

Mr Kevin Arjoon Heeroo and Mrs Vimla Heeroo

Park Lodge Residential Care Home

Inspection report

18 Ridgeway
Broadstone
Dorset
BH18 8EA

Tel: 01202694232

Date of inspection visit:
18 July 2017
24 July 2017

Date of publication:
21 August 2017

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

Park Lodge is a residential care home providing accommodation with personal care for up to 17 older people. At the time of the inspection 14 people were living at the home and one person was staying for respite. One inspector carried out this unannounced inspection over two days on 18 and 24 July 2017.

At the last inspection in July 2015, the service was rated Good. At this inspection we found the service remained Good.

People were protected from harm. Staff were trained in safeguarding adults and understood what to do if they were concerned about someone. People's risks were managed safely and there was a system in place to investigate any accidents or incidents. Recruitment processes were robust and medicines were managed safely.

Staff told us they were well supported, sufficiently trained and that they had enough time to support people effectively and responsively. People told us they enjoyed the meals and that there were plenty of choices. People's healthcare needs were met and an individualised approach to activities meant people were leading happy and fulfilled lives.

Staff were caring and compassionate with a thoughtful approach and interest in the people they supported. People liked the staff they worked with and their dignity and independence was promoted. One person told us the home was "homely and comfortable" and another said, "I don't love it but I like it."

Staff had accurate guidance in place to enable them to help people in the way they wanted or needed to be supported.

There was a complaints system in place.

People, staff and relatives feedback was sought and this led to changes to improve people's experiences. There were effective quality assurance mechanisms in place.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Park Lodge Residential Care Home

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.

One inspector carried out the unannounced inspection over two days on 18 and 24 July 2017.

As part of the inspection we spoke with nine people who lived at the home to learn about their experiences. We also spoke with one family member. We talked to the registered manager and seven other members of staff.

We looked at eight people's care and support records and records about how the service was managed. This included two staff recruitment records, audits, meeting minutes and quality assurance records.

The provider had completed a Provider Information Return (PIR) which we reviewed. This 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. We also looked at incidents that they had notified us about and contacted commissioners and safeguarding teams to obtain their views.

Is the service safe?

Our findings

People told us they felt safe living at the home and a recent quality assurance survey confirmed this, with all of the people who took part commenting that they felt safe. One person said, "I feel safe here."

Staff completed safeguarding adults training and understood how to recognise and report anything they were concerned or worried about. One said, "Because you know them well, you can tell when something is wrong." Staff acted upon learning from safeguarding incidents. For example, new documentation had been implemented for use when seeking medical assistance. This was to ensure staff understood what action they needed to take. Staff told us this was working well.

Risks to people were assessed and plans put in place to reduce the risks posed by for example, moving and handling, use of equipment such as hoists or bed rails and any pressure care or nutritional risks. One person had lost weight and their family member told us about the action taken by staff to support them with their nutritional intake, thereby reducing the risks they were experiencing.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Accidents and incidents were recorded and a monthly analysis enabled staff to detect any trends or patterns and take any further actions required to ensure people's safety.

The registered manager told us they were confident there were sufficient staff on duty to meet people's needs. They used a dependency analysis tool and had recently increased staffing following feedback from staff. This included the introduction of staff to help at tea-time and when activities were taking place. Two of the people we spoke with said they felt more staff were required and we fed this back to the registered manager who confirmed they would review staffing levels and seek further feedback from people. At the time of the inspection there were three care workers on duty in the morning, two to three in the afternoon/evening and one waking and one sleep in staff at night. This was in addition to housekeeping, catering and activities staff.

We reviewed two staff recruitment files. Recruitment practices were safe and the relevant checks had been completed before staff worked with people in their homes. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Peoples' medicines were managed and administered safely. Medicines were stored securely. There were clear instructions for staff in people's medicines administration records (MAR), as well as care plans for each 'as necessary' (PRN) medicine. There were regular checks to ensure people had received their medicines as prescribed. Staff who administered medicines had training to do so and their competence in handling medicines was checked periodically.

Key maintenance and testing was undertaken by specialist contractors including: gas safety, portable appliance testing, electrical hardwiring, legionella testing and the inspection and servicing of fire and care related equipment.

