

Park Lodge Solutions Limited

# Park Lodge Care Solutions

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Park Lodge Care Solutions is a residential care home providing accommodation and personal care for people with learning disabilities, autistic spectrum conditions and a variety of associated health needs. At the time of the inspection there were nine people living at the service. The service can support up to 10 people.

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

People received person-centred support from staff who knew them well. People's independence was promoted, we observed people helping with day to day chores such as cleaning. One person told us, "they help me keep my room tidy" and "I cook, I am good at it, I like to cook Chinese food."

People were supported by enough staff, one staff member told us, "I love helping people, I like that every day is different but everything we do is for the good of the residents. [Registered manager] is getting in lots of fun things for the residents to do, we try to make sure they are happy all the time, there is nothing I don't like."

People received safe care; their medicines were administered by staff who were trained and competent. Staff received safeguarding training and demonstrated an understanding of appropriate reporting. Lessons were learned when things went wrong, people and staff were involved and kept informed of any changes made in the service as a response.

People's risks were assessed and minimised, allowing them to optimise their lives. The registered manager told us, "We talk to people, find out their hopes and wishes and do everything we can to minimise the risks so they can live their full lives." People were supported to maintain important relationships. The service sought professional input to promote positive outcomes for people. Holistic approaches were used, one person was due to start Tai Chi to reduce anxiety and improve their mood.

People were empowered to make decisions and were asked for feedback on the service. One person told us, "I think I could make changes, but I don't want to make any changes." The registered manager described how they ensured they were visible in the service and told us, "I go around the house all the time, I make sure residents know I am there to talk to."

Systems and processes were in place and the registered manager had a good oversight of the service, where audits highlighted areas for improvement, action plans had been created. The registered manager understood their obligations to report and respond to incidents.

People were supported to maintain links and access the community, for example, attend day centres and go to cafes.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. People had communication methods to maximise their choices. People personalised their bedrooms and were asked their opinions on the environment.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. Planned care was person-centred and holistic to meet people's needs.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People were supported to give their views and were listened to.

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

The last rating for this service was good (published 5 April 2018).

Why we inspected

This was a planned inspection based on previous ratings to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park Lodge Care Solutions on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Park Lodge Care Solutions

## 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 Care Act 2014.

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 team consisted of one inspector.

#### Service and service type

Park Lodge Care Solutions is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers. We observed support to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, health and safety checks, policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies, risk assessments and care records. We spoke with two professionals who regularly visit the service and three relatives of people who use the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm or abuse; Staff received safeguarding training and were aware of policies and procedures.
- The registered manager demonstrated their understanding of reporting safeguarding issues to external bodies where appropriate. Records showed this had been completed appropriately.
- Staff were aware of their responsibilities under safeguarding. Staff understood the different types of abuse and how to recognise these. Staff were aware of who to report to externally should this be required. One staff member told us, "I would talk to the manager if I was worried about someone, I know they would do something, if not I would go to the head office. If they did nothing, I would go to the CQC or local authority."
- When asked, people confirmed they were comfortable to speak with staff and management. One person told us, "I can speak to anyone if I have problems."

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely.
- Risks in relation to health needs were assessed and care plans were in place to guide staff on how to support people safely. For example, one person had a detailed care plan in place for epilepsy, their care plan contained potential triggers for seizures and how to minimise the risks. Further guidance for staff included details of what a seizure looked like for the person, how they felt afterwards, and support staff should offer. Risk management plans included medicines for the condition and rescue medicines in the event of a seizure.
- People were supported to take risks which were assessed to optimise choice and safety. The registered manager described one person who was not able to attend an outreach project, they enjoyed spending time outdoors. This person enjoyed burning wood and found this therapeutic. In the absence of attending the outreach project, staff found ways to safely burn wood at the service. This had been risk assessed and the person was able to continue this which they found beneficial to their well-being.
- People were consulted with decisions relating to their care and risks were assessed appropriately. Where possible, people had been supported to access the community and attend day centres. A staff member told us, "The service users are all amazing and all have their preferred ways of doing things, we are here to help but don't want to over step the mark, we make sure they have choices so they can make decisions, if they want to do something we do everything to make this happen."
- A range of environmental risks assessments and checks were completed. For example, the fire risk assessment and relevant safety checks were up to date. The provider had identified areas for improvement in relation to the management of legionnaires, we saw evidence they were in the process of updating the risk assessment and procedure.

### Staffing and recruitment

- There were enough staff to meet people's assessed needs. At times, people were assessed to receive one to one support, we observed one person receiving extra support by a staff member who knew them well. We saw the person enjoying a game with the staff member, the staff member described the preferred communication method of the person and we observed the person communicating well with the staff member.
- People confirmed there were enough staff to meet their needs, one person told us, "There is always someone if I need them." A staff member described morale to be high amongst staff and told us, "The staff are happy, we are a good team and help each other."
- Staff were recruited safely. Staff recruitment files included completed application forms and employment histories. Checks on people's suitability to work in a care setting were undertaken, such as references and Disclosure and Barring Service (criminal record) checks. Staff confirmed they undertook induction training which included reading care plans, policies and procedures and had the opportunity to shadow a more experienced team member. One staff member described additional training opportunities offered by the provider, "I wanted to do my NVQ level 3 and they supported me with this."

