Villa Care Limited

Park 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

Overall summary

This was an unannounced inspection carried out on 10 November 2015. Our last inspection took place on 17 April 2013 and we found the provider met the regulations we looked at.

Park Lodge is located in a residential area of Leeds and is near Roundhay Park. The home is in walking distance of local facilities, which include shops and public transport. It is a large adapted building and accommodation is mainly in single rooms, many with en-suite facilities. There are several communal areas including a conservatory. The home has gardens to the front and side of the building and car parking is available.

At the time of this inspection the home had a 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

Summary of findings

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 care plans we looked at contain mental capacity assessments, although we found these were not decision specific. Applications for the Deprivation of Liberty Safeguards (DoLS) had been made and where the application had been granted and subsequently expired, the provider had submitted a new application. People were given support to access a range of healthcare professionals.

People enjoyed the food on offer although clearer information was required in the documentation concerning dietary requirements.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. There were sufficient numbers of staff on duty to keep people safe.

Recruitment processes were safe, although an adjustment to the application form was recommended to make this more robust. We spoke with the registered manager who agreed to review this.

Staff received an induction which included mandatory training. They also received additional training specific to their role. Staff received regular supervisions and appraisals although the recording of supervisions was minimal.

Care plans contained information about people's life history and their likes/dislikes. Regular reviews took place which included involvement from relatives and other advocates.

There was opportunity for people to be involved in a range of activities within the home or the local community. Complaints were recorded and responded to within stated timescales.

There were effective systems in place to assess and monitor the quality of the service. People in the home and staff felt supported by the registered manager who had a visible presence. People had the opportunity to express their views about the quality of the service they received through surveys and the provider responded with their feedback.

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

Good

There were appropriate arrangements for the safe handling and management of medicines.

Staff knew what to do to make sure people were safeguarded from abuse. Individual risks had been assessed and managed to ensure people's safety.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe, however the provider needed to demonstrate more detail around candidates work history.

Is the service effective?
The service was not fully effective

Good

Mental capacity assessments were in place, although these were not decision specific.

Staff training and support provided equipped staff with the knowledge and skills to support people safely. Staff completed an induction when they started work.

People were supported to access healthcare services. People enjoyed their meals and were supported to have a balanced diet, although recording of people's dietary requirements needed to be more robust.

Is the service caring?
The service was caring

Good

People looked well cared for and were comfortable in their home.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Relatives told us they were made to feel welcome and could visit at any time.

Is the service responsive?
The service was responsive

Good

People's needs were assessed before they began to use the service and person centred care plans were developed from this information. Care plans contained information about people's life histories and personal preferences.

Complaints were recorded and responded to within stated timescales.

People enjoyed a range of activities and were supported to attend these both inside the home and in the community.

Is the service well-led?
The service was well-led

Good

Staff felt supported by the registered manager who had a visible presence in the home and spoke with people daily.

Summary of findings

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

Effective quality assurance systems were in place in the home to assess and monitor the quality of care provided.

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 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 10 November 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor in nursing care and an expert-by-experience in mental health. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 38 people living at the home. During our visit we spoke with 13 people who lived at Park Lodge, five relatives, five members of staff, the deputy manager, service manager, registered manager and the finance director. We observed how care and support was provided to people throughout the inspection and we observed lunch in the dining room. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records and quality audits. We looked at five people's care plans and five medication records.

Before our inspections we usually ask the provider to send us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR prior to this inspection.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority 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.

Good

Is the service safe?

Our findings

People who used the service said they felt safe and liked living at the home. One person told us, "I feel safe and not a bit frightened. Doors are all locked at night securely and I can use the buzzer." We asked another person whether they felt safe with staff and they told us, "I trust them."

We looked at staff training records and found all staff had received training in the safeguarding of vulnerable adults. Staff we spoke with were able to identify different types of abuse and knew how to report any concerns if they thought people were being harmed. We saw safeguarding incidents had been recorded and responded to in partnership with the local authority.

One person told us staff were very busy and sometimes on a morning took a long time to respond to the buzzer although they did apologise for any delays. The registered manager told us they did not have a system to monitor the nurse bell response times. During our inspection we observed staff responded promptly when a nurse bell was sounded. Staff we spoke with told us they had sufficient time to provide care. We saw the provider had a dependency tool which they used to calculate the number of hours of support people needed and how many staff would be required to provide this assistance. This was reviewed on a regular basis.