Is the service effective?

Our findings

People told us staff were skilled and knew what they were doing. One said, "They are all clever in one thing or another" and another told us, "The staff they have got are terrific."

Relatives told us staff had the right skills to support their family member. One person had been supported to gain weight since moving into the home. Their relative told us, "They have looked after [the person] so well, I can't fault them."

One new member of staff explained about their induction which included shadowing more experienced staff and their training which they described as, "Very well explained." They said that the induction, support and training they had received meant they felt confident and understood their role. The registered manager told us new staff were completing the care certificate. This is a national social care qualification. The training matrix showed staff were supported to undertake training in areas such as first aid, manual handling, fire, health and safety, infection control, food hygiene, nutrition, dementia, diabetes, stroke awareness, pressure ulcers and record keeping. The registered manager told us about further training they planned for staff to complete by October 2017. This included dignity and respect, communication and challenging behaviours.

Records and staff told us they were well supported. Staff had regular one to one supervision meetings with managers, and annual appraisals. Staff told us they could ask for help or guidance at any time.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). The 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.

Most people living at the home had capacity to consent to their care and support. People's consent was sought. Staff told us about how they supported and respected people's decisions with one commenting, "We ask them about everything." A person told us, "There are no rules or regulations." People's records showed that they had consented to aspects of their care including agreeing with their care plan and consent to the use of photography. People were supported to make choices. For example, staff approached one person and said, "Are you alright? Would you like a cup of tea or lemonade or something else"? The person chose what they wanted and staff went to get it straightaway.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These safeguards can only be used when there is no other way of supporting a person safely. We looked at whether the service was applying the DoLS appropriately. The registered manager had made the appropriate applications.

People told us they enjoyed their meals. We received a range of comments which included, "It's lovely",

"Very good" and "I enjoy my food and am never hungry." They said there were choices and alternatives on offer should they not want the menu options. Staff had recently completed a detailed questionnaire with people to establish what food they liked, disliked or were not that keen on. This had been analysed and a summary was given to catering staff to make sure they understood what people did and didn't enjoy eating. The registered manager told us, "The residents can ask for what they would like, when they like."

People told us they were supported to access the health care they needed. Records showed people saw healthcare professionals such as their district nurse or GP when they were unwell. People were also supported to access other health care professionals such as their chiropodist, occupational therapist and physiotherapist when they needed to.

Is the service caring?

Our findings

People told us staff were polite and respectful. One person said, "They are all very helpful" and another person told us staff were, "Very helpful, they are very nice people." A third person commented, "They all have a nice nature." We saw staff knocked on people's doors before entering their bedrooms and observations showed staff communicated with people respectfully, asking how they could help and acting on what people said they wanted.

Staff had received compliments about their care for people. For example, one relative had written to them saying, "I really do appreciate all that you have done for [the person] since they came to live with you and especially more recently as they became so very unwell."

Staff knew people well and had a person centred approach to the person they were supporting. One staff member told us, "You have to care; that's what matters." Records supported staff to understand about people. For example, they identified people's preferred name, things that were important to them and information about their past history, such as their occupation, family life and where they had lived. This meant that staff were better able to understand the person and what was important to them. One person told us about the importance of this for them. They said, "Everyone is so lovely, being called [their preferred name] made me feel like one of the family."

Staff were concerned about people's comfort and welfare. They were unhurried and kind when they were chatting with people about what they needed or how they were. For example, one person was uncomfortable and staff helped them to rearrange their pillows. They said to the person, "Do you want this higher or another one? Is that a bit more comfy?" The person said that they felt more comfortable.

People's bedrooms were highly personalised with their photographs and furnishings such as pictures and ornaments. There was a homely feel to people's rooms and everybody told us they liked their bedroom and that their bed was comfortable. One person said, "See that bed, it's really comfy." One person had memory loss and all their photographs had their relatives names next to them to aid their memory and help staff understand who all their family members were.

People's future wishes were identified and acted upon. For example, one person had an end of life care plan. This enabled staff to understand what the person wanted to happen if they became very unwell and provided staff with detailed guidance on how best they could support the person.

Is the service responsive?

