Parvy Homes Limited

Swanage Lodge

Inspection report

22-24 Swanage Waye
Hayes
Middlesex
UB4 0NY

Tel: 02085821616

Date of inspection visit:
26 February 2020
27 February 2020

Date of publication:
11 May 2020

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

Summary of findings

Overall summary

About the service
Swanage Lodge is a care home that provides accommodation and personal care for up to six people who require support with mental health needs. The care home provider is Parvy Homes Limited. The registered manager is the owner and has three other care services situated near by Swanage Lodge. At the time of the inspection six people were using this service.

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

People were supported to make day to day decisions and to retain their independence. Staff encouraged people to take part in activities and supported them in their diverse needs. People told us they chose their meals and helped prepare them. Care workers prompted people to drink enough to remain hydrated.

The provider notified the local authority if they identified a safeguarding adults concern. Medicines records were completed without errors or gaps and medicines were stored in a safe manner.

Staff had received an induction prior to commencing their role. They had completed training to support them to undertake their role.
People spoke about the management team and care workers in a positive manner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was good on 22 and 24 August 2017 (published on 5 October 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below

Swanage 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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector over two days.

Service and service type
Swanage Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 inspected on the 26 and 27 February 2020. The first day was unannounced and we arranged to return on the second day to complete the reviews of documents and speak further with the registered manager.

What we did before the inspection
The provider completed a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. Including notifications. This is information the provider must inform us by law. We sought feedback from the local authority prior to our inspection.

During the inspection
We met with everyone who used the service and four people agreed to talk with us about their experience of the care provided. We spoke with two senior care workers and two care workers. We spoke with the registered manager, deputy manager and the operations manager. We observed staff interaction with people throughout both days of inspection.

We reviewed a range of records. This included three people's care records and their associated documents. We looked at three people's medicines records. We reviewed three staff files in relation to recruitment and staff supervision. Also, a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We spoke with a health and social care professional. We continued to seek clarification from the provider to validate evidence found.

Good

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 remained the same.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

●Staff recruitment was undertaken in a robust manner following the provider's recruitment procedures. Prospective staff attended an interview to check their aptitude for a caring role. The provider undertook checks of work references, criminal record checks, right to work in the UK and identity to ensure staff were suitable to work with people.

● Staff told us there were enough staff. Their comments included, "Yes there are enough staff. When staff get ill it can be a problem but generally it's fine," and "You can get the work done and have time to speak with people."

● The provider utilised their staff at Swanage Lodge across their other three services situated close by. Staff confirmed even when working across the other services they got time off to rest. One staff member said , "I work 40 hours a week across the schemes, if someone calls in sick it might go up but otherwise 40 hours. I get one or two, sometimes three days off a week so I always get a break."

●We checked staff time sheets provided after the inspection by the registered manager. We found, staff were provided with days off and there was oversight by the registered manager. This ensured staff did not work excessive hours without a break.

Assessing risk, safety monitoring and management

●The registered manager assessed risks to people. Risk assessments were person centred and contained guidelines for staff and measures to protect people from harm. Risk assessments included, self-neglect, risk of physical and financial abuse, behaviours that challenge, risk of mental health deteriorating and smoking.

●There was clear guidance for staff and measures in place to mitigate the risk of harm whilst identifying the least restrictive option to support people's independence. For example, one person liked to go out unaccompanied, there was a risk associated with this. Staff completed paperwork prior to them leaving the home. This prompted staff to ensure the person carried their ID card, recorded where they were intending to go and what time they expected to return. There was a protocol in place should they not return within an agreed time frame.

Using medicines safely

●Medicines were administered in line with the service policy and procedures. Medicines administration records reviewed were completed without error and the medicine recorded tally was correct when we checked a sample of medicines.

●On the first day of inspection we noted as and when needed medicines were not all signed by the prescribing officer. Guidelines were not always person centred but generic. However, we were told by the

registered manager these had been updated and given to the GP to sign. On the second day of inspection the GP signed guidelines were in place.
● Medicines were kept securely and stored in line with the guidelines.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. Their comments included, "Yes I feel safe. I see my family, they are very close. Staff give me the phone so I can talk with them," and "Sometimes I feel safe. The morning staff are wonderful and amazing they make everyone fine. They stay all the time and look after me," and "Yes I feel very safe here. Staff are wonderful, they can't do enough for you."
● Staff had received safeguarding adults training and demonstrated they could recognise signs of abuse and knew how to report these. The registered manager had a good oversight of any concerns or issues. They checked daily records and spoke with the people using the service on an almost daily basis to check they were happy with the service provided. They had reported safeguarding concerns to the local authority appropriately.

