

Truecare Group Limited

Parkwood Lodge

Inspection report

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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

Parkwood Lodge is registered to provide accommodation for seven people requiring personal care who may have a learning disability and or associated mental health condition. The home does not provide nursing care.

The home has seven ensuite bedrooms. Three are situated on the ground floor and four are on the first and are accessed by stairs. There is a lounge, two dining areas, kitchen, conservatory and a large secure garden to

the rear of the property. Public transport and a range of shops are located within walking distance of the service. On the day of our inspection seven people were living at the home.

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 and associated Regulations about how the service is run.

Summary of findings

This inspection took place on 30 November and 2 December 2015 and was unannounced.

People who were able to talk with us said that they felt safe in the home and if they had any concerns they were confident these would be quickly addressed by the staff or registered manager.

There were sufficient numbers of qualified, skilled and experienced staff to meet people's needs. The provider operated safe and effective recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received supervision and appraisals which were on-going, providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People were involved in their care planning. Staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes and care plans were routinely reviewed to check they were up to date.

Staff encouraged people to make their own choices and promoted their independence to take part in activities and leisure pursuits of their choice and to go out into the community as they wished.

People spoke positively about the way the home was run. The registered manager and staff understood their respective roles and responsibilities.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken.

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?

The service was safe. People told us they felt safe and were treated well by staff. Staff understood their responsibilities for keeping people safe and knew how to recognise abuse and keep people safe from harm.

Staff recruitment was robust and ensured only those people who were suitable to work with adults at risk were employed.

Medicines were safely stored, administered to people and handled appropriately.

Good



Is the service effective?

The service was effective. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People were supported to eat and drink sufficient amounts to meet their needs.

Good



Is the service caring?

The service was caring. The registered manager and staff demonstrated caring, kind and compassionate attitudes towards people.

People's privacy was valued and staff ensured their dignity at all times.

People were included in making decisions about their care. The staff were knowledgeable about the support people required and how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive. People's needs were fully assessed with them before they moved to the home to make sure that the staff could meet their needs.

The management team responded to people's needs quickly and appropriately whenever there were changes in people's care and treatment.

People were supported to take part in a range of activities in the community.

Good



Is the service well-led?

The service was well led. Staff were encouraged to share their views about the home and how it could be improved.

Staff felt supported by the registered manager and the provider.

The registered manager undertook regular audits to check the quality of the service provided to people and to continuously improve standards.

Good



Parkwood 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 checked 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.

The inspection was carried out by one inspector due to the small size of the home and people's complex needs.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection.

As part of our inspection, we spoke with the registered manager, two care staff and three people living at Parkwood Lodge. Following our inspection we contacted two relatives, a general practitioner (GP) and one local authority care manager to obtain their views on the homes delivery of care. We also spoke with the providers purchasing and procurement officer.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we looked at the provider's records. These included four people's care records, four staff files, a sample of audits, staff rosters and the provider's policies and procedures.

We last inspected the home in November 2013 where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe and knew who to speak to if they were worried about something. One person told us, “Yes its good here. The staff look after me and keep me safe.” Another person said, “I like living here. The staff come with me when I go out. I find the outside world quite scary but know they will help me”.

Safeguarding policies and procedures were in place, which informed staff of the actions they should take to keep people safe and if they suspected abuse. The contact details of the local authority safeguarding team were displayed within the home. Staff were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to the manager. They were confident that any safeguarding concerns would be addressed appropriately including informing the local authority safeguarding team and the Care Quality Commission. Staff told us they had received training in safeguarding people and training records confirmed this.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Records showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

There were enough skilled staff deployed to support people and meet their needs. Staffing rosters and staff we spoke with confirmed that they felt there was enough staff on duty to provide people with the care they needed safely. The registered manager told us staffing levels were adjusted to meet the changes in needs of people. The registered manager provided us with examples of when extra staff had been on duty to meet people’s needs. For example, when people needed to be accompanied by staff to health appointments and to enable people to participate in a range of activities in the community. Staff confirmed levels were adjusted to meet changes in people’s needs. Relatives told us they felt there were enough staff on duty at all times.

Staff knew people well and understood their individual needs. People using the service confirmed staff were familiar to them and people spoke in a positive manner about staff. People told us they would speak to the registered manager and/or their keyworker if they had concerns about their personal safety and/or welfare. Staff had time to talk with people and to support them in participating in a range of activities both in the home, community and visiting people important to them.