Our findings

People told us staff largely responded quickly when they asked for help. Some people commented that the responsiveness of staff did depend on how busy staff were. One person commented, "They do their best, I can't say I have any complaints, the staff are very obliging."

People had the things they needed such as their call bell, water, paper, clock or TV remote positioned near them so that they could reach them. This made sure people could maintain their independence so far as possible.

One person told us about how moving into the home had made a difference to how they were feeling. This was because they had struggled to continue living in their own home. They said, "It's a better life than I had. I feel a totally different person; I think it's having the company. All my worries have been taken off me."

People's needs were assessed before and after admission to the home. Each person had care plans that were tailored to meeting their individual needs including areas such as their mobility, personal care, continence and skin care, their communication, health and emotional needs. We saw these were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences.

Daily records of the support people had received were completed and where people had additional needs such as nutritional or skin integrity risks, additional checks were carried out and recorded.

A range of group activities were provided and staff also spent time with people on a one to one basis where they spent most of their time in their bedroom. Group activities had been developed since the last inspection and included exercise classes, singers, arts and crafts, games and quizzes. The registered manager told us, "I am very proud of our activities. It's tailored to meet individual resident needs." There was a new activities co-ordinator and they had taken a thoughtful approach to finding out what people liked to do and how they enjoyed spending their time. This had included setting up a library service for people and making sure a selection of large print books were available in the home. They had also arranged for the BSO (Bournemouth Symphony Orchestra) to visit the home and play for people in the conservatory area. During the occasion they made sure that windows were open so that people who preferred to be in their bedroom could hear the music. One person was very unwell and staff supported the orchestra staff to take their instruments upstairs to the person's bedroom where they played music for them. Though talking with people, the activities co-ordinator identified that one person had an interest in gardening. They arranged for them to plant pots with flowers and supported them to water them. They told us this had made a difference to that person's happiness.

Staff told us they were kept updated about people's needs so that they understood what they needed to do to help or support them. Staff used a communication diary to help them keep track of healthcare appointments, family or professional visits and key home updates. Staff also had daily handovers which they told us were an effective means of communication. We attended one handover where staff discussed

each person, the support they had required, any concerns and changes to their health. Staff took an interest in each person as they were discussed and had an obvious regard for their physical and emotional welfare.

Information about complaints was displayed in communal areas and discussed at meetings held with people. The registered manager told us they had not received any complaints in the last 12 months. People told us they would be happy to raise a concern or complaint. One said, "You can complain if you want; they don't mind."

Is the service well-led?

Our findings

People's feedback about the quality of their care was sought and acted upon. A quality assurance questionnaire carried out in July 2017 had identified that people were largely satisfied with the care and support they received. This included 100% positive responses about people's safety, comfort, cleanliness of the home and being treated with dignity and respect. Where people had commented on issues or suggested improvements these had been acted upon. Staff, relative and visitor feedback was also sought and used to drive forward improvements in the quality of service.

People told us they knew and liked the management team. One person said of the registered manager, "[They] are wonderful, [they never sit idle]."

The registered manager had submitted a provider information return to CQC where they had identified the improvements they were planning to make over the next 12 months. We reviewed the information with the registered manager and found they had acted on what they had said they were going to do. For example, improvements to the garden area had been completed and they had developed new systems of gathering feedback from people, their family members, staff and visitors that were proving more effective.

The registered manager had a development plan. Improvements made included renewal of chairs and making the garden more accessible to people through a ramp. They kept updated on good practice and new legislation or guidance through attending local provider meetings and by receiving updates from organisations including CQC.

Staff felt supported by the management team. One said, "If I have a problem I just go and talk to them and it's all sorted." The registered manager told us about staffing changes such as the appointment of a deputy manager and the introduction of additional tea-time staff that had been introduced since the last inspection. They said, "It's running really smoothly. When you have a stable team who care for each other it makes such a difference. I am so proud of everybody."

A range of quality assurance audits were carried out regularly to make sure staff were aware of what was working well in the home and any issues or changes that were required. These included audits of audits, the environment, people's care plans, medicines and emergency fire equipment.

Peoples records were maintained and kept securely although they were easily accessible to staff.