We reviewed the recruitment and selection process for three staff members to ensure appropriate checks had been made to establish the suitability of each candidate. We found the application forms used by candidates did not include a space for them to record the dates of their employment history. This meant the organisation was unable to evidence how they had identified any gaps in the employment history of candidates and whether further enquiries were required. We discussed this with the registered manager who agreed to look at amending the application form.

In one file we looked at we saw a last employer reference had not been taken, although other files contained two references. The registered manager was able to provide evidence which showed us they had checked the nursing registration status for new staff. Each staff member had a Disclosure and Barring Service check (DBS). DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We found care plans contained detailed risk assessments which covered nutrition and hydration, falls, moving and handling, control of infection and pressure area care. We also saw assessments in place for the use of bed rails and the positioning of sensors.

We looked around the home and saw some adaptations which had been made to assist people living with dementia. For example, doors to bathrooms and toilets had signage designed to assist people to safely find rooms they were looking for.

We saw the home had general health and safety risk assessments in place which included kitchen areas, boiler cupboard, slip, trips and falls. We saw legionnaires testing, door guards, water temperatures, window restrictors, small electrical items and extractor fans checks had been carried out and the necessary actions had been completed in a timely manner. Systems were in place to make sure equipment was maintained and serviced. We found the home was in a good state of repair and no malodours were present.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. The registered manager also carried out an investigation when required, for example, we saw an analysis had been completed for an unplanned admission to hospital.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw the fire alarms were tested weekly and a fire evacuation simulation record had been completed in October 2015. We saw an action plan in place in the event of a fire and a floor plan with assembly points highlighted.

We saw people had personal emergency evacuation plans in place which identified individual methods of assistance, the designated person to assist them and evacuation procedures. The registered manager told us staff had access to a quick reference sheet should the building need to be evacuated in an emergency.

Good

Is the service safe?

Medicines were administered by suitably qualified staff. The registered manager undertook an annual review of staff competency for administration. We observed medicines being administered safely to people. Staff explained to people what they were being given and checked people had taken their medicines and this was recorded on the medication administration record (MAR). Medicines were given to people in a timely manner and in accordance with the prescriber's instructions.

We reviewed the MAR for five people. MAR sheets contained a picture of the person and information about any allergies to help staff ensure medicines were administered safely to the right person. We checked the medicines in stock for these people and found they matched what was recorded on the MAR. When medicines had been refused the reason for this was clearly recorded.

The covert administration of medicines occurs when a medicine is administered in a disguised format without the knowledge or the consent of the person when a person does not have capacity. We looked at the records for one person who was receiving their medicine covertly. We saw a letter from a nurse specialist authorising the administration of the medicines covertly. We found that a 'best interests meeting' to formalise this arrangement had not taken place. Best interest meetings are recommended by the National Institute for Care Excellence (NICE) in their guidance for medicine management in care homes. They should evidence the involvement of a family member or other appointed advocate who can communicate the views and interests of the person.

We looked at the arrangements in place for the storage, administration and disposal of controlled drugs which required extra checks because of the potential for their misuse. These were clearly recorded in the controlled drugs book and were securely stored. Medication room temperatures were checked and recorded daily to ensure medicines were being stored safely.

Some medicines were prescribed 'as and when required' (PRN). We found detailed records which described the circumstances when staff should administer these medicines. We saw medicines which were not used were recorded and disposed of safely.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The mental capacity assessments we looked at in people's care plans were generic and did not cover specific decisions that people might be able to make on a day to day basis. Where people were assessed as not having capacity, we were unable to find evidence of best interest decisions taking place. We discussed this with the registered manager during our inspection who agreed to look at this.

We saw consent forms completed for medication administration, photography and sharing care plans.

We were told by the registered manager that two people had DoLS granted by the local authority, although these were due to expire and they had made an application to renew for both people. This told us the registered manager acted to ensure people's liberty was not unlawfully restricted. A further 22 applications for DoLS had been made and were awaiting a decision from the local authority.

Staff we spoke with were able to demonstrate an understanding of the MCA and DoLS. We looked at training records which showed all staff had received up to date training in MCA and DoLS.

One staff member told us, "I ask people what they want. I would ask someone what they would like to wear on a morning."

Staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. One staff member told us, "I get lots of training to do my job." We looked at staff training records which showed staff had completed a range of training sessions in 2015, these included mandatory training. For example, infection control, fire safety, food hygiene, safeguarding and equality and diversity. We saw staff had completed a variety of additional training such as assertive and powerful language skills, tissue viability, end of life care, Dementia awareness, falls prevention, nutrition awareness and continence promotion.

