

Parkcare Homes (No 2) Limited

Linden Lodge

Inspection report

38A Linden Way, London, N14 4LU
Tel: 020 8447 9195

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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 

Overall summary

This unannounced inspection of Linden Lodge took place on 5 January 2015. This care home provides support to ten people with mental health needs. At the time of our inspection eight people were using the service.

At our last inspection on 28 November 2013 the service met the regulations inspected.

There was a registered manager in post. 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.

People who used the service told us they felt safe in the home. The provider had taken steps and arrangements were in place to help ensure people were protected from abuse, or the risk of abuse.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines. We saw that medicines were managed safely. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why

Summary of findings

they are being restricted is regularly reviewed to make sure it is still in the person's best interests. Appropriate policies and procedures were in place for DoLS. People identified as being at risk when going out in the community had risk assessments in place.

People were able to make their own choices and decisions. When speaking with the registered manager and care staff, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent.

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care staff spoke positively about their experiences working at the home and the support they received from the registered manager.

We saw positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion.

People were being treated with respect and dignity and care staff provided prompt assistance but also encouraged and promoted people to build and retain their independent living skills.

People received personalised care that was responsive to their needs. Care plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences were also reflected. People were consulted and activities reflected people's individual interests, likes and dislikes. People were supported to follow their interests, take part in activities and maintain links with the wider community.

Systems were in place to monitor and improve the quality of the service. The home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. There were clear procedures for receiving, handling and responding to comments and complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. People who used the service told us that they felt safe in the home.

There were clear safeguarding and whistleblowing policies and procedures in place to help protect people.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

Good



Is the service effective?

This service was effective. The majority of staff had completed relevant training to enable them to care for people effectively. Staff told us they felt well supported by their peers and the registered manager.

People were able to make their own choices and decisions. When speaking with the registered manager and care staff, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Good



Is the service caring?

This service was caring. People were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

It was clear from our observations and from speaking with staff that they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People's privacy and dignity were respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. People received personalised care that was responsive to their needs.

People were consulted and activities reflected people's individual interests, likes and dislikes.

There were clear procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well led. Staff spoke positively about working at the home. Staff were supported by the registered manager and felt able to have open and transparent discussions with them through meetings and staff meetings.

Good



Summary of findings

We found the home had a clear management structure in place with a team of care staff and the registered manager.

Systems were in place to monitor and improve the quality of the service.

Linden 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 provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection 5 January 2015 of Linden Lodge. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that

asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

People who used the service were able to communicate with us verbally. During this inspection we observed how the staff interacted with people who used the service and how people were being supported during the day. On the day of the inspection, the home did not have internet access and therefore some documentation which was stored electronically was not available. The registered manager sent us the information following the inspection.

As part of our inspection, we spoke with three people who used the service, one relative and two care professionals who had regular contact with the home. We also spoke with five members of staff including the registered manager. We reviewed four care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People who used the service told us that they felt safe in the home. One person said, "I feel safe here." The provider had taken steps to help ensure people were protected from abuse or the risk of abuse because there were clear safeguarding and whistleblowing policies. All staff had completed training in how to safeguard adults and we saw training records which confirmed this. Care staff we spoke with were able to identify different types of abuse that could occur and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager and if needed the provider, social services and the CQC.

There were appropriate arrangements in place for preventing financial abuse. People's finances were monitored by the registered manager and we saw people had the appropriate support in place where it was needed. Money was accounted for and there were accurate records of financial transactions. One person who used the service told us, "Staff look after my money just fine." Another person said, "The manager is good with money. She keeps count of my money."

Individual risk assessments were completed for people who used the service. Staff were provided with information on how to manage these risks and ensure people were protected. Each risk assessment had an identified hazard, current risk level and control measures to manage the risk. We saw that risk assessments had been carried out to cover slips/falls, financial abuse, mobility and challenging behaviour. The assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Through our observations and discussions with staff and people, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. The registered manager showed us the staff duty rotas from 22 December 2014 until 11 January 2015 and explained how staff were allocated on each shift. She told us staffing levels were assessed depending on people's needs and occupancy levels. The rotas correctly reflected which staff were on duty at the time of our

inspection. Staff we spoke with told us that they felt that there were enough staff. One member of staff said, "We are able to manage with the numbers of staff on duty. No problems."

