

# Liberty Healthcare Solutions Limited

## Park Farm 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?	Good ●

# Summary of findings

## Overall summary

Park Farm Lodge 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. Park Farm Lodge is registered to provide support for up to 80 people. At the time of our inspection visit, 72 people were living there. Park Farm Lodge is a purpose built care home split over two floors. The ground floor accommodates people primarily with nursing care needs and physical disabilities; and people living with dementia are accommodated on the first floor. There are communal lounges and dining rooms on both floors, and a central secure garden area that people can access.

This unannounced inspection visit took place on 1 and 2 February 2018. Our last inspection was on 31 January and 1 February 2017, and at that time the overall rating of the service was 'Requires Improvement.' We found that improvements were needed to ensure the service was consistently effective and responsive for all the people that lived there. At this inspection, the overall rating has improved to 'Good' in all five key questions.

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.

People were protected from harm by staff who understood how to safeguard people. Risks were assessed, managed and reviewed. There were enough staff to keep people safe, and the provider followed safe recruitment processes. Medicines were managed safely, and people were protected by the prevention and control of infection. Lessons were learnt and improvements made when incidents occurred.

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. People's needs were assessed and support was given in line with evidence-based guidance. Staff had the knowledge and skills needed to provide effective care for people. People's nutritional needs were met, and they were supported to access healthcare services. The layout of the building was accessible for the people who lived there.

Staff were caring and compassionate in the way they supported people who used the service. People's privacy was respected and their dignity and independence was promoted. People were enabled to direct the care they received, and staff listened to them. Visitors were encouraged and people were able to maintain relationships that were important to them.

People received care that was personal to them and responded to their needs. They were able to participate in activities they enjoyed in the home and community. People were involved in the planning and reviewing

of their care, and the records supported staff to offer individual support to them. People and their relatives were confident in raising issues or concerns, and the provider responded to these in a timely manner.

The registered manager was supported by senior staff and the roles staff had were clear to people. The provider was committed to making improvements in the home, and involved people with these plans. Staff were motivated in their work and supported to carry out their roles. People and staff were encouraged to be involved in the development of the service, and their feedback was listened to and acted upon. The registered manager understood their responsibilities as a registered person.

## 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.

People were protected from harm by staff who understood how to safeguard people. Risks to individuals were identified and managed. There were enough staff to keep people safe, and the provider followed safe recruitment processes. Medicines were managed safely, and people were protected by the prevention and control of infection. The provider took action and improvements were made when incidents occurred.

### Is the service effective?

Good ●

The service was effective.

Staff supported people to make decisions. When people were not able to make certain decisions for themselves, the necessary legal requirements were followed. Staff understood how this influenced their role. People's needs were assessed and support was given in line with evidence-based guidance. Staff had the knowledge and skills needed to provide effective care for people. People's nutritional needs were met and they were supported to access healthcare services. The layout of the building was accessible for people.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and compassionate in the way they supported people who used the service. People's privacy was respected and their dignity and independence was promoted. People were enabled to direct the care they received, and staff listened to them. Visitors were encouraged and people were able to maintain relationships that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was personal to them and responded to their changing needs. They were able to participate in

activities they enjoyed in the home and community. People were involved in the planning and reviewing of their care, and the records enabled staff to offer individual support to them. People and their relatives were confident in raising issues or concerns, and the provider responded to these in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager was supported by senior staff and the roles staff had were clear to people. The provider was committed to making improvements in the home, and involved people with these plans. Staff were motivated in their work and supported to carry out their roles. People and staff were encouraged to be involved in the development of the service, and their feedback was listened to and acted upon. The registered manager understood their responsibilities as a registered person.

# Park Farm Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 1 and 2 February 2018 and the first day of our inspection was unannounced. The inspection team consisted of one inspector (for both days) and an expert by experience (for the first day.) An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. As part of our planning, we also reviewed information we received from the local authority quality monitoring officers, the food standards agency and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit, we used a range of methods to help us understand people's experience of living at the home. We spoke with 18 people who used the service and 12 visiting relatives or friends. We also spoke with one visiting community professional. Some people who lived at Park Farm Lodge were not able to have a conversation with us due to their complex needs and limited verbal communication skills. We therefore spent time observing how staff interacted with people who used the service and watched how staff supported people and cared for them.

We also spoke with seven care staff, an activities co-ordinator, three nurses, the registered manager and the managing director. We looked at five care plans to see if they were up to date and accurate, as well as the communication logs, daily records and staff rotas. We reviewed three staff files to see how staff were recruited and records relating to the management of the service. This included audits the registered

manager had in place to ensure the quality of the service was continuously monitored and reviewed.

