

Shine (Herts) Limited

Park Lodge Residential Home

Inspection report

4 Park Avenue
Watford
Hertfordshire
WD18 7HP

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18 May 2017
22 May 2017

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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

The inspection took place on 18 May 2017 and was unannounced. This was the first inspection since the service was re-registered under a new provider in September 2016.

Park Lodge provides accommodation for up to nine people with mental health conditions. At the time of this inspection there were nine people living at Park Lodge.

There was a manager in post who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe living at Park Lodge. Staff understood how to keep people safe and risks to people's safety and well-being were assessed and kept under regular review to help to keep them safe. People's medicines were managed safely, by staff who had received training.

People had their needs met in a timely way and we observed there were sufficient numbers of staff who had the right skills and experience to support people safely.

There was a robust recruitment process in place. This helped to ensure that staff who were employed at the service were suitable to work in a care setting. Staff received regular support from their managers which included one to one supervision. Staff told us they felt well supported.

People received the assistance they needed to eat and drink sufficient amounts to help keep them well. People were supported to maintain their physical and mental health and staff made referrals to healthcare professionals when required.

People were positive about the staff and management at the service. We observed staff to be kind and caring. Staff were knowledgeable about people's individual requirements in relation to their care and support needs and preferences. People and or their relatives had been involved in the planning of their care where they were able to and where this was appropriate.

People were supported and encouraged to participate in hobbies and pursue topics that were of interest to them, both within the home and in the local community.

There were arrangements in place to receive feedback from people who used the service. People were able to raise any concerns they had and told us that they were confident they would be listened to and any concerns raised would be addressed.

There were systems and processes in place to regularly monitor the quality of the care and support provided

for people who used the service. Where shortfalls were identified actions were in place to make the required improvements.

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 

This service was safe.

Staff understood how to recognise potential abuse and knew the process for reporting concerns.

Risk assessments were completed to help keep people safe

People's care was provided by appropriate numbers of staff.

The recruitment process was robust.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Staff received an induction before they commenced work at the service.

Staff completed training which helped to ensure staff had the right skills and abilities to support people effectively.

People's consent was obtained and they had had their capacity assessed in line with MCA guidance.

People were supported to eat and drink sufficient amounts to maintain a balanced and varied diet.

People were assisted to access health care professionals to help ensure that their health and wellbeing was maintained.

Is the service caring?

Good 

The service was caring.

People were treated in a kind and caring way.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

Staff were respectful of people's wishes and treated them with dignity and respect.

Staff had developed positive and caring relationships with people they clearly knew well.

Is the service responsive?

Good ●

People's care was provided in accordance with their assessed care needs.

People were supported to participate in some activities suited to people's preferences and abilities.

People felt that they could raise concerns that would be acted upon in a timely manner.

There was a complaints process in place and we saw that complaints were investigated and responded to.

Is the service well-led?

Good ●

The service was well led.

Feedback received from people about their experience of the service was positive.

The provider had robust systems in place to monitor and effectively manage the quality and safety of the service.

People felt the staff and managers worked in an open and transparent way, and that they were approachable and supportive. □

The service was homely, inclusive, and empowering.

Park Lodge Residential Home

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

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. The provider also completed a provider information (PIR) return and sent it to us on 3 February 2017. This is a document that tells us about the service what they do well and any developments they plan to make.

The inspection was unannounced and carried out by one inspector.

During the inspection we spoke with two people who used the service, two staff members, the deputy manager, the registered manager, the provider and the deputy service manager of the provider's quality assurance team. We viewed information relating to two people's care and support plans and two staff recruitment files. We also reviewed records relating to the overall monitoring and management of the service.

Is the service safe?

Our findings

People told us they felt safe living at Park Lodge. One person told us, "I definitely feel safe here. I just could not live independently. I have lived here for so many years and the staff supports me and reassures me when I feel anxious." Another person said, "We are like a family we all look after each other and the staff are good at keeping us safe."

People were protected from potential harm and abuse by staff who knew them well and knew how to recognise and report abuse. Staff told us they had received training on how to recognise abuse. We saw from training records that staff had received training and staff we spoke to demonstrated they had a good understanding of how to report and elevate concerns both internally and externally if required to help protect people from avoidable harm.

The provider had a robust recruitment process in place. We saw from the two recruitment files we reviewed that all staff had been subject to various pre-employment checks which included a criminal records check. Other checks included the taking up of references which had been validated. This system ensured the authenticity of the author of the references. Gaps in employment records were explored and there was photographic ID on each file along with documents to confirm the person's identity and address.

