

Bowmans Lodge Limited

Palm Lodge

Inspection report

Palm Lodge
59 Kings Road
London Colney
St Albans
AL2 1ES

Tel: 01727 825820

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an unannounced inspection of Palm Lodge Residential Care Home on 2 June 2015. The home provides accommodation and personal care for up to five people with mental health needs. At the time of our inspection there were 3 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered

Summary of findings

necessary to restrict their freedom in some way, usually to protect themselves or others. The manager reported that no one living at the service was restricted in anyway under this act.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were aware of people's choices and provided people with support in a person centred way.

The provider had an appropriate recruitment process in place which ensured that qualified and experience staff were employed at the home. The provider was in the process of reviewing the process around the validation and verification of references to ensure the procedure was as robust as possible. Staff received training and support and were aware of their responsibilities when providing care and support to people at the service.

Detailed support plans were in place detailing how people wished to be supported. People were involved in making decisions about their care where possible. Care and support was reviewed regularly with the person, or whenever there was a change of needs.

People were supported to eat and drink well. People told us they were supported, to access healthcare professionals such as GP as and when required. Staff responded appropriately to peoples' changing needs by accessing support as required.

Medication was administered by staff who had received training on the safe administration of medication.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Staff had been trained in safeguarding and were aware of the processes that were to be followed if abuse was suspected.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff knew how to recognise and report abuse.

Medicines were managed appropriately.

Good



Is the service effective?

The service was effective

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink to maintain good health.

Good



Is the service caring?

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive

Staff were aware of people's support needs, their interests and preferences and were therefore able to provide a personalised service.

People were provided with regular opportunities to raise any concerns that they may have.

Good



Is the service well-led?

The service was well led

The provider and manager demonstrated open and transparent leadership

Staff felt comfortable discussing any concerns with their manager.

The manager regularly checked the quality of the service provided

Good



Palm 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 June 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service which included information we had received from the local

authority and the provider since the last inspection, including notifications of incidents and action plans. A notification is information about important events which the provider is required to send us.

During our inspection we spoke with three people who used the service, the manager of the home, the provider and four care and support staff. We reviewed the care records of three people that used the service, reviewed the records for three staff and records relating to the management of the service.

We contacted two healthcare professionals involved with the service in order to gain feedback from them on the quality of care provided by the home. We received feedback which indicated that overall there was no concerns at the service.

Is the service safe?

Our findings

A person told us they were "safe living at the service". Another person said "we are able to live our lives in an unrestricted way but are still kept safe". This demonstrated that people were encouraged to take risks but in a balanced way which ensured people's safety was maintained.

People using the service told us they felt the management and staff took their safety seriously. A person told us "not only were they safe in the home, but a person told us they felt safe in the community".

People who lived at Palm Lodge told us they were protected from harm by staff and other people who used the service and that they all got on well in the house, and they all looked out for each other.

Staff had received training in safeguarding people from abuse and they were able to describe their responsibilities how keep people protected from avoidable harm. We saw evidence that procedures for safeguarding and whistleblowing were discussed in staff meetings and supervision to make sure staff were aware of the correct procedure to follow in case they suspected any form of abuse.

We saw that each person had individual risk assessments, which contained information on risks specific to them. For example, one person told us they went to work in a local wood recycling service and had a risk assessment in place to assess any potential risks. Where risks were identified a risk management plan was put in place, showing the measures staff should take to reduce and or minimise the risk of harm to the person.

There were weekly communication records which were completed for people and these also documented any risks and showed that staff followed risk management plans to keep people safe.

People who lived at Palm lodge were independent and were able to carry out tasks with minimal support from staff. This was reflected in their risk assessments and they were supported to maintain their independence whilst keeping safe. Staff told us that the management tried to promote a balance between managing risk and independence

Accident and incident records showed that the provider responded appropriately to incidents and used the information to update risk assessments and management plans where necessary.

We saw that staff held regular meetings to share information at the beginning and end of each shift. This ensured that staff were aware of any change in people's health or risk and helped to keep people safe.

We saw that the home had environmental risk assessments in place including fire risk assessments. The provider had arrangements in place for people who used the service to be provided with local shelter in the event of fire or flood damage to the home.

There were sufficient numbers of staff available to meet people's needs safely. People we spoke with told us that there were "enough staff in the home to support us". People told us that staff were available by phone if they were not at the service and could get to the service within a few minutes. This process ensured people's continued safety while allowing people personal space to develop their abilities with a view of moving to a more independent living resource in the future.

The provider had recruitment procedures in place to make sure appropriate checks were carried out before new staff started work. This process included the completion of an application form, disclosure and barring checks (DBS), and references from previous employers. The provider was in the process of reviewing the process around the validation and verification of references to strengthen the recruitment policy. These checks by the provider helped to protect people from the risks of being cared for by unsuitable staff, and ensured potential staff were suitable and qualified for the roles they were being recruited to.