### Using medicines safely

- People received their medicines safely by trained and competent staff. The registered manager appointed staff to oversee medicines; they undertook audits to ensure medicines were ordered, stored, disposed of and administered safely. The regional manager undertook quarterly audits to provide additional oversight.
- People told us they received their medicines on time. One person who required time specific medicines was observed to receive them at the correct time.
- Most people were able to request for their 'as required' (PRN) medicines. Staff were guided by individual, person-centred PRN protocols to administer these medicines where people were unable to ask for them. A recent audit highlighted for the PRN protocols to be signed off by the GP. We saw evidence the service was working with the local GP surgery to complete this.
- We saw evidence of regular medicine reviews by various professionals and people were involved in their medicine administration. One staff member described how a person liked to sign their own medicine chart, upon reviewing the charts, this was seen.

### 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- The service learned lessons when things went wrong, the registered manager responded to incidents in a timely manner to avoid reoccurrences. We saw an example following an accident, the registered manager made changes to the environment and contacted various professionals including the falls team, physios



and occupational therapist (OT) to work with the person.

- Where there had been incidents between people, the registered manager had consulted with professionals including the learning disability team (LD team) and positive behaviour support specialists to develop appropriate support plans for the people involved.
- One visiting professional told us, "Their attitude towards [person] was great, they had a positive behavioural support plan in place and worked very well with other professionals who supported the person. Really good communication between us and them, a good multi agency approach, Park Lodge are very open to working with everybody to the benefit of the people concerned."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service promoted a positive and inclusive culture for people. We observed people being given choices and asked for their opinions. The registered manager described how the service promotes independence, "We give 'just enough support,' people don't need to come to a home and lose themselves, people need to live their best lives."
- People were empowered to make life decisions. We saw evidence of professional involvement where needed. For example, an independent mental capacity advocate (IMCA) was involved where a person needed to make a life changing decision. The service proactively sought professional input to support people to have meaningful relationships with each other.

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 registered manager understood their responsibilities under the duty of candour. They described their obligation to be open and honest with people if something were to go wrong and provide an apology. People's relatives told us they had open conversations with the registered manager and were able to discuss any arising issues.

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

- The registered manager and staff understood their roles and responsibilities.
- There had been some changes with management, the registered manager was new to the post, they were supported by the regional manager and head office. The registered manager described the company's values as being kind and ensuring people feel welcome. These values were echoed by the staff and our observations confirmed this.
- The registered manager understood their responsibilities and had good oversight of the service. They undertook various audits and delegated where this was appropriate. The registered manager completed bi-monthly overarching audits and created action plans where needed. We saw evidence of the action plan progressing.
- People and their relatives knew who the registered manager was and confirmed they would be happy to approach them. One relative told us, "I would be happy to be speak to [registered manager] if I had concerns."
- Staff were clear in their roles and we saw evidence of regular meetings held to discuss any changes in the

service. Staff gave positive feedback regarding the registered manager, one staff told us, "Before [registered manager] came to the home, we were all lost, we had lockdown and were trying our best. Things have improved."

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

- The registered manager engaged and involved people using the service.
- People were encouraged to be involved in decisions, the staff used different communication methods such as basic sign language and Makaton to gain people's feedback. We saw evidence of meetings held with people to give their comments and suggestions. One person told us, "We sometimes talk in a group and we are asked about things like outings and food."
- The registered manager described various projects to engage with people. For example, they introduced a 'butterfly challenge' where people were able to nurture the development of butterflies. One person had enjoyed the project and became the service's 'butterfly champion'.
- People proudly showed their bedrooms were decorated to their taste, they confirmed they were involved with choosing colour schemes, posters and furniture.
- Staff received supervision and attended meetings, staff confirmed they were comfortable to approach the registered manager about any matter and felt listened to.

Continuous learning and improving care

- The registered manager supported the staff to achieve qualifications and kept their own knowledge up to date. The registered manager spoke of high-level training they had received for delivering person-centred care. They described improvements they wished to make to the service and had ideas of different activities such as ice-cream making and themed parties.
- A relative told us how the registered manager had proactively asked for their opinion of the garden and how it could be improved. The registered manager had taken the comments on board and works had commenced.
- The provider's quality assurance team were engaged to undertake mock inspections and developed service improvement plans. The findings were added to the overarching audits for actioning.

Working in partnership with others

- The registered manager proactively worked with other agencies to promote good outcomes for people. A variety of professionals including the LD team, IMCAs, OTs and physios, had been involved to provide advice and enable the staff to support and understand people's needs. A visiting professional told us, "I believe they are very much for the people."
- The registered manager was supported by the regional manager and head office. They told us, "I have a great team in house but a lot of support within the company, the regional manager will step in where needed if the team cannot deal with an issue."