose", a document which sets out what the service will provide and how they will do it. We found that the service was meeting the objectives set out in the statement of purpose

We saw that a range of quality monitoring audits were in place. These included maintenance audits and health and safety checks, fire drills and medication audits. The audits were carried out by the manager and or deputy manager. If any shortfalls were found they were actioned immediately or planned for action as soon as possible. For example if maintenance was required this was communicated to the provider and it was arranged to be completed. This process ensured that quality monitoring and audits undertaken were effective and the management team strived to achieve continual improvements.

The deputy manager and an assistant manager assisted us throughout the inspection and had a good knowledge of people who lived in the service. The registered manager (RM) was not at the service on the day of our inspection. We observed both deputy and assistant managers approach to be both kind caring and compassionate. People who used the service spoke positively about the staff and managers.

Staff told us they had opportunities to discuss improvements to the service and felt their suggestions were listened to. Staff told us that everyone 'owned' the suggestions and took them on board as a way of improving the quality care for people who used the service.

We saw that there was an open and honest approach within the service and the processes that were in place demonstrated good governance across the service which in turn supported good care outcomes for people who lived there.