Staff we spoke with told us they received supervisions every two months and an annual appraisal. We looked at records which showed staff received regular supervisions and an appraisal, although we saw the recording of supervisions was minimal due to the design of the form. We discussed this with the registered manager during our inspection who agreed to look at this.

People who used the service were complimentary about the food on offer. They said it was tasty, cooked with fresh ingredients and served hot. One person told us, "Food's good here." We were told alternative meals were available. For example, one person told us when fish was served they would ask for an omelette to be made as they found it more filling. They said staff were always willing to do this for them.

One staff member told us, "There is plenty of choice and people eat well." During our inspection we saw staff offering people drinks in communal areas and to people who were in their rooms.

We saw records in the kitchen which were used to capture people's food preferences and allergies. Some notes we saw recorded people's likes as 'normal English diet' and 'all English foods' rather than specific dishes. A number of the records we looked at had not been fully completed. We discussed this with the registered manager who agreed to look at this.

We found the weights of people living in the home were recorded on a monthly basis. The care plans we looked at showed people had maintained or gained weight.

Once a month the home used themed days for food which related to different countries of the world. We were told the menus were changed on these dates and people were able to try dishes from a different country each time.

Good

Is the service effective?

We observed the lunchtime experience and saw staff providing assistance to people who needed it. We also observed staff assisting people with food and drink, but on occasions they did not communicate with people whilst helping them.

People told us if a doctor was needed the staff would ensure they were called. One person said the doctor would come the same day. A relative told us they had been impressed as the optician had visited and made a good selection of glasses available to their relative. We also saw the chiropodist visited every six weeks. One staff member told us, "I have no hesitation at all with getting a GP. I pass any information on to the nurse. I have seen the dentist come in."

Care plans we looked at showed the involvement of other healthcare professionals such as GPs, pharmacists and nurse practitioners.

Good

Is the service caring?

Our findings

One relative told us, “What they have done for my mum is absolutely brilliant.” Another relative described the staff as, “Fantastic.” One person told us staff had helped them when their DVD player was not working. They appreciated staff had spent a lot of time helping to reassure them and getting the machine to work. They also told us about a member of staff who had accompanied them to hospital. They described this staff member as, “Friendly” and “Approachable.”

A relative told us, “Staff go the extra mile” and gave an example when they had called their relative who dropped their phone whilst they were speaking with them. The relative called the main office and staff had gone immediately to pick the phone off the floor and check the person was okay.

One staff member said, “It’s good care and people pick up when they come in.” We saw staff interacted well with each other and with people living in the home. Staff we spoke with were able to demonstrate a good knowledge of the individuals they were caring for. They were able to describe their life history and their personal preferences.

We observed staff were polite and friendly in their interactions with people. We saw a staff member responded to a person in the lounge who had become distressed and was asking for help. The support they provided was caring and compassionate. We spoke with a relative who was having trouble with a hearing aid for their family member. We saw a member of staff responded and provided assistance to help fit the device.

People told us they thought staff always respected their privacy and dignity. We spoke with a relative who said their family member’s privacy and dignity was respected as staff always ensured they were helped to change their clothes in private if needed. We saw staff knocking on people’s doors and calling to them before they entered their room. A relative told us staff took the time to set up a table in their family member’s room to allow them to have a meal together in private. We looked at staff training records and saw staff received training in dignity which was up to date.

People looked well cared for, clean and tidy which was achieved through good care standards. One relative told us they visited at different times and found their family member was always well dressed and clean. People’s rooms were personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people’s belongings.

People told us their religious needs were supported in the home as they saw the chaplain on a regular basis. One person told us they had many friends who visited which helped them celebrate their religious beliefs. Another person told us their visitors were well looked after by the staff.

We saw staff were able to purchase items for people through online shopping. This meant people could choose specific items they wanted.

Good

Is the service responsive?

Our findings

Care plans showed people had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care. We found care plans were easy to follow.

During our inspection we looked at the care records for five people who lived in the home.

We found the information was person centred with each care plan containing 'know who I am' and 'keeping me, me' sheets which contained detailed information used to provide personalised care. We saw detailed notes such as 'I am left/right handed', 'I prefer black tea/coffee' and 'I like lots of sugar'. A relative told us their family members care plan included their preference for light meals. Further information covering social interests, favourite music, television programmes and life history were recorded. We saw evidence of family involvement in these sections.

