

# CHD Living Limited Park Lodge

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service well-led?

Inadequate



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 January 2015.

Several breaches of legal requirements were found and the Care Quality Commission served a warning notice for a breach of Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had met the requirements of the warning notices. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Park Lodge provides accommodation and nursing care for up to 35 older people, some of whom may have dementia. There were 15 people living at the home when we visited. The home was based in a large converted house and the bedrooms were on three floors. The main lounge and dining room were on the ground floor.

The home did not have a registered manager at the time of the inspection. The home was being supported by an interim manager who was a registered manager at another service run by the provider CHD Living Ltd. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We found the provider had made the necessary improvements to protect people. Although the building

# Summary of findings

works had now finished we saw that risk assessments had been put in place and signed by the provider and the builders. When a second phase of building works resumes later in the year the interim manager told us the current risk assessments would be revised to ensure that the risks to people, staff and visitors were kept to minimum.

A risk assessment was in place for the installation of a new lift, this included an induction to the home for all the workmen on site and measures to minimise the disruption to people, staff and relatives.

Printed guidelines were strategically placed on each floor as a guide for staff during the time the lift was out of use. The provider had set up a lounge/dining area on each floor and call bells were within reach of people who

chose to remain in their rooms. This was lacking during our last inspection. A hot trolley for the storage of food was used to ensure meals were served at the correct temperature.

The home had systems in place to bring people downstairs in an emergency or for a scheduled appointment. On 27 January 2015 all staff received training in fire awareness and emergency evacuation. This helped to ensure people were kept safe.

We found the provider had taken action to make the necessary improvements to protect people. All care plans were being reviewed and staff had received up dated care planning training. Weekly checks were made of the environment including the fire exits and alarms, the safe storage of chemicals and the call bell system. Hoists and accompanying slings were checked monthly. Where faults were found we saw that action was taken to remedy the problem and this was signed off when completed.

# 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?

We found that action had been taken to improve safety in the specific areas we looked at.

Risk assessments for building works were in place and updated and actions taken to mitigate further risks to people.

However, we could not improve the rating for 'Is the service safe?' from inadequate because to do so requires consistent good practice over time.

We will check this during our next planned comprehensive inspection.

Inadequate



### Is the service well-led?

We found that action had been taken to improve the way the quality of service provision was being assessed and monitored.

The provider conducted monthly reviews of the quality of service provision and these were now followed through with an action plan which was signed off when completed.

There was a monthly schedule for updating care plans.

However, we could not improve the rating for 'Is the service well-led?' from inadequate because to do so requires consistent good practice over time.

We will check this during our next planned comprehensive inspection

Inadequate



# 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 checked 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.

We undertook an unannounced focused inspection of Park Lodge on 21 May 2015. This inspection was done to check that improvements we asked the provider to make in relation to a warning notice we served after our comprehensive inspection on 19 January 2015.

We inspected the service against two of the five questions we ask about services: Is the service safe? Is the service well led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by a single inspector. During our inspection we spoke with the interim manager, the nominated person, five staff and five people who lived at the home. We looked at four care files and other information relevant to the running of the home.

Before our inspection we reviewed all information we held about the service and the provider including looking at the previous inspection report and reviewing this in line with the action plan the provider submitted to the Care Quality Commission (CQC).

# Is the service safe?

## Our findings

At our previous inspection on the 19 January 2015 we found the provider was failing to protect people who used the service and others against the risks of inappropriate or unsafe care because they did not have effective systems to identify, assess and manage risks relating to their health, welfare and safety.

For example on the day of the first inspection the premises were undergoing building works but we did not see that appropriate risk assessments had been completed and that risks were being managed appropriately to ensure people and others were safe. People on the first and second floors were unable to access the lounge areas on the ground floor because the lift giving them access to the ground floor was out of use. There was no risk assessment about how to support people access the ground floor should there be an emergency.

At this inspection we found the provider had made the necessary improvements to protect people. Although the building works had now finished we saw that risk assessments had been put in place and signed by the provider and the builders. These risk assessments covered access and restrictions to people, staff or visitors to the home and fire evacuation procedures. There were also risk assessments in place for potential hazards while building work was in progress, such as finding asbestos. The report looked into whether risks were kept at an acceptable level and a communication strategy developed to ensure that everyone was aware of the risks that could occur while the building works were in progress. A second phase of building works will resume later in the year and the interim manager told us the current risk assessments would be revised to ensure that the risks to people, staff and visitors were kept to a minimum.

