Rotherham Metropolitan Borough Council

Parkhill Lodge

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?	Requires Improvement

Summary of findings

Overall summary

Parkhill Lodge is a care home providing residential care to people with learning disabilities. 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 is situated on the outskirts of Maltby, with some local facilities, such as shops and pubs, nearby. The home can accommodate up to 22 people. At the time of the inspection 20 people were living at the home.

At the last inspection, in November 2015 the service was rated 'Good' across each of the five key questions. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Park Hill Lodge' on our website at www.cqc.org.uk'. At this inspection we found the service remained Good. However, improvements were required regarding areas such as updating policies and procedures and making sure shortfalls found when checks were made were addressed in a timely manner.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. As the manager was also registered for two other council care homes they were supported by a deputy manager, who organised the day to day running of Parkhill Lodge.

We found the service continued to assess, plan for and meet people's individual and changing needs, and people were involved in making decisions about their care and support.

Staff had a clear understanding of safeguarding people, and care and support was planned and delivered in a way that ensured people were safe, without restricting their freedom. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service continued to provide safe care. Staffing arrangements had been recently adjusted to ensure there were sufficient numbers of staff available to keep people safe and the staff recruitment process continued to be robust.

Staff were trained and supported to develop their skills and provide people with the standard of care they required.

Medication was managed safely and administered by staff who had completed appropriate training.

People were supported to receive a healthy diet and they had access to relevant healthcare services when they needed to.

People's privacy, dignity and independence were maintained by staff who were caring and respectful, and knew the people they supported very well. Care and support was delivered in a person centred way that focussed on meeting each person's individual needs, aims and aspirations.

There were systems in place to continuously assess and monitor the quality of the service. This included obtaining people's views and checking staff were following the correct procedures.

There were areas of the home that needed attention. Checks carried out had identified these and actions plans formulated, but timescales were not provided due to the future of the service being under consideration. However, urgent shortfalls were being addressed and there had been no negative impact on people living at the home.

Policies, procedures and other information used to inform people using the service and staff about how it intended to operate had not been reviewed regularly to ensure they were up to date.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was well led.

There were systems in place to identify areas for improvement. However, further work was required to ensure the home was meeting expected standards.

Policies, procedures had not been reviewed regularly to ensure they were up to date.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

People were asked their opinion about their satisfaction with how the home operated.

Parkhill 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 registered 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 comprehensive inspection took place on 24 January 2018 and was unannounced. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with nine people living at Parkhill Lodge and spent time observing people going about their daily lives throughout the day. We also looked round the home's facilities, including five people's rooms, communal areas and bathing facilities.

We spoke with the registered manager, the deputy manager, a senior care worker, a cook, the handyperson and a care worker. We also requested the views of professionals who were involved with supporting people who lived at the home, such community nurses. We contacted Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at three people's care files, as well as records relating to the management of the home. This included minutes of meetings, medication records, three staff files and quality and monitoring checks carried out to ensure the home was operating to expected standards.

Good

Is the service safe?

Our findings

People told us they were well cared for and felt safe living at Parkhill Lodge. We saw staff supported people in a safe way and risk assessments were in place to enable them to live their lives as they wanted to, while remaining as safe as possible.

Staff we spoke with had a clear understanding of safeguarding people from abuse and neglect. They told us they had received training in safeguarding people, including how to recognise and report abuse. All the staff we spoke with were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. The management team was aware of the correct process to follow if any concerns were reported.

People's support files contained assessments about any potential risks pertinent to their needs and lifestyles, and these had been reviewed regularly. Assessments covered topics such as specific medical conditions, going out into the community and minimising the risk of pressure damage. They provided guidance to staff to help them manage situations in a consistent and positive way, which protected people's dignity and rights.

A fire risk assessment was in place and we saw evidence of staff and people using the service taking part in fire drills to make sure people could be evacuated safely.

Staff told us recent changes to the staffing rotas had led to staffing levels had improved, which had led to more staff on duty at key times. Staff said this ensured people's safety and enabled them to take part in their chosen activities the majority of the time. The people we spoke with confirmed staff were available when they needed support.

