

Loving Care Limited

Mount Park

Inspection report

43 Mount Park
Carshalton
Surrey
SM5 4PR

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14 March 2019

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24 April 2019

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

About the service: Mount Park is a residential care home that was providing personal care to two people with learning disabilities and autism at the time of the inspection.

People's experience of using this service:

People who used the service were not able to tell us about their experience directly, but their relatives gave us positive feedback about the quality of the care provided. One said, "You can hear how happy we are. We have no concerns and I don't foresee many." Another told us, "They have elevated [my relative's] life into truly living."

People received care and support from staff who knew how to keep them safe from abuse and avoidable harm. Accidents and incidents were investigated and reported appropriately. There were enough staff to care for people safely and the provider had processes to ensure the staff they recruited were suitable. Medicines were managed safely and people received their medicines as prescribed.

People's needs were assessed and their care delivered in accordance with appropriate guidance and best practice. The provider worked with other services to ensure consistent care. Staff received the training and support they needed to carry out their roles effectively. People received appropriate support to attend healthcare appointments, to remain healthy and to eat and drink well. The design and décor of the premises met people's 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.

Staff were caring, compassionate and knew people well. There was a culture of respecting and involving people in their daily lives. Staff understood how to communicate with people so they understood and were able to make choices about their care. The service had a strong focus on promoting people's privacy, dignity and independence.

People's care was planned in a person-centred way with input from people who knew them well. Care plans included detailed information so staff could support them in ways that met their care needs and preferences, supported them to pursue their hobbies and interests and enabled them to be part of their local community and achieve their goals. The provider responded appropriately to concerns and complaints.

The service had clear values and the registered manager continually observed the culture within the service to ensure staff adhered to the values and worked in a way that promoted equality and took diverse needs into consideration. Good communication was maintained between the registered manager and the staff team. There were systems to assess the quality of the service and promote continuous improvement. People, staff and relatives were involved in improving and developing the service.

Rating at last inspection: This was the service's first inspection since it was registered with us in April 2018.

Why we inspected: We inspected in line with our usual timescale for newly registered services.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

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 ●

Mount Park

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:

This inspection was carried out by one inspector.

Service and service type:

Mount Park 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we observed staff providing care to people. We spoke with relatives of both people who used with the service. We also spoke with the registered manager, deputy manager and two members of staff. We looked at the care records of both people who used the service. We checked audits, records of

accidents, incidents and complaints, and other records including three staff files.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident that the service was safe and people were protected from the risk of abuse.
- The service had a robust safeguarding policy and procedure that clearly set out how staff should protect people from abuse and report any concerns. Staff had a clear awareness of their duties in relation to safeguarding.
- Staff clearly recorded any instances of self-injurious behaviour and marks on people's bodies. This meant it would be easy to identify any future injuries that did not fit the same patterns and might be indicators of physical abuse.

Assessing risk, safety monitoring and management

- People had individual risk assessments, which informed staff of what the risks were and how to reduce them. Risk assessments were highly personalised and took people's preferences, choices, strengths and needs into account. For risks presented by people's behaviour, this included awareness of what might trigger the behaviour and how staff should intervene to keep people and others around them safe. Staff were able to consistently tell us how they did this.
- We saw examples of how the service managed risks in the least restrictive ways possible, such as by finding ways of making objects safe for people to use rather than preventing people from using those objects at all.
- The provider assessed risks and carried out appropriate checks to ensure the premises and equipment people used were safe, including fire safety, water safety and electrical safety. Staff knew exactly what support each person would need if they had to evacuate the home in an emergency.

Staffing and recruitment

- There were enough staff to care for people safely. Both people who used the service required staff to be present at all times, which records and our observations confirmed was the case.
- There was a stable staff team and arrangements for staff cover when needed.
- Recruitment procedures were robust and involved thorough checks to help ensure the provider did not recruit unsuitable staff.

Using medicines safely

- Medicines were managed safely. Staff carried out daily checks to ensure the correct amount of medicines remained in stock, that medicines were stored at appropriate temperatures and that people received their medicines as prescribed.
- Staff had access to appropriate information about medicines people took, including protocols for when they should be offered medicines prescribed to be taken only under specific circumstances.

Preventing and controlling infection

- Staff adhered to appropriate food hygiene guidance, including checking the temperature at which food was stored and served.
- Cleaning schedules and infection control audits were in place to ensure staff carried out their duties around infection control.
- The home was clean, tidy and free from unpleasant odours.