# Is the service safe?

## Our findings

People were protected from harm, and were safe living at Park Farm Lodge. One person told us, "There is nothing for me to worry about; I'm certainly safe here." One relative commented, "I know that even when I'm not here my relation is safe. I am reassured by the staff, and have peace of mind. If I did have any concerns I would report them straight away." People were protected from abuse by staff who understood their responsibilities to safeguard people. One staff member said, "We all have to have training to make sure we understand about this. We know what to look out for that may be a concern and would raise any issues with the senior, nurse or manager." Another staff member added, "Anyone of us can ring up the safeguarding team if needed; it's the responsibility we have to put the people who live here first." Staff demonstrated their awareness of the various situations that would be considered as abuse, and were confident that their concerns would be taken seriously by the management team. We saw the registered manager had had made referrals to the relevant authorities as required and had taken action when needed.

Risks to people were managed so they were supported to be safe. Some people needed to use equipment so they could move safely, for example from their armchair to a wheelchair. We observed staff follow the guidance to ensure this was done in the correct way. People were reassured by staff when this was happening and they explained to people what they were doing. One staff member told us, "We aren't allowed to use the hoists until we have had the training; and if two staff are needed to transfer people, then we always have two." We saw that staff had access to the equipment they needed and that this was regularly maintained to ensure it remained safe for use. Some people were at risk of developing sore skin. Staff demonstrated their understanding as to how this risk could be managed. One staff member told us, "There are people who need to be repositioned at regular times, and we have to note this to record that it has been done." We saw that when people were identified to be at risk, specialist equipment was in place. For example, cushions and mattresses, and these were set according to the manufacturer's recommendations.

Some people who used the service could become anxious and would not understand how this could impact on others. Staff were given guidance on how to manage these situations, and we observed staff offer reassurance and assistance to people as needed. One staff member explained, "Very often people can be frightened about things, and it's important that we are around to speak with people. It may be that talking about their previous work or things that are important to them will be enough to calm them." When incidents had occurred, these were reported and then reflected on. Actions were then put in place to try to reduce the situation re-occurring.

There were enough staff available to meet people's needs and keep them safe. One person told us, "The staff respond promptly if I call them." One relative commented, "There are enough staff on duty; they are busy, but will be there." Another visitor said, "What I like is that there is always a member of care staff available in the lounges, so there is someone available to be with people and keep an eye on things." We saw that the staffing levels were based on needs, rather than the numbers of people using the service. These dependency guides were reviewed and updated to reflect any changes. Staff were informed about the people they would be supporting at the start of their shift, and this gave clarity about the area of the home they would be working in. We saw that staff would be flexible during their shift, and would assist other staff



when needed. We checked to see how staff were recruited. One staff member told us, "I was not able to start until my references and DBS check were all back." The Disclosure and Barring Service (DBS) is a national agency that assists employers make safer recruitment decisions and prevents unsuitable people from working in services. The records we reviewed confirmed that the necessary pre-employment checks were carried out to ensure the provider had safe recruitment processes in place.

People received their medicines as prescribed. One person told us, "The staff will always wait with me while I take my tablets. They make sure I have them every day, just as the doctor ordered." We observed staff administering people's medicines. We saw one staff member politely request that they were not disturbed while they were giving people their medicines; demonstrating they understood the importance of concentrating on the task they were doing. People were offered a drink and we saw that staff took their time to ensure people had swallowed their medicines. Only staff who had received training were able to give people their medicines. When people were prescribed medicines 'as required' rather than every day, we saw that guidance was available so staff understood when this should be administered. Medicines were kept securely and according to the manufacturers recommendations. Medicine administration records were up to date and complete, and the stock levels we checked were correct.

People were protected by the prevention and control of infection. There were dedicated domestic staff, and one relative commented, "The cleaners are always about and it's a pleasant environment for my relation to live in." The provider had a 'resident of the day' system in place, and on that day, a deep clean of their room would occur. Staff confirmed they had easy access to any personal protective equipment they needed, such as gloves and aprons, and demonstrated an awareness of how to minimise this risk. The home had a good rating of four stars from the food standards agency, demonstrating that systems were in place to manage hygiene in the kitchen area.

Staff reflected on their practice and made improvements when incidents had occurred. For example, we were told about a situation that had been resolved for one person who used the service. The changes that had been put into place had resulted in a certain incident not re-occurring. One staff member told us, "It didn't take much to sort it out, just a bit of re-thinking of how we did things; and it's much better for the person now." This demonstrated the provider reflected and learnt from incidents.