The recruitment and selection process continued to make sure staff recruited had the right skills and experience to support people who used the service. New employees had been subject to pre-employment checks such as making sure they did not have any criminal convictions and obtaining satisfactory written references. This helped to make sure unsuitable people were not employed.

People received their prescribed medication safely and administration had been appropriately recorded on the medication administration records [MAR] by staff. The arrangements for storing people's medicines were safe. Staff administering medication had received initial training in this topic, which included an observational competency check. Refresher training had also taken place periodically. However, arrangements for further competency checks were not in place. The deputy manager told us this would be introduced as soon as possible.

We saw staff were regularly checking the temperature of the room and fridge where medicines were stored to make sure the room was not too warm or too cold to store medication. However, the thermometer/probe used did not record the average maximum and minimum temperatures over the day, which would make monitoring more robust. Following the inspection the registered manager told us suitable thermometers

had been sourced.

Records and staff comments indicated people received medication prescribed to be given 'as and when required' [PRN] appropriately. However, we noted that PRN protocols were not in place to tell staff what the medication was prescribed for, how the person presented when they needed it or what to monitor for after it had been taken, to make sure it was effective. This was particularly important if the person is unable to verbally tell staff when they need a particular medicine. The deputy manager said they would ensure any missing PRN protocols were completed as soon as possible.

Regular audits had been carried out by senior staff to check if staff were following policies and procedures and MAR were completed correctly. The dispensing pharmacy who last assessed the home's medication practices on 11 January 2018 told us the service was meeting expected standards. They made two recommendation regarding acquiring an up to date medicine reference book and writing the date of opening on bottles and creams. They told us they had regular contact with the service and no problems had been reported.

The control and prevention of infection was managed well. We saw staff had been trained in infection control. Cleaning schedules were in place and staff were provided with appropriate personal protective equipment (PPE). Staff demonstrated a good understanding of their role in relation to maintaining high standards of hygiene.

The areas of the service we saw were clean, but some areas needed attention. For instance, one shower room had been refurbished, but the other required attention as some tiles were broken and the general appearance was tired and in need of redecoration. The deputy manager told us they had applied to have the room refurbished, but were waiting for approval to go ahead. All areas needing attention had been highlighted by the management team and passed on to the registered provider for them to action. We saw an action plan had been completed outlining the improvements needed, but no timescales for completion had been agreed at the time of our visit. Following our inspection the registered manager confirmed it had been agreed the shower room was to be refurbished and other work had been agreed.

The maintenance person told us staff highlighted things that needed attention in a maintenance book, or spoke directly to them. They described how checks were carried out to make sure equipment and systems were in good working order.

Good

Is the service effective?

Our findings

People who used the service told us they were happy living at Parkhill, and said staff delivered their care and support how they preferred. They said they could see a doctor when they wanted to and staff respected their decisions.

Everyone we spoke with told us the food served at the home was very good and we saw staff helped people to have a healthy diet. People said they chose what they had to eat and confirmed they could have something not on the set menu if they preferred. One person told us they knew what they were having for their evening meal as they had chosen it themselves, they added, "The food is lovely. It's nice food."

We saw the menu for the day was displayed in the dining area using pictures to assist people to understand the menu choices. The deputy manager told us the main meal of the day was served in the evening as people were often out in the community during the day. People told us they liked this arrangement. During our visit we saw people eating breakfast, lunch and their evening meal. Most people ate independently, but when someone needed assistance staff were readily available to help them. Mealtimes were relaxed and unhurried. At lunchtime we saw staff sat with people in the dining room to eat their meal, which people said they enjoyed.

The cook demonstrated a very good knowledge of people's individual dietary needs and preferences and told us about the alternatives certain people chose to have when there was something on the menu that they did not like.

People's support plans included detailed information about their dietary needs and the level of support they needed to make sure they received a balanced diet. Staff demonstrated a clear understanding of supporting people. For example, if someone was losing weight they said food and fluid intake charts were used to monitor what the person ate and drank, so the information could be shared with their GP or the dietician. Staff also described how food plans were used to make sure people had the correct diet and said people were weighed more regularly if staff needed to monitor any changes.

