Voyage 1 Limited

# Parkbrook Lodge

## Inspection report

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Date of inspection visit:
07 March 2018

Date of publication:
04 April 2018

## 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

We inspected this service on 7 March 2018. Parkbrook Lodge is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Parkbrook Lodge provides accommodation and or personal care for up to 11 people with learning disabilities and autism. The accommodation is provided in an adapted detached house with communal space which includes an activity room and conservatory, which leads to a garden. At the time of our inspection, 11 people were living at the home.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive safe care. People received care from staff who had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Risks associated with people's care were assessed and managed in a way that promoted people's safety whilst promoting their wellbeing. We saw that incidents and accidents were investigated thoroughly to ensure lessons were learnt and there were system in place to ensure people were protected by the prevention and control of infection. People received their medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were sufficient, suitably recruited staff to meet people's needs.

People continued to be cared for effectively. People enjoyed a wide range of food and drink and were encouraged to be involved in meal planning and shopping. Staff were supported and trained to ensure people received care and support in line with best practice. People were referred to external services to ensure their needs were met and were supported to access healthcare professionals to maintain their day to day health needs. The home was adapted and decorated to meet people's individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The care people received remained good. People liked the staff and had formed positive, caring relationships. Staff were kind and caring and supported people to make choices about their care. People's privacy and dignity were maintained at all times.

The service remained responsive. People received personalised care that met their individual needs. Staff understood people's diverse needs and supported people to follow their interests and engage in activities they enjoyed. People and their relatives were able to raise and concerns or complaints and were confident these would be acted on.

The service remained well led. Staff felt supported and valued by the registered manager. There were suitable systems in place to assess, monitor and improve the quality and safety of the service. The provider encouraged people, their relatives and staff to give feedback on how things could be improved.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Parkbrook 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 was a comprehensive inspection which took place on 7 March 2018 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is someone who has experience of or cared for someone who has used this type of service.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service but they were unable to give us their views in detail because of their complex needs. We therefore spent time observing how staff interacted with people and how they supported and cared for them. We did this to understand people's experience of living at the service.

We telephoned four relatives and spoke with four members of care staff, the operations manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at four people's care records to see if their records were accurate and up to date. We also looked at two staff recruitment and training records, and records relating to the management of the service including quality audits of medicines, the control of infection and safety of the premises.

Good

# Is the service safe?

## Our findings

People had positive, trusting relationships with staff who understood their needs and how to keep them safe. A relative told us, "The staff give excellent care. I have every confidence in them". Staff were aware of the signs to look for that might mean a person was at risk of abuse and were confident the registered manager would take action if they raised any concerns. We saw that when safeguarding concerns had been identified, these were reported to the local safeguarding team and a notification sent to the CQC. We saw that an investigation was carried out and a debrief held with the staff involved. This showed us the provider took action to ensure lessons were learned when things went wrong.

People living at the home had complex needs and may present behaviour that challenged themselves and others. Relatives we spoke with told us the staff managed this in a positive way. One told us, "[Name of person's] behaviour used to be top scale; it's drastically improved". Another said, "[Name of person's] behaviour has changed such a lot; they didn't used to do activities and used to be so stressed; their quality of life has improved". Staff told us, "We have training on how to manage people's behaviour which includes the use of restraint, but we have never had to use it. We have information in people's support plans which helps us diffuse things, for example we walk away and leave the person to calm down". We saw that plans were kept under review and the staff involved other professionals to ensure they supported people to manage their behaviour whilst minimising restrictions on people.

People received their medicines when needed. We saw that medicines were stored securely and staff were trained and monitored to ensure they followed safe practice. When people received their medicines on an 'as required' basis, staff had clear guidance on when they were needed. Staff told us and we saw that medicine records were monitored on a daily and weekly basis to ensure people received their medicines as prescribed.

There were sufficient staff to keep people safe and ensure they lived full, active lives. A relative told us, "I know [Name of person] is always safe because there's always staff around". Staff told us and we saw that each person was assigned a dedicated member of staff, known as a keyworker, to support them at the home and with their planned activities. Staffing levels were planned around people's activities and were flexible, for example if a person changed their mind. We saw the provider followed up references and carried out checks with the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. This showed us the provider followed procedures to ensure staff were suitable to work with people.

