

Jiva Healthcare Limited

Park Lodge

Inspection report

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27 June 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Park Lodge provides accommodation and support for up to 13 people who have mental health and emotional needs in a supported living scheme. At the time of the inspection 11 people, ranging from 22 to 67 years of age, were being supported in a detached older building in a residential area of Eastbourne. There were eight rooms in the main building and a communal lounge, bathrooms and kitchen and, five flats in the extension to the rear that have their own kitchen area and bathroom. In May 2017 the service transitioned from a residential care service to a supported living service. 'Supported living' refers to an arrangement whereby people have separate arrangements for their tenancy and their care and gives people choice in receiving care centred around them and where they live.

This inspection took place on 22 and 27 June 2017. It was an announced visit, which meant the service was given 24 hours notice, to ensure staff were available to facilitate the inspection.

A registered manager had not been in place since March 2017. A manager had been appointed and had submitted an application to become the registered manager. 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.

Park Lodge was, until 22 May 2017, registered with CQC as a residential care home and a Deprivation of Liberty Safeguards (DoLS) had been in place for one person. The CQC is required by law to monitor the operation of DoLS which applies to care homes but, in a community based service, like supported living; it is the provider's responsibility to ensure they act in accordance to the law. An application had been made by the local authority to the Court of Protection for ongoing support for this person. This was not in place at the time of the inspection; although the management and staff had attended training in the Mental Capacity Act 2005 and DoLS and were aware of current guidance to ensure people were protected.

The provider had reviewed their quality assurance system as part of their change of registration. It was not effective in terms of identifying areas where improvements were needed; such as updating the support plans and staff training and, processes to monitor the support provided were not in place. The manager had developed a transition plan, which identified areas that needed to be addressed and included timescales for their completion. This was discussed during the inspection and sent to us afterwards.

Staff had a good understanding of people's needs and explained how they supported people to be independent, make choices and have control over their lives. People and staff were relaxed and comfortable with each other and communication was friendly and on first name terms.

Staff had attended safeguarding training. If they had any concerns they reported them immediately to the manager or senior staff, who were on call evenings and at weekends. Medicines were managed appropriately; staff had attended training and had been assessed before they were able to support people

with medicines.

Environmental risk assessments had been completed to identify any risk in the home to people and staff and to reduce them as much as possible. For example, when people cooked their own meals in the communal kitchen.

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.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and there was guidance for staff to follow.

Recruitment procedures were robust to ensure only suitable people provided support.

Medicine management systems were appropriate and records were up to date.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff had attended relevant training suitable for residential care, but training to enable people to make decisions in a supported living scheme had not been provided.

Staff had attended training for Mental Capacity Act 2005 and had an understanding of current guidelines and their responsibilities.

People were supported them to maintain a healthy diet, with choices and assistance as required.

Staff ensured people could access to healthcare professionals when they needed to.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and provided the support they wanted.

Staff understood people's individual needs and they respected their choices.

Staff promoted people's privacy and dignity, and supported them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and they received support that was personalised in line with their wishes and preferences.

People and relatives knew how to make a complaint or raise concerns with staff.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

Effective quality assurance and monitoring systems were not in place. Quality assurance systems and policies were still being developed and further time was needed for these changes to be embedded and sustained over time.

People who used the service, their relatives, staff and visiting professional had been enabled to routinely share their experiences of the service and their comments had been acted on.

Feedback was sought from people, relatives, staff and visiting professionals to ensure appropriate support was provided.

There were clear lines of accountability and staff were aware of their responsibilities.

Park 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 took place on 22 and 27 June 2017. We gave 24 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was carried out by one inspector and an expert by experience.

Before the inspection, we reviewed information we held about the service. This included safeguarding issues, complaints and any notifications. A notification is information about important events which the service is required to send us by law. The provider was asked to complete a Provider Information Return (PIR), but due to the change in their registration to supported living this had not been done. We contacted the local authority commissioning team, who has responsibility for assessing and reviewing people's needs and allocating hours of support as required.

We spoke with three people who used the service and one relative. We spoke to four support staff, including the manager. We reviewed records of the service, including four support plans, recruitment files for three staff, accident/incident records and staff rotas.

We asked the provider to send us a copy of their training and supervision plans, minutes of team and management meetings, whistleblowing and dignity and respect policies and the transitional plan developed by the manager to list areas where improvements were needed. These were sent to us within a few days of the inspection.

This is the first inspection since Park Lodge registered with CQC as a supported living service.

Is the service safe?

Our findings

People were positive about the support they received. One person said, "I feel safe." A relative told us they had every confidence in the staff to, "Encourage people to be independent, safely." Staff said people were supported to be safe in a risk based system, "Which means we assess each area of risk and agree if support is needed and how much to reduce the risks as much as possible."

