

Athena Healthcare (Park Road) Limited

Parklands Lodge

Inspection report

80 Park Road
Southport
Merseyside
PR9 9JL

Tel: 01704771111

Website: www.parklandslodge.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Parklands Lodge is a care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 70 people. The home is purpose built over four floors. All but one floor support people living with dementia.

People's experience of using this service

Improvements had been made in accordance with the provider's action plan and the breaches of regulations found at the last inspection had been met.

Risk in relation to; completion and maintenance of records, development of individualised care plans, and meeting the requirements regarding peoples consent to care, had been reduced.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems to support this had improved. There was still a need for managers and staff to fully evidence clear, consistent, assessments for individual key decisions for people who lacked the ability to consent to care.

We made a recommendation regarding this.

The managers and the staff that we spoke with demonstrated their commitment to providing high-quality, person-centred care. Comprehensive care records reflected an improvement to people's level of individualised care. People's feedback regarding care and their level of involvement also reflected this improvement.

The key parts of the provider's action plan, developed following our last inspection, had been met; these included improved electronic care records and documentation. The recruitment of new staff had supported a more consistent level of care for people.

People living at Parklands Lodge, relatives and staff were informed of any changes and encouraged to contribute to discussions.

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 September 2019). There was a breach of regulations relating to records and personal care. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in May 2019. A breach of three legal requirements was found. We issued a notice for one of these breaches and told the provider to

improve. The provider completed an action plan after the last inspection to show what they would do and by when to meet these statutory requirements and improve care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed and remains Requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parklands Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not always Effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our Well led findings below.

Good ●

Parklands 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by three inspectors.

Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home had a manager new manager who was in the process of applying to be registered with CQC. Once registered, they, and the provider, are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did

We reviewed information we had received about the home since the last inspection; this included feedback from the Local Authority and other key commissioners and stakeholders. We reviewed the action plan received following the last inspection. We used all this information to plan our inspection.

During the inspection we spoke with four residents, a relative, and nine staff including two nurses and activity staff. We spoke with the manager and area manager. We received feedback from three visiting health and social care professionals.

We carried out a SOFI observation. Short Observational Framework for Inspection (SOFI) is a methodology we use to understand the quality of the experiences of people who use services who may be unable to

provide feedback due to their cognitive or communication impairments. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs.

We reviewed a range of records. This included five people's care records, and other records relating to the management of the home.

Is the service effective?

Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

At our last inspection the provider had failed to robustly manage the need to ensure people's consent to care and treatment. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Improved records highlighted where people had consented to aspects of their care and treatment. One member of staff told us, "The electronic system is working well and is being improved further."
- People and their relatives told us they were offered choice and control over the care they received. We were told that care staff would always explain, and permission would be sought when they were about to do something different.
- The manager and staff understood how some decisions could be made in people's best interest if they lacked the capacity to fully understand or consent. However, assessments were not always specific to key decisions and were 'generic' covering several decisions. This did not fully evidence a clear understanding of the principles of the MCA.

We recommend further improvements to key assessments, so they clearly evidence individual decisions in accordance with best practice and the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Standard assessments were completed and used to develop care plans. Assessments were obtained from

health and social care professionals when needed and used to help plan effective care for people.

- Care and support was planned and monitored in line with people's individual assessed needs. The care plans we reviewed evidenced well-planned interventions for people receiving personal and nursing care which were easy to follow.

Supporting people to eat and drink enough to maintain a balanced diet

- People and family members told us that staff supported people when needed at meals times.
- There was reference to the importance of people's oral care in care planning documentation.
- There was good recording for people who needed support to maintain a good diet.

Supporting people to live healthier lives, access healthcare services and support

- People received additional support from healthcare professionals and this was recorded within their care records. The manager's and staff were aware of the processes they should follow if a person required support from any health care professionals.
- Staff supported people well and liaised effectively with other professionals regarding health-related issues when needed. This had improved and was more consistent. One professional commented, "They refer appropriately and follow up well. The home is more settled now."

Staff support: induction, training, skills and experience

- People and family members told us that staff had the skills and knowledge to provide the right support.
- Staff felt well supported and confirmed they received adequate supervision and training.
- The provider had recruited new staff since our last inspection who were experienced and appropriately qualified. One staff commented, "Staffing is good; back to what it was two years ago."

Adapting service, design, decoration to meet people's needs

- People told us the general environment of the home was pleasing, well maintained and comfortable. We saw all areas were decorated and homely.
- The environment continued to be developed to meet the needs of people living with dementia. For example, there were 'memory boxes' to support conversation around people's lives and interests.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. Bedrooms had easily accessible disabled facilities for people who needed this support.

We could not improve the rating for Effective from Requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
At our last inspection the provider had failed to plan effective person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans reviewed contained very good detail. This was an improvement. They gave staff the information necessary to best meet people's needs. The plans were easy to follow and contained the specific care to be carried out by staff.
- Care plans were written in easily accessible language and showed people were considered as individuals.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care planning documentation contained information about how people liked to communicate, and any preferences were recorded. For example, one person had no verbal communication and details were included for staff to be aware of the person's communication using eye contact and visual expression.
- The manager advised us that all care plans were discussed with individuals and allowances made for people's communication needs.
- Information, such as the home's complaints policy, could be developed to be more user friendly and accessible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a good programme of activities arranged twice daily. These included trips out to visit local amenities.
- Activities included arranging for people to do 'lifetime achievements / accomplishments' such as specific individual trips. People had attended a dementia friendly 'silent disco' at a local hotel.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. The provider had recruited experienced and qualified staff to develop end of life care and key training was being planned.

- There was a section on the assessments which included recording any planning or decisions about end of life care.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the managers about their experiences of care; the service provided a range of ways to do this through care review meetings and surveys.
- Staff, people and family members were given information about how to make a complaint. They were confident that any complaints they made would be listened to and acted upon in an open and transparent way. A relative spoken with said they had no complaints and was very happy with the care provided.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to meet care standards and regulations through good governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a notice and told the provider to improve.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Key parts of the provider's action plan had been met including improved and safe care records and a more consistent staffing base. This meant individualised care could be planned more effectively and consistently.
- Staff were now confident with the electronic care record systems. Further improvements were planned, and staff were keen to learn about these.
- A new manager was in place who was going through the process of registration. The manager and provider completed regular safety and quality audits.
- Each of the people we spoke with had a clearly defined role within the service and understood their role and responsibilities.
- Notifications regarding important events had been submitted as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The managers and the staff we spoke with demonstrated their commitment to providing high-quality, person-centred care. This commitment was reflected in the improved records and in their interactions with people.
- Staff demonstrated an understanding of their responsibilities in relation to the people living at Parklands Lodge and the need to act with honesty and integrity.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the home were involved in discussions about concerns and improvements in different ways. They were invited to attend review meetings to discuss care, or they could choose to engage less formally by speaking to staff.
- Staff were supported to express their views and contribute to the development of the home at team meetings and handovers. The staff we spoke with said they could approach the new manager, or the senior

manager for the provider at any time.

Continuous learning and improving care; Working in partnership with others

- The provider placed continuous learning and improvement at the heart of their practice. Lessons learnt from previous inspections had been analysed and improvements implemented.
- Incidents and accidents were analysed in depth and shared with staff to improve practice.
- The provider had worked well with key commissioners since the last inspection to gain feedback and improve the service.