

# Swanton Care & Community (Autism North) Limited

## Park Lodge

### Inspection report

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18 December 2023  
19 December 2023  
20 December 2023  
28 December 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Park Lodge is a residential service providing personal care for up to 8 people with a learning disability. At the time of the inspection there were 7 people living at the service.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People were supported to have maximum possible choice, control and independence. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Some relatives felt people would benefit from experiencing a wider range of activities, which the registered manager was trying to facilitate. Staff supported people to achieve their aspirations and goals. People were supported safely with medicines and staff proactively addressed any issues, which might arise and took appropriate action to reduce their occurrence. Infection prevention and control practices reflected current guidance.

### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. We discussed enhancing the rotas to ensure they indicated exactly what 1:1 and 2:1 people received. On the whole, people's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. The service worked well with other agencies.

### Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff always tried to place people's wishes, needs and rights at the heart of everything they did. Staff were aware of and were working to best practice guidance for supporting people with a learning disability and/or autistic people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rated inspection for this service was good (published 16 March 2018).

A focused inspection was completed 30 March 2021, which looked at looked at infection prevention and control.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Park Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Park Lodge is a 'care home'. People in care homes receive accommodation and personal care as single package dependent on their registration with us. Park Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service,

what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection and took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met with 5 people who used the service and contacted 6 relatives. We spoke with the registered manager, service manager, 8 support workers, the cook, maintenance person and a domestic staff member. We also emailed the full staff complement and 2 external healthcare professionals to ask their views about the service and the majority responded.

We reviewed a range of records. This included 2 people's care records, medicine records and staff files. We looked at a variety of records relating to the management of the service, including audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood when people required support to reduce the risk of avoidable harm, and risk assessments were in place. The risk assessments contained relevant information, and on the whole staff ensured they effectively planned for potential risks. We discussed enhancements which could be made, which the registered manager acted upon.
- People and relatives confirmed they felt safe using the service. The person said, "The staff are good here and I am happier than I've been before."
- The provider had safeguarding systems in place. Staff had training and a good understanding of what to do to make sure people were protected from harm or abuse.
- The registered manager critically reviewed the operation of the service and actively made changes to the improve the service, as and when these were needed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Staffing and recruitment

- The provider had a system in place to ensure safe recruitment practices were followed. However, there were some gaps such as evidence to demonstrate employment histories had been fully explored, what DBS evidence had been requested and current photographs. The management team were in the process of ensuring these gaps were addressed.
- People were routinely involved in the recruitment of new employees and the registered manager intended to recommence involving relatives in this process.
- There were enough staff to safely care for people. Staff found they could meet people's needs throughout the night and day as well as being able to spend meaningful time with individuals. We discussed the need to

ensure a clear record of the allocation of 1:1 and 2:1 staffing for people was maintained. Some relatives felt more dedicated staff hours and staff who would assist people to go out more often, which the registered manager was trying to address.

Using medicines safely; Preventing and controlling infection

- People's medicines were managed in a safe manner. Staff were trained in medicines management and were assessed as competent to administer people's medicines.
- Regular checks were carried out of people's medicines to ensure records were accurate and they had been administered appropriately. Action was taken to ensure the risk of errors was reduced.
- Staff were given clear guidance on when to administer medicines.
- Effective systems were in place to mitigate the risk of people and staff catching or spreading infections.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and staff promoted a positive, person-centred culture but some relatives felt communication with them could be improved. Relatives said, "I received an email letting me know the changes in the management side of things. They keep me updated," and "Staff don't really communicate well. This is the issue I have. I have to ring and ask them how he is. There's no point in phoning him."
- The registered manager and staff put people's needs and wishes at the heart of everything they did. People told us the registered manager acted swiftly to address any issues, which they found an improvement on their experience from when another manager was in post. The registered manager was taking action to ensure families were more involved in discussions about individual's care and support needs could be met.
- The registered managers continuously ensured lessons were learnt and any changes from this work was embedded into staff practices.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager regularly reviewed the systems and processes in the service to determine if improvements were needed and where enhancements could be made. They were currently in the process of reviewing care files in preparation for the introduction of an electronic care record system.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The registered manager closely reviewed all incidents and ensured all relevant parties were involved in this process.
- Staff were passionate about providing good care outcomes and took ownership of their practice. They understood their roles, responsibilities and their accountability.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.