We were told that medication was only administered by staff who had received training on the safe administration of medication. The provider and manager talked us through the process for the safe administration of medication. We saw that staff had 'competency checks' twice a year to ensure they were still competent to administer medication. People's medication records had been appropriately completed to show when medication was given to people in accordance with the prescriber's instructions. Medication was stored safely in locked cabinets. There had been a recent audit of medication and no issues of concern were identified.

Is the service effective?

Our findings

One person told us that staff were “good”. They said “I only have to mention something, and it is done”. Another person said “I think they have everything covered”.

People received care and support from staff that were knowledgeable about their needs. The manager told us about their in-depth knowledge, experience and interest in the care of people with mental health or associated conditions. This reinforced an effective and appropriate approach in the delivery of care and support.

Staff told us they were “satisfied with their training which they had received”, following the training they gained and enhanced their skills to provide effective care and support to people. Another person told us the training was “relevant to their roles”. Staff told us they got regular updates in training for topics such as fire safety, equality and diversity.g.

We saw evidence that staff received supervision approximately two-monthly, in which they discussed their responsibilities, performance, objectives and training requirements. These all helped to ensure that staff were equipped with the right knowledge and skills to do their jobs.

Staff and people told us they had access to other professionals and were able to make referrals if required. An example of this was support from the local community health colleagues, GP’s and dentists. We saw evidence that people were supported to attend healthcare and Hospital appointments.

Staff were aware of their responsibilities under the Deprivation of Liberty Safeguards (DoLS), as to when a person can be considered to be deprived of their liberty and the action the provider is required to take. The service had a policy and procedure that covered the importance of

considering less restrictive alternatives and the reporting and recording that would need to take place. At the time of our visit, nobody living at the service was being deprived of their liberty.

The Provider and registered manager told us they assessed people’s capacity to make significant decisions about their care and acted accordingly. For example, if a person had the capacity to make most decisions, but needed support with other more complex decisions.[TN1] A person told us that they were able to discuss these decisions with relevant healthcare professionals if required.

Staff told us they always sought people’s consent before carrying out care tasks and did not continue if the person had not given consent. People were able to give consent verbally and had written agreements on file showing they had discussed their care and support with managers and had agreed and consented to their support plans.

People told us they had “good home cooked food” which was mostly cooked by the manager.

There wasn’t a set menu but a choice of food was provided. People told us they were “encouraged to eat a nutritious and a balanced diet”. Breakfast was available on a self-service basis and people were able to help themselves to a selection of cereals and toast and a selection of hot and cold drinks. Drinks and snacks were available at all times and people were able to help themselves as required. People were provided with a hot home cooked evening meal daily. There were no special dietary requirements at the time of our inspection, but the manager told us they would cater for any special diets if required.

The home was an adapted house. There were no wheelchair users at the service but the home was accessible and well maintained. There was a large garden, a small communal lounge with a television and a smaller quiet room, so people could choose to spend their time with others or more privately. The manager told us people who used the service chose the décor in their bedrooms. We observed people had personal items which identified individual’s personalities.

Is the service caring?

Our findings

During our visit, we observed staff interacting positively with people, chatting and doing activities.

We noted that staff spoke to people in a respectful tone, giving them enough time to understand and respond. They asked questions that showed they were taking an interest in what people were doing, their plans for the day and their hobbies. Staff were aware of people's preferences and interests, as well as their health and support needs. This showed that staff knew people well and were aware of the importance to value each individual.

We saw that staff acted in a compassionate way. People told us staff were very "supportive and kind". People spoke about their experiences living at Palm Lodge and another person said staff were "very caring".

Care plans contained detailed information about how people should be supported. The manager told us they were very aware of people's changing care needs and also how best to identify changes to people's care and support. This included observations around people's behaviours and interactions within the home.

Care plans showed that staff responsible for care planning had obtained people's views, and this was confirmed by

people who used the service. People told us that they had been asked to read their care plan and if they were in agreement they were asked to sign it, if they did not agree they could request an amendment.

People could access advocacy services, although people told us that they had not required an advocate because staff had always supported them appropriately. We saw records of residents meetings where all aspects of the running of the home were able to be discussed. An example was around discussing social events, hobbies, and planning the annual summer BBQ for people, relatives and friends of the service.

People told us that staff were respectful of people's privacy and dignity. Staff told us people held keys to the home and their individual bedrooms, which were kept closed during our visit regardless of whether people were using their rooms. We observed that staff supported people to maintain a neat and tidy appearance.

People and staff at the service told us people were encouraged and supported to maintain relationships with family, friends and people who have been involved in their lives and with whom they wished to remain in contact with. There were no restrictions on visiting and staff told us that visitors were welcomed at all times.