# Is the service effective?

## Our findings

At our last inspection in February 2017, we rated this key question as 'Requires Improvement.' We found that the staff team needed to increase their knowledge and understanding about the Mental Capacity Act 2005 (MCA), and how this influenced their role and the care they gave to people. The MCA provides the legal framework for making particular decisions on behalf of people who may lack the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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. The application for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

At this inspection, we found the required improvements had been made. Staff had received further training to increase their knowledge of the MCA, and the staff we spoke with were able to show how they put this into practice. One staff member told us, "Some of the people who live here don't understand why certain things have to happen; they may be reluctant to bath or shower. We then have to decide what would be the best thing for them. It may be that we have to go back to them at a different time; or they may be happier with another carer. There are situations that we have to discuss things with their families to work out what is in their best interests." Another staff member explained, "We are depriving some people of their freedom, but have to for their wellbeing; we need to protect them. Some people may have bed rails which are important to keep them safe, even if they are not aware why." We saw that assessments were undertaken to determine if decisions were in people's best interests. When people were being restricted, DoLS applications had been made to ensure this was legally authorised. Some authorisations had been granted, and the provider had notified us of this as required by their registration with us.

People were supported to make decisions about their care, and staff would seek their agreement. One person told us, "The staff will always ask me first before anything happens." We observed staff seek people's consent prior to assisting them. Staff were able to explain how they would involve people in making decisions. For example, by offering options to choose from. One staff member commented, "We can't force people to do things they don't want to do and have to respect their choices; but we can offer help so people can make their own decisions."

People's needs were assessed and their care was given in line with current guidance. For example, the registered manager had been working closely with a research project whose aim was to improve the outcomes for people living with dementia. The whole staff team, relatives and people who used the service were involved with this. One staff member told us, "It is really exciting, and I know that it will make a difference for the people living here; it will reduce isolation for people. Everyone is positive about it." We also saw that staff worked in partnership with external professional teams. For example, if people had specialist diets or required support with their mobility. Staff demonstrated their awareness of any recommendations and followed these for individuals.

People were supported by staff who had the knowledge and skills needed to provide effective care. One

person said, "The staff are trained well and know what I need." One relative commented, "The staff know what they are doing; they will use their initiative and are on the ball." Staff received an induction when they started working at the home. One staff member told us, "There was a full day of being shown where everything was and knowing the important things like fire safety. Then after that I spent time working with the other staff, observing how things were done. I wasn't included in the staff numbers. I then teamed up with more experienced staff until I was confident to be on my own. It prepared me well and gave the residents time to get to know me." We saw that when agency staff were used, they were given the information they needed to perform their roles effectively. Staff were able to access ongoing training to develop their skills and keep up to date with current good practice guidelines. One staff member said, "Things change over time, but they are good at making sure we have the training we need." Staff confirmed that their competencies were checked and they completed annual appraisals with senior staff.

People enjoyed the food, and one person told us, "I like the food." Another person commented, "We get a choice all the time." The provider had changed the suppliers they used for meals. We saw that people who used the service and their relatives had been involved with this decision. Tasting sessions had been arranged and people were asked for their feedback. The registered manager told us, "It has gone really well; there was no negative feedback. People like the options available, and we know there is greater choice for people with specialist diets." One staff member explained, "One of the residents used to really like bacon sandwiches, but was not able to have this because of the risk. Now they can have a modified one; so it's got all the taste and they really enjoy it."

We observed the lunchtime meal, and people received support to eat when needed. Some people ate their meals in the dining areas, and others stayed in their rooms. Staff were aware of the people who had specific dietary requirements, and followed recommendations when people were at risk of choking. People had ready access to drinks and were offered a variety of choices throughout the day. One person commented, "They are ever so good and if I need a drink will bring it at any time." People's food and drink intake and weights were monitored if needed. We saw that actions were taken if people were at risk of not maintaining a balanced diet.

People received ongoing healthcare support. One person told us, "The doctor visits each week." Another person commented, "The office will arrange hospital appointments for me when needed." We saw that referrals had been made to various healthcare professionals in a timely manner. One relative said, "They are good at taking action when my relation's health needs change; and they will keep me informed and updated." Staff were aware of any recommendations made to promote people's physical wellbeing and followed the guidance given.

Park Farm Lodge is a purpose built care home. There are various communal areas on both floors that people can use. The building is accessible for people to move around safely. One relative commented, "The layout is good; cheerful but also clutter free and user friendly." People were able to personalise their rooms and decorate them to their taste. The provider had made various improvements to the environment and had an ongoing plan of work in place. People who used the service and their relatives were involved with these decisions, which included the building of a conservatory in the garden area. One relative told us, "It will be great when that is done, give people more options and mean that we have a larger area when there is a big event or party going on." People were able to access the secure garden area, and work was in progress to improve this for people who used the service.