We found people's day to day health needs were being met. They had good access to healthcare services such as GPs, dentists, speech and language therapists [SALT], dieticians and hospital consultants. The staff we spoke with clearly knew when external healthcare professional were involved in someone's care and what their role was in supporting that person. Each person had a health folder that was used to share information with external services, such as at GP and hospital appointments. This gave clear information about the person. For instance, how best to communicate with them and any medical conditions.

People received care and support from staff who had the training, skills and knowledge to meet their needs. When new staff were appointed they were required to complete a structured induction to the service, which included the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. Following induction staff completed regular refresher training in line with the

registered provider's expectations. Staff told us they thought the training they received was relevant to the people they supported and met their development needs.

Staff had also attended regular supervision meetings and an annual appraisal of their work performance, these included discussions about their personal and professional development. The staff we talked with felt very well supported in their roles and said they were able to approach any member of the management team when they needed support or guidance.

Staff had received training in The Mental Capacity Act 2005 [MCA] to help them to develop the skills and knowledge to promote people's rights. Those we spoke with understood people had the right to make their own decisions and what to do if they needed assistance to make some decisions. Care files contained information about the best time for the person to make decisions, times that were not so good for them and how best to explain things to the person so they understood better.

We saw staff offered support to people and involved their relatives [where appropriate] when they made decisions. People's files contained outcomes of best interest meetings, which had included all the people involved in supporting the person in the topic being discussed. For instance, one file we looked at showed a best interest meeting had been held to discuss action needed to best support the person with a medical condition. As well as the person concerned and their relative the meeting had included staff from the home, the GP and a community psychiatric nurse. The outcome was clearly recorded.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. Members of the management team had received appropriate training in this topic and we saw DoLS applications had been appropriately made, but the service was waiting for the outcomes of submitted applications.

Each person had their own bedroom. People had been supported to personalise their rooms and told us they had chosen how they were decorated. There were different communal areas for people to use, which meant they could either spend time with others or be on their own. The deputy manager told us they were planning to develop part of the home into flats that could be used to help people become more independent. One of the people we spoke with described how plans had been made to help them develop new skills such as shopping and cooking their own food, and cleaning their own room.

Good

Is the service caring?

Our findings

We asked people about their experience of receiving care at the home. Everyone we spoke with told us were happy living at Parkhill Lodge and spoke positively about the staff and the support they delivered. They described staff as friendly, kind and caring. One person told us, "The staff are kind, they look after me well."

We saw staff supported people in an inclusive, sensitive and friendly manner, treating them with dignity and respect. They displayed a genuine affection and caring for the people they supported and everyone seemed at ease with each other. For instance, at mealtimes staff sat with people in the dining room to eat their meals together, chatting and interacting in a very homely manner. We also saw people going in and out of the office to talk to staff about their day or something they wanted to do, like going shopping.

Options and choices were routinely offered to people. For instance, people were asked what meals they preferred, what time they want to go to bed and how they wanted their room decorating. The latter was evidenced by the different rooms we looked at. Some people had chosen to have minimal personal items in their rooms, while other people had posters and lots of personal items. For instance, we saw one person's room had been designed to their specific preferences and the maintenance person had painted the wardrobe in a Dr Who theme to match the look they had chosen.

The service supported people to express their views and be involved in making decisions about their care and support. Each person had a key worker assigned to them who worked with them closely, and ensured they received appropriate care and support. Staff we spoke with were keen to make sure people made their own choices and respected the decisions they made.

People's support plans showed involvement of the person and their relatives, where appropriate. Each person had a person centred support plan which had been tailored to their individual needs and preferences. Files included a one page summary of topics such as 'What is important to me', 'what people like and admire about me' and 'how best to support me'. This information told staff about things like where the person liked to sit, what activities they liked to do and any medical conditions they had.

People's diverse needs were recognised. Staff we spoke with told us the people they supported responded to different communication methods. Staff were aware of people individual communication needs and how best to speak to each person. Information, such as the service user guide and the complaints procedure was available to people in picture format.