We saw there were effective recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for four care staff and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

We saw evidence that the home had a system to monitor incidents and implement learning from them. The registered manager explained that they would discuss incidents and accidents during team meetings to ensure that staff were kept informed of these so that staff could all learn from these.

We found the home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks. Fire drills and testing of the fire alarm were completed on a weekly and monthly basis.

During our inspection, we saw that medicines were managed safely. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely. We noted that each person had a lockable cupboard in their bedroom and medicines were securely stored. We saw evidence that daily temperature checks were carried out in each person's bedroom to ensure that medicines which did not require refrigeration were being stored at the correct temperature to maintain their effectiveness.

The home had a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of medicines administration records (MARs) for the period of 22 December 2014 until 5 January 2015 for all people who used the service. We noted that the MAR sheets

Is the service safe?

and had been completed and signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time.

We saw evidence that regular medicines audits had been carried to ensure medicines were being correctly administered and signed for and to ensure medicines management and procedures were being followed.

Is the service effective?

Our findings

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care staff spoke positively about their experiences working at the home. One care staff told us, “It is a nice home. It’s nice to work here. It is a lovely well run home.”

We spoke with two care professionals who had regular contact with the home. Both told us that they had no concerns about the care provided in the home. One care professional told us that the care provided was good and that the registered manager listens to suggestions and responds. Another care professional said that staff were caring.

We spoke with five members of staff including the registered manager and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. We saw that the home had a supervision policy which stated that staff should receive supervisions monthly. However, we noted that staff had not received formal supervisions since September 2014 and we raised this with the registered manager. She explained that there was a backlog of supervisions and she was in the process of catching up with these supervisions. She also explained that whilst there were no documented supervisions since September 2014, she had regular “catch up” sessions with staff so that they were able to discuss any queries or concerns.

We spoke with staff about supervisions and they told us that they did receive these regularly although they acknowledged that they had not had them recently. Staff told us that they felt able to raise any queries or concerns with the registered manager. One care worker told us, “She is the best manager I have worked with. The door is always open. The manager is very open to talk to.” Another care worker told us, “I can always go to the manager for support.”

Staff told us they received an annual appraisal in order to review their personal development and progress and we saw evidence of this.

We spoke with care staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Training records showed that the majority

of care staff had completed training in areas that helped them when supporting people and these included infection control, food hygiene, health and safety, medication, safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The training was provided by an external organisation. There was a training plan in place which showed the training care staff had received and were due to receive for the remainder of the year. Care staff told us they were happy with the training that they had received.

We also saw evidence that staff received an induction when they started working at the service. All staff we spoke with said that the induction had been beneficial.

We saw care plans contained information about people’s mental state and cognition. People who used the service were able to make their own choices and decisions about care and they were encouraged to do this. When speaking with the registered manager and care staff, they showed a good understanding of the MCA and issues relating to consent.

The CQC monitors the operation of the DoLS which applies to care homes. We noted that the service had submitted one application to a local authority in respect of one person who used the service and an appropriate assessment had been carried out. We saw that appropriate policies and procedures were in place for DoLS. We saw evidence that people went out to various places and people identified at being of risk when going out in the community had risk assessments in place. The registered manager told us she was able to contact the local authority if she needed further advice about DoLS authorisations.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with healthcare professionals including GPs, chiropodist, physiotherapists, and opticians.

The arrangements for the provision of meals were satisfactory. People were supported to get involved in decisions about their nutrition and hydration needs. We saw that there was a set weekly menu and people chose what they wanted to eat and this was accommodated for. One person told us, “The food is excellent” and another said, “The food is ok. We get a choice.”

Is the service caring?

Our findings

When prompted to tell us about the home and how they felt about living there; one person told us, “This place is ok. Staff are friendly and respectful.” Another person said, “I am quite happy here.” One relative said, “Staff are nice. They are very good carers.”

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting people living in the home. People had free movement around the home and could choose where to sit and spend their recreational time.