## Is the service caring?

### Our findings

People were supported in a kind and compassionate manner by staff who were caring. One person told us, "The staff take time to treat me as an individual." And another person commented, "The staff are interested in me as a person; we chat about my experiences in the past." People who used the service described how staff would listen to them and talk to them in a meaningful way. All the interactions we observed demonstrated that staff knew people well and respected them as individuals. We observed staff use different ways of communicating with people to help them to understand. For example, they would show people items to help them to make choices. We also saw staff offer a reassuring touch or words to people if they were upset.

Staff supported people to be involved in making decisions about their care. One person told us, "I can chose when to get up; I'm a morning person." We observed people guiding staff as to where they wanted to sit, and staff would offer people choices about which room they wanted to be in. Staff were available in the lounge areas to respond to people's requests. When people were cared for in their rooms, they had access to call bells, and staff responded promptly to these. We saw that staff had time to interact with people who used the service, and would converse with them when offering support.

People's privacy was respected. One person told us, "I have a key to my room and can lock it if I want." People confirmed that staff would knock on their bedroom doors before entering, and we saw that their records were kept securely to ensure confidentiality. We observed staff asking people discreetly about the support they required. Staff understood how to care for people in a dignified way. One person commented, "They make sure they use towels around me [when assisting with personal care]; they don't expose me." One staff member explained, "We will make sure the doors are shut when we are supporting people so that no one else can just walk in."

People's independence was promoted. One person told us, "I do what I can for myself; the staff are there if I need some help." And one relative commented, "I have never seen anyone being stopped or discouraged from doing something; and the staff are there to make sure it's safe." One staff member said, "Its important we try to keep people as independent as possible; for some it may be they can only really be involved with getting dressed, but we look at what people can do and how they can be involved."

Visitors were made to feel welcome. One relative commented, "We can visit at any time; and we are offered refreshments." We saw that visitors arrived throughout the day, and the signing in book confirmed that people came in the evenings and weekends. We saw that links were made with the local community, and people were enabled to attend different events. This demonstrated that people were able to maintain relationships that were important to them.

## Is the service responsive?

### Our findings

At our previous inspection, we rated this key question as 'Requires Improvement.' We found that people did not always receive care that considered their wishes. At this inspection, we found that improvements had been made. People now received care that was more personal to them. Staff were readily available to respond to people's requests. One relative commented, "There is always someone around, and they will call into my relation's room regularly to see if there is anything they need." We saw there were now staff available in the lounge areas to support people when needed. We observed staff ask people what they would like to watch on the television, or if they would like the music they were listening to changed. We had also reported that the support people received was based on people's routines and tended to be task focused; staff did not always have the opportunity to give time to people. At this inspection, people told us how the staff would spend time with them aside from when they were supporting with personal care tasks. One person commented, "I really enjoy the time when the carers spend a moment to speak with me; I really enjoy our chats."

At our previous inspection, we also found that improvements were needed to ensure that people were able to consistently participate in activities they enjoyed. Again, at this inspection, we found the necessary improvements had been made. One person told us, "I like to read the newspaper and get it without fail." Another person commented, "I go to the pub and the library comes round." One relative said, "There are always lots of things going on, and my relation is encouraged to join in." We saw that people were supported to go to the local community centre, and various activities were arranged within the home. There was an activity co-ordinator in post, and the provider was in the process of appointing a second one. People we spoke with told us how they arranged various events. We saw that this staff member kept records to identify who had participated in what, and they commented, "I'm still working on the best way to record this; but I'm able to see if people haven't had the chance to do things and then I can sort that out with them." The provider was in the process of implementing a specific programme for people who were living with dementia. One of the communal lounges was being adapted for this use. One staff member explained, "All the people who live here will benefit from this and we will be able to support small groups of people in various ways."

People and those that were important to them had been involved in the planning of their care. When people first moved to Park Farm Lodge, a pre-admission assessment was completed. This identified the key areas of people's needs. A full care plan was then drawn up, which included information about people's life histories, things that were important to them, and how they should receive support. One relative told us, "It took some time to gather all the information that was needed, but it does give staff all the details they need to provide care for my relation." Staff we spoke with confirmed that they found the care plans helpful documents. One staff member commented, "They can really help us understand the whole person; likes and dislikes; how they communicate; and everything we need." The records we looked at showed how the provider had considered people's protected characteristics. For example, their sexuality, race and religion. One staff member explained, "It's important we know about these things so we can support people in a personalised way."