Staff demonstrated a good awareness of people's needs and the best way to support them, whilst maintaining and encouraging their independence. For instance, one care work told us, "We remind people that they can brush their own teeth or get dressed. Some people will let you do everything for them, but that's not good for them."

Care records outlining people's backgrounds and beliefs. Staff interacted with people positively and used their preferred names, which were also recorded in their care files. Staff told us none of the people living at

Parkhill at the time of our visit had any specific religious or cultural needs, but described how they had supported someone in the past to follow their cultural and religious beliefs.

Staff had received training in respecting people's privacy and dignity and they demonstrated their knowledge of this topic during our visit. For example, one care worker told us, "We close doors when people are on the toilet and speak to people in private, plus we always knock on doors etcetera." Another care worker said, "I speak to people in a way I would like to be spoken to. I like to make sure they [the men] are clean shaven and look nice."

The deputy manager told us all senior care workers were dignity champions, this meant they promoted dignity within the home and checked people's dignity was being maintained. Posters promoting dignity were seen in the office and the staff at the service had signed up to the 'dignity pledge' which aimed to promote a commitment to treating all people with kindness and promote respect and dignity.

At the time of our inspection no-one was receiving end of life care. However, staff told us how they had supported people in the past, they added, "It was arranged that a member of staff sat with them all the time [so they were not alone]." One care worker said this people's end of life wishes were discussed with them at care reviews, and care records reflected this.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and promoted their involvement in how their support was delivered. For instance, we found they had been involved in planning their care and recording their aims and aspirations for the future. A care worker told us that at care reviews they, "Go through [the person's] likes and dislikes say about food, go through the care plans [to see if anything had changed] and involve families too."

The service did not employ a dedicated activity person to organise and facilitate social activities and stimulation. However, the deputy manager said they had requested additional staffing hours to allow them to employ someone into this post. In the meantime care staff told us they tried to build activities into each day. On the day we visited the home some people went to a day centre, which they told us they really enjoyed doing, while other people stayed at the home. We saw one person doing a jigsaw with staff and other people chatting together. We also saw people arranging to go out shopping or to appointments.

Staff told us the social activities they arranged included, bingo, games, reading and music, as well as trips to the shops, cinema and the local country park. They said each Friday a theme night was held. For instance, an Indian theme night, which included an Indian meal for those who liked them. They said other regular activities included a physiotherapy group and a singing group. The latter included people singing to CD's and at a Christmas concert.

The deputy manager gave examples of how they were supporting people to develop their skills and become more independent. For instance, two people had moved into a part of the home which was being considered to be developed into flats, to prepare people to move out into the community. To support them in this they had devised a plan which included them received eight hours a week dedicated to subjects such as ironing clothes, cooking, cleaning, budgeting and laundry. We also saw electronic medication dispensers had been purchased to assist them to become independent in administrating their own medication.

Other equipment had also been purchased to assist people living at the home. These included clocks which told people whether it was daytime or night time and mattress sensors that turned a guiding beam of light onto the floor so people could see where they were walking if they got out of bed at night. The deputy manager also said they were looking at purchasing various sensors to enable staff to monitor people at risk more closely, while offering them as much freedom and independence as possible.

The service continued to effectively assess people's needs and support was planned and delivered in line with their individual support plan. Each person's care file provided comprehensive information about the care and support they required, as well as their preferences and daily routines. At the front of the file there was also a one page profile which gave staff an overview of the person's routines. Support plans were person centred and clearly involved people who used the service. The plans also highlighted people's abilities, so staff knew what they could do for themselves and where assistance was needed, which helped them to promote people's independence.

Overall support plans and risk assessments had been evaluated on a regular basis to make sure they were being effective in meeting the person's needs. However, we saw that although one person's file detailed their main needs it had not been updated to reflect a recent change in their care package. This had not had a detrimental effect on the person as all staff were aware of the change and were supporting them appropriately. The deputy manager said this was an oversight and they would review and update the support plans straightaway. We saw daily records were maintained about how each person had spent their day, what they had enjoyed doing and any changes in their wellbeing.