Learning lessons when things go wrong
● The registered manager demonstrated to us they had learnt lessons from previous safeguarding concerns which had occurred in their other services as well as Swanage Lodge. For example, following a safeguarding concern where medicines were not given as prescribed, the provider had improved their medicine checking processes.

Preventing and controlling infection
● The home was clean and free of mal-odour. We observed staff cleaned communal areas as part of their daily duties. They supported people to maintain their bedrooms to a good standard of cleanliness. They encouraged people to wash their laundry as part of their daily living activities.
● We noted in a communal area one wall looked scuffed and marked. We brought this to the registered manager's attention. They told this wall had been painted last year but it was an area of high use by both people and staff. They told us they routinely painted the wall and would do so again to keep it well maintained.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider worked in line with the MCA. People who had capacity to do so had signed records to show they consented to their care as recorded in their care plan. The registered manager had made DoLS applications on behalf of people when they were assessed as lacking the capacity to consent to their care and treatment. When appropriate people had advocates appointed to ensure their rights were upheld and their views were taken into consideration.
- The registered manager had ensured if a relative or friend made decisions on behalf of someone they had been appointed as Lasting Power of Attorney (LPA). LPA is the legal right to make certain decisions on behalf of another person in their best interest.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The registered manager assessed people prior to them moving into the home. They visited people to meet with them and to assess their needs. They met with their health and social care professionals and they read through professionals detailed assessments to understand their diagnosis and to identify the support they required to keep them well and safe.

Staff support: induction, training, skills and experience
- Staff told us they had received an induction to support them to undertake their role. Their comments included, "In induction, I was shown the fire drill and procedure, I had training for medicines from an outside trainer who came for one day. We had face to face medicines training, and we did safeguarding adults."

There was an induction record which covered all aspects of the service provided. This was signed as completed by both the staff member and their supervisor.

●Staff were provided with training which included, medicines awareness, moving and handling, food hygiene, first aid, safeguarding adults, and health and safety. Staff received specific training to support them to work appropriately with individuals living in the home. One senior care worker told us for example, "We have mental health training, we do it online, and also dementia training."

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to eat and drink well at the service. Several people had dietary support needs and required a level of supervision to ensure they did not eat foods which would make them unwell. The kitchen was locked when not in use as a protective measure for those people. This was agreed in people's care plans and in DoLS. When someone wanted to use the kitchen, this was supervised by staff who gave immediate access and support to use this area safely.

●People ate their main meal together. Meals were suggested at a weekly meeting and each person had their choice on one day of the week. We saw alternative choices were given if the choice was not to everyone's taste. We saw ample food supplies for meal and drinks choices.

●People were supported to drink enough to remain hydrated. People were also encouraged to go out to the local shops and buy a drink and snack. This was a way to motivate some people to go for a walk and have some gentle exercise.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

●People were supported to access healthcare services for both their mental and physical well-being. One person told us, "They get you an appointment with the GP. I had a blood test the other week. They advised me about my high blood pressure and got me an appointment with my GP." They also told us, "Another thing, I gave up smoking! I'm really proud of that."

● People had monthly checks at the service to monitor their weight, blood pressure and temperature. These were recorded so if needed health professionals had accurate information about changes in people's health. People were supported to access both community and hospital services for a variety of conditions.

● People living at the home had a history of mental health concerns. Care plans detailed how to support people to maintain their mental wellbeing. There were guidelines to support staff to recognise when people's mental health was deteriorating and what actions to take to support the person and keep them safe. A therapist ran a weekly hearing voices group with people at the service which people found helpful.

●We spoke with a health care professional who told us, "They know [Person] well, better than me. They always look well kempt and tidy, they seem to care for them well…The deputy manager tells me of any concerns and [Registered manager] always tries to be around when they know I'm visiting, they make themselves available."