Is the service responsive?

Our findings

The home was responsive to people's changing care and social needs. A person told us "they know what's going on at all times". They said they "responded quickly to any changes".

Care and support was planned and delivered in accordance with their personalised care needs.

A person told us "they are very good here; they help you with whatever you need". People told us that staff were "very switched on" when it came to "picking up vibes". The manager told us that the needs of people who used the service was very "specialised" and that staff had the skills and expertise to be responsive to needs that were consistently changing and under review.

We saw that people's needs had been assessed and the assessments were used to inform care plans. The manager told us they knew the people who lived at Palm Lodge very well and knew their every need. This was observed throughout the day and people who lived at the service confirmed this. When there was a change this was amended by way of review and was recorded in the weekly communication log in people's individual files. This meant staff had access to up to date information about people's needs.

People told us that they lived independently and that their care plans provided a "structure". Care plans did not contain much information about life histories. However people told us this was not a negative factor.

The provider and manager demonstrated a person-centred strategy, which was intended to ensure that people who used the service received care and support that met their individual needs and enabled them to live their life in a non-restrictive way.

People told us they "go out and about all the time". We saw that people were supported to access voluntary work placements in the community and to attend a number of specialist projects which were of interest to them. For example one person attended a 'Gardening project', and another attended a voluntary work placement a couple of times a week. This reduced the risk of isolation and supported people with integration, and development of social skills.

The provider had also had Wi-Fi installed at the home to enable people to become computer literate and to be able to explore hobbies and opportunities that may be of interest to them.

Within the home activities were provided twice weekly, and people were able to watch TV, listen to radio, music or read. People told us they were occasionally taken out for meals, went out cycling or fishing and were able to involve themselves in hobbies that they were interested in.

People using the service were aware of the complaints procedure within the home. This was provided to them in the resident's information packs, when people came to live at the service.

People we spoke with told us that they had not had cause to complain but knew they would raise any concerns with the manager of the home and were confident that their concerns would be addressed quickly. One person told us that they had a small issue some time ago and had spoken to the manager about this. The person told us the issue had improved and was confident this was as a result of appropriate action by the manager.

We saw that the provider had a detailed complaints policy in place and that people were kept informed of developments if complaints were received.

Is the service well-led?

Our findings

One person told us that the manager was, “very capable and ran a good home” Staff echoed this and told us “they really do care”. They are so involved and run a “good home”. They are so “normal” and do not “set themselves apart from the staff”.

Staff told us that the service was “well led and well managed”. There were regular meetings for people who used the service and staff to attend to discuss anything they wanted to. This demonstrated a willingness by the provider and manager to involve staff and people and afforded them a meaningful opportunity to have their say and influence in how the service was delivered.

A person told us “that they had been asked if they were happy with the service they received” and that they were always given opportunities to express their views when they wanted or needed to.

Staff told us the home had a welcoming culture and that in particular the provider and manager led by example.

People told us that the provider and manager were approachable and that they “always listen to what people have to say”. Staff said they were able to raise any issues they wanted to discuss at staff meetings, for example, around planning events for people outside the home, and were provided with minutes and actions from the meetings.

Staff told us that it was a small family type home and management were very supportive. Staff said they were well supported and really enjoyed working at the home. Staff said they “worked well as a team” and were supportive of each other”.

The manager was able to demonstrate how they embedded a positive culture within the home, which was clearly visible during this inspection and from feedback received from people who lived at Palm Lodge.

The philosophy of the home was to provide a fulfilling life by the development of personal skills and abilities and to ensure that people were at the centre of all decisions that were made regarding the running of the home.

The provider and manager were ‘open’ to improvements to the service. They demonstrated that they were consistently driving improvements to achieve a better standard of care for the people living in the home. For example, we saw that recruitment procedures were being reviewed as they had learned from previous experience and were committed to making the policy as robust as it could be. They also focused on accountability and ensured people were accountable and responsible for their actions.

Staff said they felt great job satisfaction working at the home. They said that they knew their roles within the home and the importance of providing a high standard of care. Staff were aware of the Whistleblowing policy and were encouraged to speak out if there were any areas of concerns.

The provider carried out regular quality checks within the home. These included checks of the premises, care plans and medicines administration records. Action plans were put in place to remedy anything that was below the expected standard.

Quality Monitoring questionnaires had been given to people to enable them to share their views and experiences, and to provide feedback about the home. The provider had also recently carried out a quality audit on the home. The comments and feedback was positive and indicated that people felt they were listened to by the provider.

We saw that people knew the manager well and they were visible and accessible to people. They encouraged open and transparent communication within the home. The home had robust systems in place to ensure that documentation and records within the home was accessible and up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.