A similar risk assessment had been put in place while the lift that had been out of use during our first visit was replaced. During the building works to install a new lift people were not able to access the main lounge and dining area on the ground floor. We saw that as well as a written and signed risk assessment, which included an induction to the home for all the workmen on site, a communication strategy and control measures had been put in place to minimise the disruptions to people, staff and relatives. On

the day of our inspection the new lift was not working due to an electrical fault and so we were able to see first-hand that the measures the provider had put in place to ensure people were kept safe, were effective.

We saw printed guidelines were strategically placed on each floor as a guide for staff during the time the lift was out of use. The provider had set up a lounge/dining area on each floor. These were in unoccupied bedrooms and the beds had been removed. Each lounge area had a radio/CD player, television and activities and a trolley with hot and cold drinks and snacks. People who chose to stay in their room had access to a call bell and music, television or reading materials, dependent on what they wanted. A hot trolley for the storage of food was placed on the first floor and meals were served from here for people living on the first and second floors. The food was checked to ensure it was served at the right temperature. The provider had also increased the staff numbers while people were unable to access the ground floor lounge area to ensure people's needs were being met appropriately.

If people needed to access the ground floor either in an emergency or for an appointment when the lift was not operational, the provider had put processes in place to minimise the risk to people and staff. The home now had an evacuation chair which was kept on the upper floors and could be used to bring a person downstairs. The interim manager told us that not all staff had received the appropriate training in how to use this chair and it would only be used by trained and experience staff. Each person now had an evacuation slider sheet, (these rescue-sheets work by sliding a person with limited mobility to safety in an evacuation). On 27 January 2015 all staff had received training in fire awareness and evacuation.

We saw that all people now had a personal emergency evacuation plan (PEEPS) and these records were kept in an easily accessible place and could be located quickly in an emergency.

Staff showed us and we noted evidenced that each person who needed a sling to be used with a hoist, when moving a person, had one of their own and these were kept in a person's bedroom.

We saw that risk assessments for the use of bed rails and safety mattresses had been updated and signed by the person or their family where appropriate to show their involvement in these processes.

## Is the service safe?

The actions the provider has taken have helped to ensure that people living at the home were better cared for and risks had been assessed and plans put in place to help reduce risk to people. However, we could not improve the

rating for 'Is the service safe?' from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Is the service well-led?

## Our findings

At our previous inspection on the 19 January 2015 we found the provider was failing to protect people who used the service and others because their quality assurance systems were inadequate in assessing and monitoring the quality of the service provision. The systems were not always effective in identifying areas for improvement and for ensuring that prompt remedial action was taken to make improvements.

Monthly water temperatures checks were irregularly carried out and we could not see any record of tests before June 2014. Checks of the hoists used for lifting people were irregular with no checks having been done from April to July 2014. The same was for the checks of slings used with the hoists; prior to July 2014 the previous check was March 2014 and before that December 2013. Irregular checks on the safety of equipment and the premises meant that risks to people and others might not be identified in a timely manner for action to be taken to manage these.

During this inspection we saw that the provider had taken action to make the necessary improvements to protect people. The interim manager showed us the weekly checks that were being made of the environment including the

stairs, carpets, fire exits and alarms and the safe storage of chemicals. The call bell system was checked weekly, as were the furnishings in people's rooms and communal areas.

Among other monthly checks such as window restrictors and bed rails, the water temperatures in the bedrooms, bath and shower rooms were tested and recorded. The hoists and accompanying slings were checked monthly. Where faults were found such as high temperatures, frayed slings or faulty hoists we saw that action was taken to remedy the problem and this was signed off when completed.

A monthly schedule was in place to review all care plans and the provider had installed a new computer server system which made accessing care plans on line quicker. The registered nurses had also received up dated care planning training.

The actions the provider has taken have helped to ensure the quality assurance systems were more effective. However, we could not improve the rating for 'Is the service well led' from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.