There were adequate numbers of staff employed at the service and people who lived in the home told us there was enough staff on duty. We observed that people were supported in a timely way during our inspection of the service. We looked at staff rotas to confirm that there were adequate staff on duty, including weekends and overnight. These showed that there were a minimum of two staff and a manager or senior staff member on duty at all times.

Risks to people's safety had been assessed and kept under regular review. Individual risk assessments provided staff with relevant information on how to manage risks safely when supporting people. For example, in areas including people's mental health, fire safety, people attending events in the local community and road safety.

Risk assessments were up to date and had been reviewed within the past six months. People had action plans in place to help staff manage behaviours that may challenge others. Information to inform staff how to identify triggers were also recorded for people who had behaviours that challenged. We observed during the inspection that a person became agitated and saw that staff managed the situation in a calm and supportive way, thus preventing any risk of escalation.

Medicines were managed safely and people received their medicines in accordance with the prescriber's instructions. We saw that medicines were stored safely. Medicine administration records (MAR) had been completed and the recording of medication was correct. Staff had received training in the administration of medicines and competency checks were in place to help ensure that staff continued to be competent in this area. Staff demonstrated a good knowledge of how to administer people's medicines safely. Medicine audits were completed and daily stocks were checked to help ensure any errors were quickly identified and

rectified.

Is the service effective?

Our findings

Staff told us and we observed from records we reviewed they had the appropriate training and support to enable them to carry out their roles effectively. We saw that staff had completed training in a number of topics relevant to their role. These included safeguarding, administration of medicines, MCA and DoLS. Staff told us and this was confirmed from records that staff received regular supervision from their line manager.

New staff were required to complete an induction when they commenced working at the service. This included reading people's care and support plans to help make sure they knew people's needs well. Staff told us they had an opportunity to review the policies and procedures as well as complete all the basic core training. New staff then shadowed more experienced staff until they were assessed as being able to work in an unsupervised capacity and they were then signed off by a member of the management team. This helped to ensure that staff were able to carry out their role effectively and safely.

People told us that staff always asked for consent before assisting them. We saw care records had been signed to show people's agreement to their care plans. Consent was reviewed as part of the care plan review. Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "We assume everybody has capacity, unless their capacity assessment informs us otherwise."

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. We checked whether the service was working within the principles of the MCA and found that they were. We found that one person had a DoLS in place to help keep them safe.

People were supported and encouraged to eat a healthy and varied diet to maintain good health. People were offered a choice of meals, and if they did not like the main meal they were always offered alternatives. We observed people assisting with laying the tables for lunch. Although there was a rotating menu, people told us that it varied according to people's wishes. One person told us, "We always talk about food at the monthly meeting." We also observed that a person with a specialist nutritional requirement was offered smoothies at regular intervals. People had no set time for eating and meals were served at times people choose to eat. People were observed to go in the kitchen and help themselves to drinks and snacks when they wanted.

Staff were able to describe people's likes and dislikes and described special requirements relating to food and hydration. People's nutritional needs were routinely monitored as part of monthly care plan reviews. People were weighed monthly and if there were any concerns about people's weight or poor nutritional intake staff either referred to a dietician for advice and support or referred to the GP for advice.

People told us that they were supported to access appropriate medical services including their GP, dentist or other healthcare professionals if required. There was also regular help and support from the community mental health team (CMHT).

Is the service caring?

Our findings

People told us the staff were very kind and caring. One person said, "They are lovely here, at the place I lived before they were a bit strict but not here we can do what we want when we want." We observed staff interacting with people and saw that they were kind and caring in their approach. Another person told us, "It's really a lovely place to live; I would not want to move anywhere else."

We saw many examples of how staff interacted with people in a personalised way. It was clear from our observations that staff knew people well. We observed staff speaking to people about their likes and dislikes for example a person who had just returned from an outing was being asked about what they had done and if they had enjoyed themselves. The staff member was genuinely interested to know all the details even asking if they had their usual latte while they were out. We saw that staff provided reassurance when people appeared anxious or concerned. For example about us being at the home and carrying out an inspection of the service.

People's care and support plans were personalised and provided staff with information to enable them to support people in the way they preferred and chose to be supported. People had been involved in the development and review of their care and support plans where they were able. We saw that care plans contained individual preferences such as how the person wished to be supported with domestic tasks, what they could manage and what they needed support and encouragement with. Staff told us they tried to enable people so that they retained skills and control over their lives and that they did not become too reliant on staff. One person we spoke with told us, "I like to try and do things for myself and want to remain independent."

We observed that staff were always courteous and kind towards people they supported. Staff maintained people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms. People were given space to enable them to talk to other people in privacy when they wanted. The environment was welcoming and people's individual bedrooms were personalised to reflect their individual personalities.