Learning lessons when things go wrong

- Records showed the provider dealt with accidents and incidents appropriately. There were systems for analysing incidents and identifying any trends to help the provider prevent them from happening again.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider sought advice from relevant organisations to ensure they were up to date with current guidance. This included guidelines and training from national social care and learning disability research organisations.
- A relative told us, "The transition [into the service] was fabulous. They listened to us about what would work for [the person using the service]. It was scary for us at first, but the process was very smooth." Each person had a thorough assessment of their needs. The provider gathered information from people's families, services they had used previously and others who knew them well.
- The provider employed a qualified behaviour specialist who assessed people's needs in terms of supporting them to manage any behaviour that put them or others at risk of harm or social exclusion. The service used this knowledge and guidance to plan care that focused on positive outcomes and improving people's quality of life.
- The behaviour specialist used their knowledge and experience to design studies of people's behaviour that helped the staff team understand reasons behind, and triggers for, behaviour that challenged the service or put people at risk of harm.

Staff support: induction, training, skills and experience

- A relative told us, "Staff are knowledgeable. They have the right level of training." Staff training included specific areas relevant to the people currently using the service. A two-year training plan helped to ensure this was up to date.
- Staff received an induction when they started work and continued to receive support in the form of monthly group supervision and six-weekly one-to-one supervision. The provider had a policy for providing annual appraisals but at the time of our inspection these had not yet taken place as the service had been operating for less than a year.

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

- The service worked with people and their relatives to ensure people received a choice of foods they liked and that were appropriate for their dietary needs, despite the two people who used the service having very different needs and preferences.
- The registered manager told us they had worked with occupational therapy services to provide adapted cutlery for one person who received full support to eat at their previous home and was now using the specialist equipment to eat independently.
- Staff kept records to monitor whether people were eating and drinking appropriate amounts. We saw examples of how the service worked with one person who had been advised by healthcare professionals to lose weight and records confirmed this had been effective so far.

Staff working with other agencies to provide consistent, effective, timely care

- We saw several examples of this, including how the service used equipment and followed guidance from appropriate professionals to support one person to improve their mobility.
- Each person had a "hospital passport," a portable document that could go with them in case of hospital admission. These were detailed and contained the information that would be most important for other agencies to know about when caring for people.
- Staff shared information with a college one person was attending to make sure they were supporting the person in a consistent way.

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

- People and their relatives were involved in planning the design and decoration of the service. There was enough space for people to move around freely with wheelchairs or other equipment.
- The décor was homely. People's bedrooms and communal areas were decorated with photographs of the people using the service and their loved ones, and other pictures and objects reflecting their interests and things they enjoyed.

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

- People had health action plans, which provided detailed information on the support people needed to manage any healthcare conditions and live healthy lives. There was information on how to support people to attend healthcare appointments. This helped ensure people were able to access services they might not otherwise be able to use, for example because they were unable to tolerate waiting for long periods due to anxiety.
- Staff supported people to attend regular health appointments such as dental check-ups and annual health checks. Records of these appointments included details of recommendations made by healthcare professionals, which were then added to people's care plans.
- People had regular reviews of their medicines by a medical professional. Relatives confirmed that the amount of medicines people took had been reduced since they started using the service. This helped promote a better quality of life, for example by significantly reducing the amount of side effects people experienced from medicines.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Both of the people using the service at the time of our inspection were subject to DoLS. We checked the DoLS authorisations were up to date and people's liberty was only restricted as authorised.
- We observed staff obtained people's consent before doing things like moving their chairs or helping them with tasks.

- Where people did not have the capacity to understand decisions that needed to be made about their care, the provider followed appropriate procedures in line with the MCA and kept detailed records of relevant assessments and discussions. This helped to ensure such decisions were made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- A relative told us, "They have a lovely relationship [with staff]. They are jokey, funny and we all feel relaxed." We observed staff and the registered manager interacting with people. It was apparent they knew people well and had developed a strong rapport with them. Staff knew how to understand people despite significant barriers in communication.
- Relatives told us they felt welcome and the service enabled them to visit. One relative said, "You can feel the love from Mount Park. They care – it's just lovely."
- Staff showed compassion and awareness of how to support people's emotional needs, such as by giving one person access to items they used to comfort themselves. They kept people continually informed of what they were doing and provided reassurance and positive reinforcement at appropriate times.
- Staff used respectful language when talking about people's disabilities, including behaviour that challenged the service, showing they valued people as individuals.

Supporting people to express their views and be involved in making decisions about their care

- We saw several examples of how the service used accessible information, such as pictorial care plans, to give people as much opportunity as possible to understand the care options that were available. Information was presented in ways that were meaningful to people, taking into account what was important to them.
- Detailed guidance was available on how to communicate with each person, including how to support them to make choices about their care. This enabled staff to understand what people wanted to communicate to them and also how to give people information they understood.
- People had access to equipment to help them communicate. One person used their computer to find pictures of the activities they wanted to do so staff could help them make choices about how to spend their time.