We saw that people were involved in the reviewing of their care. Staff were given a 'resident of the day', which meant they would sit with that person and ensure their needs were accurately reflected within their care plan. More formal reviews also took place. One relative told us, "We have a review about twice a year, and can discuss any changes. And I know I can talk to any of the staff at other times in needed." A visiting professional commented, "Whenever I come for the reviews, the staff are available to attend and they will always have the information needed. I find that they are very open to looking at how to improve the experiences for people and will put changes into place quickly."

The provider was in the process of implementing a new care planning system. This had involved people who used the service, their relatives and staff. The registered manager explained, "By using this technology, the staff will be able to spend more time with people rather than completing records. It will take some time until it is all in place, but will help." They explained how people would be able to access their records and how the care plans could be adapted for people. For example, if they needed information in larger print or different formats.

The provider had a policy in place regarding equality, diversity and inclusion. This described how they would 'celebrate differences between individuals.' This clearly stated how the provider would not assume that everyone would need or want the same support. It also described how the care people received would be influenced by the person's gender, culture and other characteristics. The provider had a zero tolerance policy regarding any form of discrimination. Staff we spoke with were aware of this and one staff member told us, "Everyone who lives and works here is different; we all respect that. If someone didn't, that would be taken seriously and there would be action."

People and their relatives knew how to raise concerns or complaints, and were confident to do this. One person told us, "I have no complaints, but should I have any, I would just speak with the staff." And one relative commented, "If I have any issues, I just speak to the manager; they have an open door policy." We saw that when complaints had been made, the provider had taken action and followed the policy that was in place. The registered manager monitored the feedback they received, and used this information to make improvements.

At the time of our inspection, the provider was not supporting people with end of life care. However, we saw that systems were in place to ensure that if people needed this support, their needs were identified, and their wishes responded to.

## Is the service well-led?

### Our findings

There was a registered manager in post, and the service was well led. One relative told us, "The staff team work well together, and the leadership is in place. People know what they are doing and what is expected of them." People knew who the registered manager was, and confirmed they found them approachable. One person commented, "We see the manager around most days, and we also see [the provider]. They know me and always ask how things are going and if there is anything else that can be done." Staff we spoke with enjoyed working at Park Farm Lodge. One staff member commented, "I love my job; the best bit is spending time supporting the people who live here." The registered manager was supported in their role by clinical leads and senior staff, and the provider encouraged cross working with the management of their other home.

The provider had purchased Park Farm Lodge in January 2017, and people were positive about this. One relative told us, "There has been more investment in the home; new bigger televisions, curtains and rooms re-decorated. It is more accessible for the residents. There have been positive changes over the last year." One visiting professional commented, "Things are working better now than previously, and I've noticed a difference in the last 12 months. I'm confident that when issues are raised, they will address them and come up with solutions."

Staff were supported in their roles. One staff member told us, "We all get regular supervision sessions where we can discuss our development, and any issues we may have. These are helpful; I'm listened to." Staff were also able to attend regular meetings. Another staff member commented, "We are asked for ideas for how we can develop the service and if we have any suggestions for making improvements." Staff were also aware of the whistle blowing policy. This is a policy that supports staff should they need to raise concerns about the conduct of their colleagues. One staff member told us, "I've not had to use this here, but would do if I needed to report any concerns." This demonstrated that the provider promoted a positive, open culture within the home.

The provider encouraged feedback from people who used the service and their relatives. There were regular meetings to attend, and surveys were sent out to gather people's feedback about their experiences. We saw that people were kept up to date about any changes and proposed improvements. The provider had also set up a steering group for relatives of people who used the service. They told us, "It has helped people feel even more involved and able to influence the changes we are proposing."

The registered manager and provider were committed to delivering high quality care for people who used the service. The registered manager told us, "There will always be things that we can learn from and improve, and a lot has happened so far. We want to work with people and their families, as well as the staff to continue with these improvements." We found that the provider worked in partnership with other agencies, such as the local authority and clinical commissioning group. We saw there were effective systems in place to monitor the quality of the service. This included audits for medicines, accidents and incidents, checks on the environment, as well as observations on staff practice at day and night time. The provider had implemented a programme of refurbishment and maintenance in the home. We saw that actions were

taken as a result of these audits to drive continuous improvement.

The registered manager understood their responsibilities as a registered person. They had informed us about any significant events that had taken place within the service. They kept up to date about any changes regarding the current regulatory guidance. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the reception area.