The registered provider's complaints procedure was available to people living and visiting the home, this was also available in an easy to read format using pictures to help people understand the procedure. The registered manager told us no formal complaints had been received over the last 12 months. However, we saw a system was in place to record any complaints received, actions taken and the outcomes.

People were involved and consulted about how the home was run and asked about their satisfaction in the service they received. No-one identified any complaints or concerns during our visit. The people we spoke with said if they had any concerns they would speak to one of the staff. One person added, "I'd tell a friend or staff."

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who had been registered with the Care Quality Commission since the last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was also registered for two other council care homes so a deputy manager had been appointed to organise the day to day running of the home. They were supported by senior care staff.

Staff we spoke with were committed to providing high quality care and support. They told us they were listened to by the management team and felt they could take any ideas or concerns to them. Staff felt the service was well led and the registered manager and his deputy were approachable. They told us they worked well together as a team, which they felt improved the quality of life of the people they supported. One care worker said, "It's lovely here. A fantastic staff team and lovely residents. I wake up excited to come to work."

A positive, person-centred culture was promoted. For instance, people's views were sought on a day to day basis and each person has a designated key worker who they met with to review their support.

People we spoke with said they were happy with the care and support provided, as well as the way the home was run. They told us they felt they could speak openly with staff about anything, and they would be listened to. We saw the registered provider had gained people's opinions through periodic meetings and care reviews. In the past an annual survey had been carried out, but the registered manager said this had been postponed because consultation questionnaires had been sent out to people about the future of the councils care services. He said they did not want to overload people with questionnaires. The outcome of this survey was still being collated.

Staff attended staff meetings and support sessions where they said they could share their opinions and ideas. The deputy manager told us staffs views were also gained through surveys and consultations. One care worker told us they felt well supported adding, "The deputy is brilliant, fair and supportive, she never lets things get to her, never gets irate and she keeps confidences."

We found the management team strived to keep abreast of changes and best practice. For example, managers told us they were attending a management team meeting later that week to discuss the new CQC Key Lines of Enquiry, used by us to assess if services are meeting Regulations. The deputy manager also showed us the 'Care Act file' she was working on to provide information on the Care Act to staff.

When we asked staff if there was anything they thought could be changed to make the home better, no-one identified anything they would change. However one member of staff said if there was more staff on duty more time could be given to social activities and talking to people.

Audits and checks had continued to be carried out to make sure the correct procedures had been followed. This included health and safety, dignity, the condition of the building, finance, infection control and kitchen facilities. These enabled the registered provider to monitor how the service was operating and staffs' performance. We saw there were areas of the home that needed repairing or replacing. For example, the soffits on the outside of the home were in need of attention and one of the shower rooms was in need of attention. All the areas we identified as needing improving had been highlighted by the management team or the external auditor who had visited the services shortly before out inspection. Shortfalls had been passed on to the registered provider for them to action.

We saw an action plan had been completed outlining the improvements needed, but no timescales for completion had been agreed at the time of our visit due to the consultation that was underway to determine the future plans for Parkhill Lodge and other council care homes. Therefore improvement and development plans had been delayed until the outcome of the consultation was known. However, areas in need of immediate action were being addressed to ensure the safety and comfort of people living at the home, and no negative impact on them was evident.

We saw the management team were prioritising any urgent action needed. For instance, it had been identified that there was no call system in the home, but people living there were getting older and might need to call for assistance. The deputy manager said this had led them to look at ways of addressing this without everyone having to have a call system in their room, such as the use of alert pendants and sensor mats, as these would alert staff if someone may require assistance.

Following the inspection the registered manager also sent us confirmation that the registered provider had agreed to the second shower room being refurbished, new carpets and curtains for the lounge and adjoining corridor, and asbestos found following a recent leak was to be removed.

It was noted that registered provider's policies and procedures had not been reviewed and updated since 2013, The management team told us these were currently being reviewed to make sure they reflected how the service operated, any new legal requirements and good practice guidance.