Staff had developed positive and caring relationships with people they clearly knew well. People were comfortable to approach and talk with care staff and members of the management team. Staff listened to what people had to say and took on board people's comments. People were offered choices and these were respected which contributed towards people feeling that they had control in their lives.

People's care records were stored in lockable cupboards on each unit in order to maintain the dignity and confidentiality of people who used the service. We noted that the cupboards were closed when staff were not using them.

We saw that all confidential information was securely maintained and locked within the main office. This helped to ensure that people's confidentiality was protected.

Is the service responsive?

Our findings

Staff knew people well and were able to describe in detail about individual people's needs and wishes. People told us they had been involved in developing their care and support plans. One person told us, "[Name] discusses my support regularly with me, we have a meeting and if I need anything changed they do it for me and I sign it to say I am happy." People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

People's care plans contained detailed information which assisted staff to meet people's individual needs in a flexible way. Where possible people had been involved in discussions about their future plans and any specific wishes they had in relation to their end of life plans.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, one person had a passion for art and was supported by staff to pursue this. The person had started to sell their art work and was making a little money which enhanced their quality of life and was a massive achievement for them in terms of developing their self-confidence.

We observed on occasions staff sat and chatted with people throughout the day. This had a positive impact on people, and we noted other people joined in the conversation. Some people just chose to sit quietly and did not engage so much but we saw that staff included and involved them and tried to create an inclusive atmosphere for everyone.

Although people had discussed things they enjoyed doing and they had activities recorded in their support plans. People told us they did not always fancy doing things on the days and times agreed. They told us staff were fine with moving things around to suit people if they changed their mind. This meant that people did not feel under pressure to do anything they didn't want to do on a specific day or time. On the day of our inspection we were told a musician and singer came to the home to entertain people. One person told us, "We are all looking forward to it. It makes a nice change to have something different going on."

We saw people coming and going at various times during the day confirming that the service was flexible in facilitating people's needs and staff were available to go out with people where this was required. One person told us, "I like to go out for a walk but am not so confident anymore to go on my own so I wait until a staff member is free to come with me. I do like to get out most days."

There was a complaints policy and procedure in place and complaints were recorded and investigated. These were kept under regular review by the registered manager to reflect on what they could do better in the future. People who used the service told us that they would be confident to raise any concerns with the registered manager or any staff member and they were sure they would address them. One person told us, "I did have an issue a while back I spoke to [name] and they had a word and it was all sorted."

Staff told us they encouraged people to retain skills and prompted and supported them if they required assistance. Care plans reflected people's abilities as well as setting objectives so that people were motivated

to overcome challenges. People were encouraged to assist with laying the table, keeping their rooms tidy and other tasks within the home.

We saw that people had signed their care plans to indicate they agreed with the content. People had a keyworker and they were able to discuss anything relating to their care and support with them.

Is the service well-led?

Our findings

People who used the service knew the registered manager and all the senior staff by name. They told us that the home was well run and managed and that the management and staff were approachable and they could talk to them about anything. One person said, "They are involved and available". On the day of our inspection we noted the registered manager cooked lunch for people.

The service had been newly registered under a new provider and new management but the people who lived there had been living there before the current manager had been appointed and there had been some changes to staff. People told us the staff team worked well together and they really enjoyed living at Park Lodge.

Staff told us that they were always kept informed of any changes and were involved in regular discussions about the service. They confirmed that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. A staff member told us, "The [registered] manager works alongside staff so knows what is going on." Another staff member told us, "The staff work well as a team, we have clear roles and responsibilities and I think this makes it work well for everyone."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We observed them interact with people who used the service, and staff in a positive manner.

Staff told us that they had regular staff meetings to enable them to discuss any issues arising in the home. The minutes of these meetings showed that all areas of the service were discussed including the outcomes of audits.

The staff and management team worked well together to make any improvements and regular audits were completed both by the manager and the quality assurance deputy service manager.

There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas fire checks and equipment checks. This also included food hygiene and kitchen safety.

Staff support arrangements were regular and we saw that all staff had supervisions where they could discuss a range of topics, training or development needs. These various audits showed that the registered manager and provider were committed to providing a safe service.

People told us that meetings were held in the home to support them to raise any issues or concerns and to discuss any suggestions they had. The minutes from a recent meeting showed that people were satisfied with all aspects of the care they received.

People were asked to give feedback and the results were evaluated to ensure any shortfalls were addressed. Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken. Accident, incidents and near misses were recorded and these helped identify any trends and reduce risks.