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood different types of abuse and were clear what action they would take if they had any concerns. Staff told us they would contact the manager or deputy and they were confident appropriate action would be taken. One member of staff said, "I am sure it would be dealt with, but I know we can call social services, the number is in the office." A Whistleblowing policy was in place, staff said they had read this and one said, "I have no problem reporting other staff, if they are not looking after people they should not be providing care." The manager was aware of their responsibility to make referrals to the local authority if they had any concerns and, referrals had been made when a person's needs had changed and additional support was required.

The manager had reviewed the systems in place for the management of medicines, "To ensure people are supported to take responsibility for their own medicines." Secure storage cupboards had been ordered, so that each person's medicines could be kept in their own rooms and these were delivered during the inspection. Staff said this meant people would no longer need to rely on them to give out medicines from the cupboard in the dining room. Staff had attended training in assisting people with medicines and explained how they supported people to take responsibility for them. "Although we do only prompt and remind people about medicines, we have to get them from the cupboard, so it will be much better when they are in their rooms" and, "There have been no problems so far, but if people refuse we will record it on the MAR and contact their GP if we have any concerns." The medicine administration charts (MAR) included details of the medicines people were prescribed and any allergies.

There were enough staff to provide the support people wanted. The provider had kept the staffing levels the same as when the service was residential care and the manager said, "This is to allow for the transfer to supported living. It is a huge change for some people despite the preparation and discussions that have taken place and during this early stage we may need additional staff as people adapt." Recruitment procedures were in place to ensure that only suitable staff worked at the home. There were relevant checks on prospective staff's suitability, including completed application forms, two references, interview records, evidence of their residence in the UK and the Disclosure and Barring System (DBS) police check. Staff told us they only started work when all the checks had been completed.

Environmental risk assessment to keep people and staff safe had been completed and some changes had been made. Such as where and how food was stored. People were responsible for their own shopping; they had agreed who they wanted to share the space in the fridges or freezers with and staff supported them to ensure food was within use by dates. Individual risk assessments has been done to identify if people needed additional support. For example, one person has arthritis and had difficulty holding food for chopping or

cutting. The need for additional tools and cutlery had been discussed and the person was supported to hold food in a specific way so that they could maintain their independence in a safely way.

An on call system provided additional support for people and staff during out of hours and at weekends. The manager explained this was in addition to staff being available in the building, "Which will remain in place as people get used to the changes." A member of staff told us, "The manager or deputy are on call in case we have any queries or we need to check something, which is very good." There were systems in place to record incidents/accidents and monitor them, to identify if people were at risk and to ensure the support provided was appropriate.

Is the service effective?

Our findings

A relative told us staff had the knowledge and understanding to provide the support people needed and people said they staff were helpful. Staff said the training was very good, they had to attend and they were confident if they wanted to do additional training the manager would arrange it. However, despite these positive comments we found improvements were needed.

Staff said they had attended all the training organised by the provider and the training plan showed they had completed. This included moving and handling, infection control, medication, food hygiene and health and safety. However, the provider intended to use the Recovery Star model of care to support people living in Park Lodge and only two of the current staff had attended one session on this. This model is based on people and staff developing together a recovery focused support plan that looks at 10 areas of support, managing mental health, self-care, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identity and self-esteem and trust and hope. The manager was aware that additional training was required to ensure people had the support they needed. They said, "Each person has different support needs and the right training is essential so that staff have the skills to work with each person so that they have the daily living skills to be independent." After the inspection the manager told us they had details of a company that offered the relevant training and they would be arranging this.

Staff had completed training on the Mental Capacity Act 2005 (MCA) and on the Deprivation of Liberty Safeguards (DoLS). They were able to describe its principles and what constitutes a deprivation of liberty. They also knew that an application for DoLS would only made on behalf of people who lived in care homes and other systems were in place for people living in their own home. Staff told us, "I know the system is different for people living in supported living and we are waiting for the local authority to advise us about a person that had a DoLS when we were a care home" and, "It isn't a concern at the moment as their care package means we support (person) in the same way really, like going shopping." The manager said the local authority had applied to the Court of Protection for this person and they were waiting for a response.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Staff said if people lacked capacity to make some decisions they would arrange best interest meetings, with the person, relatives and social services to make sure decisions were in their best interests. Although, they felt people in Park Lodge were able to make decisions about all aspects of their day to day lives. There was information in the support plans about how people communicated their needs and staff explained how they supported people to make decisions. For example, one person had previously chosen to remain at the home rather than go out. With the change to supported living they had increasingly chosen to go out and during the inspection had visited a nearby farm with other people and a member of staff.