Adapting service, design, decoration to meet people's

● Each service user had an ensuite bathroom for their personal use. Two people offered to show their bedrooms to us. Their bedrooms were very personalised with items which reflected
their interests, hobbies and memorabilia.

● The communal areas were homely and contained items of interest for people to enjoy. One person showed us the fish tank and told us how they liked to watch fish in the tank. There was adequate seating for people should they wish to relax in the common areas.

● In the spacious garden there were different areas for people to use if they wanted a quiet space or to socialise. There was for example, a pond with fish to watch, an outbuilding used for activities and a designated smoking area.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were caring and respected their diverse support needs. People spoke well of the staff and told us, "Yes, staff are respectful. [Registered manager] and [Deputy manager] especially so," and "All staff couldn't be kinder."
- We observed care workers were polite to people and responded in a timely manner to requests of support. Care workers told us, "When they want to talk, I listen, and I listen to them when we make food together. We respect their ideas and feelings. They feel proud when we listen to them. They feel they are not neglected."
- People and staff in the home came from diverse cultural and religious backgrounds. We saw they were supported with their diverse needs. This included for one-person support with their Catholic faith. They had items of religious significance in their bedroom which were important to them. Another person told us staff supported their cultural meal choices. They said, "I'm vegetarian and they provide for me. They cook me vegetarian curries and I buy paratha to go with it. They are good cooks."
- The registered manager told us staff had received diversity training and they had talked about how they would make people feel welcome from the Lesbian, Gay, Bisexual and Transgender plus (LGBT+) community. The registered manager said, "Staff are aware there is an expectation they should be fair and not discriminate."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff communicated with people in an appropriate manner and supported them to make decisions in their everyday life. A health care professional told us, "I think they are good. [Person] can be quite forceful at times and I've seen interactions from staff in an appropriate way. Sometimes a bit of banter and quite caring."
- Care plans promoted people's choice and independence. Some people told us how they went out by themselves encouraged by staff to retain their independence. We observed people were encouraged to help prepare meals and drinks in the kitchen. One person told us, "Yes the staff come and help me in the kitchen to prepare food." This maintained people's independence.
- Care workers told us how they gave people choices within their everyday life. Their comments included, "I ask them, do you want to go to the shops? They make their own decision…I help them to be as independent as possible," and "We give the choice and we really encourage them to make a choice."
- Staff maintained people's privacy and dignity. We observed staff knocked on people's bedroom doors

prior to entering. They were careful to close the office door to prevent being overheard when handing over information. A care worker told us, "We keep their information private and only discuss when we need to. We get their consent before we share their confidential information with someone."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

● People had person centred care plans. Care plans contained people's preferences about their care and support. This included how they liked to be addressed by staff. There was information for staff about people's background and history so they could understand them in the context of their lives.

●Care plans covered relevant aspects of people's care support. This included the support required for their personal care, mental health, activities and health care. Staff confirmed there was information in the care plans they found helpful in understanding the person's needs.

●Care plans were detailed in stating what support people required. For example, one person required support to manage their smoking. The care plan detailed the best interest decision made to support the person to have one cigarette each hour. The plan detailed how and where the cigarette would be given. The measures taken to ensure this took place safely were also clearly documented.

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 do activities. We observed people undertaking their own activities within the home such as playing an electric organ, watching TV and doing crochet. Other activities available were arts and crafts, watching films, relaxation, going out for walks, library visits and shopping. One person told us, "I like relaxing activities like watching TV. Sometimes arts and crafts. I make pictures on paper plates or make some paper chain little men and I like making things with feathers."

●There was a large activity building in the garden. People came from the provider's other services to do activities there. They sat in the home's common areas at times during the day when arriving or finishing their activity session. We asked people if they minded other people coming into their home. People we spoke with all liked others coming into the home. One person told us, "I like to see new people, some others to talk to. I've made some friends."

●The registered manager told us they had supported people living at the home to travel abroad and to explore the world around them. People told us about the places they had visited abroad supported by staff from the home and where they planned to go next. This gave them the opportunity to have experiences beyond their usual day to day life.