People were involved in maintaining cleanliness and hygiene at their home and carried out cleaning tasks alongside the staff. For example, people cleaned their bedrooms and helped keep the lounges and dining room areas clean. Staff had received training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene at the home.

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 or 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that people made day to day decisions about their support, for example making decisions on what they had to eat and how they spent their day. Staff had a good understanding of the MCA and DoLS. There was a decision making support tool which showed how people should be involved in making decisions. We saw that where people lacked the capacity to make certain decisions, staff had involved relevant people and professionals when needed and recorded their actions and assessments. Staff identified how people were being deprived of their liberty and the relevant applications had been made for legal authorisation. We saw that these were monitored and any approvals notified to us as required.

Staff were positive about the training and support they received to fulfil their role. One member of staff told us, "This is my first job in care and I've had really good support from all the staff and the manager. I've just had my first supervision and the manager wanted to know how I felt and gave me some good feedback on my progress". We saw that staff completed a six month probation which included shadowing other staff and completion of a range of training relevant to the needs of people living at the home. Any staff who were new to care completed the care certificate. This is a nationally recognised qualification which supports staff to gain the skills they need to work in a caring environment. Staff received training in meeting the needs of people with autism and the provider was working with the National Autistic Society to gain accreditation to provide their own in-house training. This demonstrated that staff were trained and supported to provide effective care in line with best practice.

Staff understood people's health care needs and supported them to access other health professionals, such as the GP, optician and dentist. Where possible, people were involved in making decisions about their health, for example one person had made an appointment to see their GP and staff told us how they supported them to understand the advice they received. People had health passports which provided important information for hospital staff on their individual needs and how they communicated. This showed people were supported to maintain their day-to-day health needs.

We saw that people were involved in choosing, planning and shopping for their meals. One person in the kitchen was checking what was left in the fridge and what they needed to buy when they went shopping. Another person was deciding what to have for tea that evening and signed their name on a weekly menu against their preferred meal. We saw that people were able to choose where they ate their meals and mealtimes were flexible. Staff explained how they managed one person's specialist dietary needs and we

saw this was recorded in the person's support plan. People's weights were monitored when needed and staff sought advice sought from the GP or dietician if they had any concerns.

The home environment was adapted to ensure it was accessible to people and promoted their independence. People could move freely around the home and were able to access the grounds to spend time with their families or to have time alone. The provider had installed a cabin in the grounds which had been fitted out with a kitchen, where people could relax and watch TV or films and a patio area was available for use in warmer weather. People decorated their rooms to their individual preferences and photographs of people were displayed in the lounge areas.

Good

# Is the service caring?

## Our findings

People told us they liked the staff and were happy living at the home. We saw staff people looked relaxed and happy in the company of staff. One person hugged a member a little enthusiastically and was calmly reminded to be gentle. Relatives were positive about the staff and told us they treated people with respect and kindness at all times. One relative said the staff were good role models, which had resulted in an improvement in their family member's behaviour and approach to them. Staff were patient and encouraging and responded when people needed reassurance. For people who were less able to communicate their feelings, staff checked they were okay and if they needed anything. We saw that people trusted the staff and had genuine, caring relationships with them. One member of staff said, "The best thing about working here is seeing how people have developed – it's the small things, for example [Name of person] barely engaged with anybody when they first came here, now you can see how chatty they are; that means so much to me". This showed us the staff cared about people's wellbeing.

Staff knew people well and treated them as individuals and responded to their changing needs. One person had very limited verbal communication and used body language to express themselves. Staff told us how they became very anxious when they couldn't make themselves understood and they supported them using picture cards which helped them to communicate their wishes. One member of staff said, "We use the cards to give them choices or to explain things and they nod or point to tell us what they want". The registered manager told us how they were supporting a person to access an advocate to help them explore and voice their opinions about where they wanted to live. This showed us people were provided with information and support that enabled them to have as much choice and control as possible.

People were encouraged to live as ordinary a life as possible. We saw they were involved in the running of the home and participated in some household tasks such as shopping and cleaning. Staff encouraged people to be as independent as possible, for example we saw people used the kitchen to make drinks and have snacks. One relative told us that the focus on developing and maintaining skills had had a positive impact and encouraged them to help out at home; for example their family member had shovelled snow on their last visit without being asked. People's privacy and dignity was promoted at all times. We saw staff knocked on people's bedroom doors before entering and discretely prompted people to maintain their appearance, for example we saw a member of staff assisting a person who's shirt was not buttoned up correctly.