We saw people being treated with respect and dignity. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills and daily skills. Care plans set out how people should be supported to promote their independence and we observed staff following these during the inspection.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were individualised and reflected people's wishes.

Care staff were patient when supporting people and communicated well with them and explained what they were doing and why. They were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. The registered manager and care staff we spoke with explained to us that they encouraged people to be independent. One care staff told us, “I encourage people to do things for themselves but support them where they need it depending on their needs.”

When speaking with care staff about people's respect and dignity, they had a good understanding and were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One member of staff said, “I always talk to people and have conversations. I make sure doors are shut when doing personal care.” Another care staff told us, “We give people choices. Encourage people and reassure people.”

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at the care plans for four people which contained information about their life and medical background and a detailed support plan outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, communication, and mental health. We looked at a sample of four care plans and saw that people were involved in completing their care support plan and these were person centred. We saw that care plans had been signed by people to show that they had agreed to the care they received. Care support plans included details of people's preferences and routines.

Care plans addressed people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. The registered manager and staff were able to demonstrate that they were aware of people's personal and individual needs. One care staff told us, "It is a small home so you really get to know people."

We noted that there was an activities timetable. However, staff told us there was flexibility in terms of activities as it depended on what people wanted to do on a particular day depending on their mood. One person who used the service told us, "There are activities for us", and another person said that they get involved with daily household tasks. On the day of our inspection, we saw one person

vacuuming parts of the home. One care professional told us that there could be more activities available for people that are specific to their individual needs. We saw evidence that the service was in the process of enrolling people into a local group that aims to enable people with learning difficulties to be more actively involved in the local community.

People who used the service, one relative and two healthcare professionals told us that if they had any concerns or queries, they did not hesitate to speak with the registered manager. One person said, "The manager is ok. I can tell her things and she listens." One relative told us, "The manager is very nice. She is very approachable and good." One healthcare professional said, "The manager always listens and responds."

The home had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the local government ombudsman and CQC if people felt their complaints had not been handled appropriately by the home. When speaking with staff, they showed awareness of the complaints policy and said they were confident to approach the registered manager. Staff felt matters would be taken seriously and the registered manager would seek to resolve these quickly. We looked at the complaints records and noted these had been dealt with accordingly.

Is the service well-led?

Our findings

There was a clear management structure in place with a team of care staff and the registered manager. Care staff spoke positively about the registered manager and the culture within the home. One care staff told us, “I have nothing bad to say about the home. The manager is fair and it’s the best place I’ve worked at. I am absolutely supported by my manager.” Another member of staff said, “It is very nice working here” and, “The manager is nice and caring. I am definitely supported by my manager.” From our discussions with the registered manager it was clear that they were familiar with the people who used the service and staff.

Staff told us they were informed of any changes occurring within the home through regular staff meetings, which meant they received up to date information and were kept well informed. Staff understood their responsibility and right to share any concerns about the care at the home.

There was a clear management structure in place with a team of care staff and the registered manager. Care staff spoke positively about the registered manager and the culture within the home. One care staff told us, “I have nothing bad to say about the home. The manager is fair and it’s the best place I’ve worked at. I am absolutely supported by my manager.” Another member of staff said, “It is very nice working here” and, “The manager is nice and

caring. I am definitely supported by my manager.” From our discussions with the registered manager it was clear that they were familiar with the people who used the service and staff.

The service had a whistleblowing policy and contact numbers to report issues were available and staff were fully aware of the numbers to contact. Staff we spoke with were confident about raising concerns about any poor practices witnessed.

The home held monthly residents’ meeting but the registered manager told us that she encouraged people and relatives to communicate with her at any time about any concerns they may have. The provider sought feedback from people who used the service and healthcare professionals through an annual survey. We saw evidence that the service had carried out a satisfaction survey in March 2014 and the results from the survey were largely positive.

We saw that the home had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. We saw evidence which showed monthly checks were being carried out by the provider and any further action that needed to be taken to make improvements to the service were noted and actioned. We found checks were extensive and covered all aspects of the home and care being provided such as premises, health and safety, medicines and finances. We also saw evidence that the regional manager carried out a check every six weeks looking at the premises, talking with people who used the service and staff and audits.