An induction programme was in place and staff said they had completed this. This included relevant training and shadowing more experienced staff; they were then assessed to ensure they were competent to support people. Staff who had no previous experience of working in a care setting went on to complete the care

certificate. The Care Certificate is a set of 15 standards for staff to work through, to develop introductory skills, knowledge and behaviours that enabled them to provide compassionate, safe and high quality care and support.

Regular one to one supervision was provided and staff felt very well supported. They told us, "Yes we have regular supervision and this has all been updated with the change to supported living, but it is the same process really." "It is very good, we have a chance to talk about our work, if we are doing things well and if we need extra training. I think this is being arranged now."

People were supported to prepare snacks and cook their own meals and their food and fluid intake was monitored to ensure it was nutritional and appropriate. Staff discussed with people how long they should cook food for; they checked packaging for ready meals and reminded people how long vegetables had been cooking to make sure they were safe to eat and tasty. People clearly enjoyed cooking, one person cooked corn on the cob to go with their ready meal and another person had beans on toast. Staff said it was considerably different from residential care and they had enjoyed the change as much as the people who used the service. Previously staff had been bought, stored and cooked food, chosen by people living there, in line with food hygiene regulations. Staff said, "Which are not really relevant in people's own homes. We advise about cleaning up after preparing the food, but it is their home and they decide what they want to eat and drink" and, "We are here to support them to make decisions. We can make suggestions but we are more and more asking them what they want to do and pointing out small things like keeping the kitchen clean so that other people can use it."

Relative said they had regular contact with staff and they were kept up to date about any changes, such as visits to GP or hospital. Staff said they monitored people's health and if there were any concerns appointments could be made to visit the appropriate health or social care professional or arrange a visit to Park Lodge.

Is the service caring?

Our findings

People liked the staff and chatted easily when they talked about what they had been doing during the day and if they had any plans for the evening. A relative told us the staff were a, "Good crowd" and they had changed things for the better in terms of care and support. Staff said, "We work really well together as a team." "It is much better now that they make choices and tell us what they want to do." "I really enjoy working here" and, "I really look forward to seeing (person) make decisions about the support they want."

Staff understood people's different support needs and were clear about the need to promote and support people to be independent. They said they assisted people to develop, or remind them of life skills they had used in the past, such as managing their own time, managing money, doing washing and cooking, taking responsibility for their own rooms and being respectful to other people who used the service. Staff told us they protected people's dignity and privacy and we saw staff knock on people's door to ask if they could enter. One person said no at first, staff respected this and asked again a few minutes later when the person said they could enter.

The manager said the local authority had discussed the move from residential care to supported living with each person and their relative or representative, to ensure they agreed with the changes. A relative said they had been involved in this discussion and felt the change was a positive move for everyone. They said, "Yes we were involved in the support plan, we could say what we thought was best for (person) and we are very happy with the changes."

A precis of each person's support plan was kept in their room called 'My File' and had been written by each person with staff support. Staff said they varied depending on people's needs and reflected their comments about how they felt the support should be provided. They included specific details for, 'How best to support me', 'What's important to me' and 'What people like and admire about me' and, were signed by people to show they had been involved in writing them. If people chose not to be involved this was also recorded and their needs had been discussed with relatives to ensure they provided the support the person needed.

Support plans and personal records were stored securely in the office on the top floor of the main building at Park Lodge. Staff used the office when not providing support, to write up the daily records and update the support plans. People accessed the office when they wanted to talk to staff about attending outside activities. For example, one person talked to the manager about travelling on public transport to join an activity. The manager asked them how they felt about this, if they needed staff to go with them and advised that this could be arranged as part of their support package if that is what they wanted to do.

Staff were aware of the importance of keeping information about people confidential and they told us they would not discuss a person's support needs with anyone not involved in providing support. One member of staff said, "We don't talk about any of the people living here with anyone else, unless it is a colleague, relative or professional and then only if appropriate." Another member of staff said, "Everything we do is confidential. People generally talk between themselves, but we don't pass on any information."

Is the service responsive?

Our findings

The manager said staff assisted people to get used to the change from residential care to supported living, which meant the focus was on people making decisions about the support they wanted and how they spent their time. One person told us, "Yes I decide what I want to do." Staff said, "Some people are very independent and are out for most of the day, other people may stay in and we support them to cook their meals, do their washing and look after their rooms." "It all depends on them really and what they want to do" and, "The office is in the same building so we are here 24 hours a day, but the support we provide is based on their support package and people are getting used to us not being available immediately if they want to ask us something."