● People were supported take part in socially relevant celebrations. This included birthdays and, cultural festivities such as Christmas when they went to a pantomime. They were supported to speak on the phone to relatives and to visit friends and family members.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● There was information available for people in plain English. This included how to complain and how to speak out if they were being abused. Weekly meetings with everyone who lived at the home gave staff an opportunity to explain to people if there were changes to policy.

Improving care quality in response to complaints or concerns

● People were supported by the provider to complain if they were not happy about the service provided. People told us they knew how to complain. They spoke highly of the registered manager and we observed they went into the office area to talk with him. Each person had information in their room telling them how they could complain if they were not happy with the service. People also met once a week and any concerns could be raised and addressed as a complaint.

●The registered manager had an oversight of the complaints made. There was a complaints policy and procedure in place. There had been several complaints recorded with details about how these had been addressed by the registered manager.

End of life care and support

● The registered manager confirmed they were not providing end of life care to people at the time of inspection. They clarified should people require this care they would work closely with the palliative care team to provide appropriate support.

●They explained due to people's mental health diagnosis, they often found it difficult to think about their end of life. As such they would work with people should the need arise. They had supported one person to travel abroad to attend a close family members funeral so they could come to terms with their passing.

Good

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

● The registered manager oversaw Swanage Lodge along with the three other services situated nearby. They visited the service on most days and/or telephoned. They spoke with staff and looked at the communication book and daily notes to establish how the service was running each day. When they visited, they spoke with people living at the service. The deputy manager worked mostly at Swanage Lodge. They oversaw the day to day running of the home which included, staff shifts, medicines and the cleaning of the property.
● The registered manager told us they had identified a need to reorganise the managerial structure in the home. They had employed an operations manager who was new into post and learning their role. It was envisaged they would be responsible for organising training and recruitment and further develop the systems in place for administration. In addition, the registered manager had informed the senior care workers they were creating a team leader role. This meant some management tasks would be delegated. Staff had been invited to apply for this position which offered greater responsibility.
● The registered manager undertook several daily checks. They ensured people's dietary requirements were met through being sent, via an Application (App), photos of people's meals. They explained this was how they ensured people were being offered a good portion of appetising food when they were not at the service. People's finances were checked at staff handover each day by staff and signed as correct.
● The registered manager audited monthly. This included people's medicines and health and safety. Whilst audits were recorded as having taken place there was a lack detail to tell us what had been identified through audit. The registered manager showed us they were in the process of developing their audits to detail more clearly what had been audited and what actions were required and when the actions had been addressed.

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 provider had informed the CQC when there were concerns and completed statutory notifications we require by law. They explained how they provided information requested to the local authority and welcomed their quality assurance visits. They understood the need to be open and transparent in their dealings with people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There were weekly meetings with people where they could share their views and contribute to the planning for the week. People spoke well about the registered and deputy manager. Their comments included, "I've got a new bed with a TV in it. I wanted this and I'm very pleased with it. [Registered manager] has helped me get this," and "[Registered manager and deputy manager] are especially kind. I get on well with them. I get all the support I need."

●Staff all told us they felt well supported by both the registered and deputy managers and felt the service was well led. Their comments included, "The deputy manager is very procedure led. They make sure you follow one procedure, so we are all on the same page. They are quite strict about this. Yes, this is helpful because we all sing from the same page," "It feels well organised," and "I like it here, you do feel supported...the [Registered manager] and [Deputy manager] call us, or send a text, they are very supportive people."

●There were good lines of communication within the home. This was managed with daily records, written communication in both a book and an App and handovers between shifts. It always meant staff remained well informed.

● Staff were being encouraged to consider caring work as a career and to undertake training to support them to progress in the field. One senior support worker told us through their appraisal they had identified they wanted to progress. They had asked to attend care planning review meetings with health professionals as they found this very informative. The provider was supporting them by facilitating this.

Continuous learning and improving care; Working in partnership with others

● The registered manager described how they maintained their knowledge through accessing training and looking at the CQC website. They read about changes in legislation and best practice to keep well informed. They worked closely with other providers in the local authority and shared information and learning. They shared some training with another provider which reduced the cost for both parties.

●They worked closely with health and social care professionals on behalf of people living at the home. This was confirmed by a professional who told us, "The owners have a good working relationship with me and keep me informed if anything has happened."