We saw care plans showed the involvement of family and other people in their reviews, although

some plans had been completed on admission and had remained unchanged since then. In one file we checked the care plan had remained unaltered since 2012. We found repeated entries stating 'no change to plan needed'. We discussed this with the registered manager who agreed to look at this.

Assessments were used to develop specific care plans including safe moving, number of staff required and equipment that may be required to assist in transferring a person.

Day and night care records were found to be up to date and recorded people's activities and care provided.

People were supported to express their wishes concerning future treatment they received through the use of advanced care planning. We found 'Do Not Attempt Cardio Pulmonary Resuscitation' records had been completed appropriately and showed the involvement of family and other advocates.

Activities listed on the notice board included chit chat afternoons, therapy in care, creative writing, world motivation, bingo, reminiscence museum, music and exercise class. One person we spoke with said, "Had exercise today and I like baking." Another person said they had made friends in the local area and went to lunch at a local pub.

One relative told us, "They went to pottery and made a horse. The activities are about creating memories." One relative said their family member was under stimulated and noted in the past there had been more activities in the home. For example, a donkey had been brought in to the home on one occasion and there used to be singing after Sunday lunch. Another family member told us they were impressed by the variety of activities available for their relative who had enjoyed the Halloween celebrations, going out to an external venue to paint and make pottery and had also had their nails painted.

During our inspection we observed an exercise class taking place and a quiz. Quiz sheets had been taken to people throughout the home to give everyone a chance to take part. One person told us they had won prizes from taking part in the quiz. A number of people said they preferred sitting in their rooms and watching television.

We saw the complaints policy was displayed in the entrance to the home and it was also covered in the 'residents' handbook'. The registered manager told us people were given support to make a comment or complaint where they needed assistance. We looked at the complaint records and saw complaints had received an acknowledgment and outcome response in line with the homes complaints policy. Staff we spoke with were able to explain the correct complaints procedure to us. The minutes from a recent staff meeting showed complaints handling had been discussed. The minutes noted 'encourage use of comment card, be open to comments even if you feel you are trying your best'.

We spoke with a person living in the home who told us they had concerns about some members of staff ignoring them which they had discussed with the registered manager. The registered manager had meetings with the person and their family who told us they felt their concerns were being resolved.

Good

Is the service responsive?

People told us they would raise concerns or complaints with the registered manager and they felt confident they would be dealt with promptly and effectively. One person told us they would always speak with the registered manager as they came around each morning and evening.

Good

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed.

Staff spoke highly of the management team and said they were very approachable and supportive. One staff member told us, "I feel supported and valued. I do like what I do and it is a nice place. They are a good bunch of staff that will help you with anything and you make friends." Another staff member said, "They listen to your concerns." Staff told us the registered manager had a visible presence around the home and carried out a twice daily walk around to meet with people.

People who used the service said they felt comfortable and at ease discussing issues and care needs with the registered manager. We saw the registered manager had an open evening every Thursday which invited open discussion sessions with people who used the service and/or their family members. They engaged with people living at the home and were clearly known to them.

We saw there was a large display on the wall in the entrance showing photographs of all staff, their names and role within the home. We saw there were numerous notices on doors describing what each room was and directions to those along the corridor.

We saw the registered manager monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and relatives. Audits included infection control, medication, health and safety, training and supervision, the environment and mattresses.

We saw evidence which showed any actions resulting from the audits were acted upon in a timely manner. This meant the provider identified and managed risks relating to the health, welfare and safety of people who used the service.

We saw some feedback from the resident's survey had been displayed in the entrance to the home. However, this was not dated. We saw 16 residents had responded and the comments were in general positive. These included 'feels like a holiday when on respite, cared for very well' and 'the care of my mother and father they received was of the highest standard'. We also saw where areas for improvement had been identified these had been addressed by the service. For example, one comment stated 'her alarm button should always be put within reach once in bed'. We saw the response stated 'regular reinforcement check that nurse call within reach'.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. The minutes from a meeting on 3 June 2015 showed staff had identified they were not getting enough information about new people moving in to the home. In response, it was agreed that care assistants would attend shift handover meetings covering new people and nurses would check their understanding thereafter.

We saw another residents/relative survey had been carried out using feedback cards. Comments included, "Staff/food/accommodation all satisfactory", "I am happy here", "No need for improvement", "Very satisfied with the care given" and "Consistently high level of care." We spoke with the service manager about the date of the feedback cards and they agreed to include the date when the service received any future feedback cards. They also told us some comments on the feedback cards would be discussed with the management team and staff members and they would implement changes if possible.