Respecting and promoting people's privacy, dignity and independence

- The service had a 'dignity champion' who researched relevant guidance about dignity in care, made sure their colleagues were aware of how to promote people's dignity and carried out a dignity audit to make sure staff were doing so in practice.
- Staff had a good awareness of how to promote dignity and protect people's privacy when supporting them with continence needs or using the toilet.
- There was clear, detailed information for staff about what people were able to do for themselves and what they needed help with. Where people were not able to participate in a task because of risk or ability, for instance chopping vegetables, staff found creative ways of involving them such as giving people the opportunity to touch and smell the vegetables they were about to cook. Staff were therefore able to

encourage people to do as much for themselves as possible. This promoted people's dignity and independence as they were supported to have a sense of ownership of their home and household tasks.

Is the service responsive?

Our findings

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

Good: 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

- A relative told us, "We are very happy with the care. It couldn't be any better, really." Another relative said, "It feels like he is finally in his own home, rather than being incarcerated. The care is of high quality." Care plans were person centred and focused on what was most important to each person. This included likes and dislikes, favourite activities, preferred routines, important family members and other things that were important to them such as having their own space and being involved in household tasks. The service supported people to have as much involvement as possible in planning their care. There was evidence that people's families were consulted and the information they supplied was used to gain a clear picture of each person and their needs.

- Detailed daily support plans gave a clear picture of how each person liked to do things throughout the day and what staff should do to support them.
- The provider's behaviour specialist prepared behaviour support plans so staff knew how to recognise signs that people were anxious or uncomfortable and how to respond appropriately, such as using routine to make things more predictable. There was evidence that this helped to reduce the frequency and severity of behaviour that challenged the service. There was also information to help staff recognise when people were happy, which helped them understand how to support people to do things they enjoyed.
- People's care plans were reviewed regularly to ensure they were up to date with any changes in people's needs or preferences. This included working towards people's goals such as trying new activities and the service placed an emphasis on supporting people to explore new challenges should they wish to do so. Reviews were produced in an accessible format so people could be involved in them. The provider had books printed for each person with photographs celebrating their achievements since starting to use the service.
- A relative told us, "[Our family member] is happy going out for social events. It really suits him." The service enabled people to access their local community safely. This included providing appropriate support to access community facilities and activities. People had specific care plans to cover activities such as trampolining, cycling, bowling and hydrotherapy. Staff kept records of what activities people participated in, which showed people were offered a variety of activities daily including physical exercise, leisure pursuits, involvement in domestic tasks such as food shopping and cooking, and sedentary activities such as drawing and using the computer.
- Although people had opportunities to do activities together, they did not have to do so and this meant they were able to choose activities based on what they wanted to do, rather than what was convenient for staff. On the day of our inspection one person attended classes at a local college and the other went bowling with staff and then watched a film at home.
- People received support to maintain relationships with people who were important to them, to spend time with their families and have visitors if they wanted to.

Improving care quality in response to complaints or concerns

- The provider resolved complaints within appropriate timescales and in line with their complaints policy, and checked people making complaints were satisfied with the outcomes.
- One relative told us they did not always feel they were involved in or informed about their family member's care. We discussed this with the registered manager, who was aware of this concern and told us how they were working with the relative to make sure they felt as involved as possible in their family member's care.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A relative told us the registered manager was "amazing." They said, "We are open and honest with each other." Staff also said the registered manager was caring and approachable and that they felt valued. One member of staff particularly emphasised the strong team spirit within the service.
- The provider had clear values, which they made sure staff were aware of.
- The registered manager communicated clearly with staff about improvements they needed to make to the service.

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

- The registered manager regularly gave staff opportunities to discuss their work. They used staff meetings to ensure staff fully understood their roles, including their responsibility to provide good quality care and what that meant.
- Staff communicated well using handovers and communication books, which enabled them to be clear about their individual and group responsibilities on each shift.

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

- People and their families were involved in developing the service and recruiting staff.
- The registered manager continually observed the culture of the staff team to ensure staff were a good fit for the people using the service in terms of equality, diversity and meeting people's needs. They made sure staff felt valued and part of a team.
- Examples of how the provider engaged with the local community included visits to local schools to talk about social care as a career option. People who used the service were involved in community events such as picking up litter at a local park. This helped people to remain visible and involved as part of their community.

Continuous learning and improving care

- The registered manager told us their area manager had carried out an audit of the home the week before our inspection. Although they did not yet have a report from this, the registered manager told us no concerns were raised. The registered manager also had a range of audits and checks to ensure the service was safe, records were complete and care was of high quality.
- The provider had plans for home managers to start carrying out audits of each other's services to provide

managers with extra support for their governance systems.

- The registered manager regularly asked staff for feedback and ideas about improving the service.
- We saw examples of how the registered manager took action to make improvements where needed, such as introducing a system to make sure staff completed medicines administration records.
- The provider had a business plan, which clearly set out improvements they were planning to make in the next year. The registered manager told us about further improvements they planned to make in this time, such as installing a sunken trampoline and supporting one person to plant a garden.