People were supported to maintain important relationships and have visitors whenever they wished. We saw that people were able to use the telephone to speak with family members whenever they wished. Relatives told us they were made welcome at the service and were able to visit without restriction. We saw that people living at the home had formed friendships and when vacancies arose at the service, staff told us trial visits and overnight stays took place to ensure compatibility with the existing residents. Staff told us this helped not only the person and their family come to terms with the change, but also prepared the people already living at the home. One member of staff said, "When new people come in, it changes the whole dynamic".

Good

# Is the service responsive?

## Our findings

People were supported to follow their interests and take part in social activities. People told us they bent to ballroom dancing classes, discos and football matches. Some people told us they had been on holiday abroad and one person was looking forward to a long weekend in the Lake District. When needed, people received one to one support, both at the home and when out. On the day of our inspection, people went swimming, to the cinema and helped staff with the weekly shopping. One member of staff told us how they made sure people were not restricted by a disability, physical or sensory. They said, "We consider everything for people and look at how we can make it happen; [Name of person] has a sensory impairment but we supported them to go in a jeep, off-roading; although they can't see they can feel the experience". This showed us the staff took action to remove barriers to enable the person to enjoy a range of activities. People were supported to follow their religious beliefs. We saw that one person was supported to receive Holy Communion with their family and another person was able to attend their chosen church when they wished.

People received personalised care that met their individual needs. We saw that staff recognised people's diverse needs and how they wanted to be supported. For example, people were able to choose the gender of the member of staff that supported them. People dressed in their preferred style and we heard staff complimenting them on their choices, which showed they recognised people's individuality.

People knew about their care plans and told us they were involved in deciding how they wanted to be supported. Staff who acted as keyworkers gathered information about people's important relationships and likes, dislikes and preferences and we saw that their care plans reflected their wishes. Plans were kept under review and discussed during a monthly keyworker review meeting to check that people were happy with their care. People's relatives told us they felt involved and were invited to attend the meetings to support their family member.

People and their relatives were encouraged to raise and concerns and complaints. People were able to talk about what was working well for them and what they wanted to change during their keyworker sessions. People were also supported to complete a "See something, say something" card, which was monitored by the provider's quality team and followed up with the registered manager. The provider also had a formal complaints procedure, which was promoted at the service. Relatives told us they would be happy to raise any concerns with the registered manager and we saw that there was a system to log and respond to complaints in line with the provider's procedures.

At the time of our inspection, the provider was not supporting people with end of life care. Therefore, we have not reported on this.

Good

# Is the service well-led?

## Our findings

There was a registered manager at the service and staff understood their roles and responsibilities. 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. Relatives told us the registered manager was approachable and felt the service was well managed. We saw the registered manager worked closely with other professionals and relevant agencies to ensure people received effective, joined up care.

There was an open, inclusive atmosphere at the service. The registered manager was visible at the service and people and their relatives knew them well as they had been promoted from within the service. One relative told us, "It's a nice atmosphere and the staff are motivated and enthusiastic". Staff told us they felt supported and valued by the registered manager. One said, "We've always been able to talk and things haven't changed since they became manager". Staff had regular team meetings with the registered manager and felt able to raise any issues or concerns during the meetings.

The provider sought feedback from people, their relatives and professionals involved with the service to make improvements where needed. The annual survey was about to be sent out and we saw that the provider had a system to feedback the results and inform people of improvements they planned to make. This showed us the provider recognised the importance of feedback to drive improvements at the service.

There were clear and effective governance arrangements at the service. The registered manager carried out a range of check to ensure the safety and quality of the service. These included checks of medicines and health and safety of the environment. Accidents and incidents were monitored for any trends, to ensure the risk of reoccurrence was minimised. All checks were monitored by the provider to ensure any improvements needed were actioned. The provider had carried out a service review when they took up their role and the registered manager was being supported to address the required improvements by the operations manager and a regional manager. They told us, "I'm getting good support and there is a quality hot desk for advice if I need it". This showed us there were systems in place to continuously review the service to drive and sustain improvements at the service.

The registered manager understood the requirements of registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.