The local authority had worked with people and their relatives or representative to ensure that support plans were in place that enabled people to develop daily living skills and become more independent. The local authority had agreed the hours of support available for each person and the manager said they were still arranging exactly how the hours would be used; as only one person had a clear timetable of support from the local authority. Staff told us one person needed some assistance with personal care because of their physical disability, another spent all day in the community with very little support or guidance and a third worked in the community. Staff said people had been gaining in confidence in making decisions about how they spent their time. One member of staff told us, "It is really good to see (person) going out shopping with (person) and deciding what to buy and then coming back and cooking it." A relative told us they had agreed with the new support plan and felt the staff offered exactly what people need to be more independent.

Staff were clearly knowledgeable about people's preferences and interests, as well as their health care and support needs. A client ability assessment exercise had been introduced which enabled people and staff to work together to identify areas that people needed support and involved answering a number of questions. Such as, Do you understand your rights? Do you know what consent means? Do you feel in charge of your care? Do you know how to make a complaint? Can you budget plan and understand what this means? Staff said these had helped to start conversations about how much support people felt they needed and would identify areas where more or less support was required depending on each person's particular needs.

Staff provided appropriate support as needed. On a one to one basis; one to three such as when people went out together in the community and, on a shared basis for people who chose not to go out. Staff said referrals had been made to external professionals when required, with the agreement of people, so that people's mental health needs were met. The manager told us some people were still getting used to the changes and they were aware of this and provided additional support as needed.

Tenancy agreements had been set up and these were provided by a different company to the provider of this service. These had been reviewed as part of the registration of the service as supported living with CQC and staff told us people had been told they could use another agency for their support if they wanted to. Although people had not asked for any changes to staffing.

A complaints procedure was in place and available to people, their relatives or representative. Information about how to raise a complaint was included in the services statement of purpose. The manager said people were encouraged to raise any concerns they had and staff told us they asked people continually if the support provided was, "What they need and want." A relative said they had no complaints about the service and were confident if they spoke to the staff any concerns would be dealt with.

Is the service well-led?

Our findings

People and staff had been supported by management to transfer from a residential care home to a supported living service. People were encouraged to make decisions about their day to day lives and staff were offered guidance to develop their skills to provide appropriate support for people. Staff were very positive about the change and one said, "It is much better. I enjoy supporting people to be independent and tell us what they want to do. I get much more job satisfaction now and really look forward to coming to work." However, despite positive comments we found improvements were needed.

The manager had been managing the service at Park Lodge since the beginning of April and their application had been received by CQC to register. They had a good understanding of areas where improvements were needed and a transitional plan had been developed to list them in order of priority. These included developing an effective quality assurance system to monitor the services provided and identify areas where change was needed.

We found the support plans had been based on the care plans previously used as part of the residential care home and a number of changes were needed to ensure they were appropriate and reflected a supported living package. The transitional plan stated these would be in place by the end of July and, from the minutes of the staff meetings we saw that they had discussed these and staff were enabled to ask for guidance and support if they felt they needed it. The manager said a number of audits would be developed to look at all aspects of the services, including support plans and medication, but this would take time to be embedded into practice as the supported living service had only been operating for just over a month. The manager advised us that they will be sending us monthly updates about the improvements they have made.

The provider had been reviewing their policies and procedures with the managers of each of the services and since the inspection an external company have been employed to ensure they will be up to date and appropriate.

Management and staff had a clear vision of how the service would develop. The manager said as people became more independent they would be supported to move from the flats at the rear of the main building into accommodation in the community, although support would be ongoing if needed on a day by day basis. People from the main building would then move into the flats when they became available and if they felt ready to be more independent. They had also been reviewing the provisions in the main building as they looked at how people were supported to share facilities and if the office could be moved out of the building as people grew more confident in making decisions. This would mean that staff would only be available as agreed in each person's care package, but would be discussed and agreed with people using the service, their relatives or representative, external professionals and staff before changes were needed. Staff said they were looking forward to supporting people to develop skills to enable them to be more independent and they had already noted how people were more confident; one had asked about looking for a job and another was looking for voluntary work.

Staff said there was an open culture at the service and there were clear lines of communication and

accountability. Staff said they had been regular staff meetings; they had been kept up to date about any proposed changes and felt involved in developing the service. The minutes from the meetings showed that staff were encouraged to ask questions, raise issues and discuss how they felt the changes were being implemented and if they had any suggestions. One member of staff told us, "We have had regular meetings and the manager and deputy are very open about what is happening. I feel they want us to work together and provide a good service and I think we all work well together as a team, including the people we support."

The manager said a satisfaction questionnaire had been sent out early 2017 and they planned to do this again to obtain feedback about the move to supported living. These would be given to people using the service and their relatives or representative as well as external stakeholders, such as the local authority, GPs and other health professionals.