There was a process in place to manage risk to people and keep them safe. Staff had a good knowledge and understanding of the risks to each person’s health and wellbeing. Risk assessments detailed people’s individual early warning signs of displaying behaviour which might place them or other people at risk. Assessments gave guidance on how to manage the risks and reduce the likelihood of an incident. We saw risk assessments had been agreed with the person, for example for going out in the community and nutrition. When people had an accident or were involved in an incident this was recorded along with the actions taken to prevent these happening again. The registered manager audited these records to make sure any actions had been completed and people were protected from further harm.

Medicines were stored, managed and administered to people safely. An up to date medicines policy which included procedures for the safe handling of medicines was available to staff who had signed to indicate they had read and understood it. Within each person’s care plan there was detailed information and guidance about each person’s medicines. This included photographs of people and specific guidance about the medicines they were prescribed and those administered on an occasional basis such as those that relieved symptoms of pain.

Medicine administration records showed people had received the medicines they were prescribed. Daily checks of the medicines were carried out to make sure they were managed safely. We checked a sample of medicines, the stock quantities available showed that medicines had been appropriately given to people. Records were kept for all medicines which were disposed of and collected by the dispensing pharmacist. Staff had completed training in the management and administration of medicines. Staff files we viewed confirmed this.

There were various health and safety checks and risk assessments carried out to make sure the building and

Is the service safe?

systems within the home were well maintained and serviced as required to make sure people were protected from risks associated with the environment. These included regular checks of the fire safety, gas and electric systems. On the first day of our visit however we found window restrictors fitted to some first floor windows were not fit for purpose and could easily be dis-engaged. This meant that people were at risk of serious injury from falls from heights. We brought this to the attention of the registered manager who immediately contacted the providers maintenance team who during our visit, fitted window restrictors to all first floor windows. This ensured that the risk to people from falling from a window at height was reduced and people were safe.

Arrangements were in place to protect people if there was an emergency. There were Personal Emergency Evacuation Plans (PEEP) in place for people and these were kept in an accessible place. The emergency plans included important information about people such as their communication and mobility needs. This gave details of the safest way to support a person to evacuate the building in the event of an emergency, for example fire. These had been recently updated to remain relevant and accurate. The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety. In addition, the home had a business continuity plan for emergency procedures. For example, fire, flood or utility failure. The provider had anticipated how to protect people's safety in an emergency situation.

Is the service effective?

Our findings

People and their relatives spoke positively about the care delivered by staff. Two people told us they felt staff provided them with the care and support they needed. One relative said, “They are doing a grand job. I have no concerns at all. My relative is doing well”. Another relative told us they felt staff understood people’s individual needs and said, “They know people well. Staff call me if they have any concerns to let me know”. A visiting GP told us, “The home contact us as and when they need to. I do not have any concerns about the care the home deliver. They are very caring”.

Staff had received relevant training to provide people with the care and support they needed. For example, safeguarding adults, health and safety, food safety, moving and handling and dignity and respect. Staff had also received training in other relevant areas. For example, Strategies for Crisis Intervention and Prevention (SCIP). SCIP is a way of working with adults with a learning disability. It follows the positive behaviour support model and its focus is on proactive methods to avoid triggers that may lead to a person to present behavioural challenges to get their needs met. It aims to support staff to identify triggers and recognise early behavioural indicators.

Staff told us they received regular supervision meetings with their manager to monitor their performance, identify their learning and development needs, discuss best practice and people’s needs. Records of staff supervision meetings confirmed this. The manager told us that annual appraisals would take place during the month of January 2016 and staff would be advised in good time in order that they could properly prepare for them.

People’s needs were discussed during staff shift ‘handover’ meetings. Staff told us there was very good communication among the staff team about each person’s needs, so they were up to date with people’s progress and knew how to provide people with the care and support they needed.

People were supported to maintain their health. Prompt referrals were made to relevant healthcare services when changes to people’s mental health or wellbeing had been identified. People accessed a range of healthcare in the community. For example everyone was registered with a dentist, GP and optician. A record of appointments was kept in people’s care records. Staff recorded the outcomes

of appointments and also when future appointments were needed. We also noted in people’s care records that they were visited by the health and social care professionals such as community mental health nurses who were involved in monitoring their health and well being.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection nobody living at the home was subject to a DoLS however an application for one person had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The registered manager knew when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used to The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. 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 told us and their care plans showed they were involved in decisions about their care and treatment. Where able we saw that people had consented to receiving care and support with tasks such as managing their medicines and finances. Staff were knowledgeable about the importance of obtaining people’s consent regarding their care and treatment in other areas of their lives. Staff knew that when people were assessed as not having the capacity to make a specific decision, health and social care professionals, staff and where appropriate family members would be involved in making a decision in the person’s best interests.

People were supported to eat and drink sufficient amounts to meet their needs. People were encouraged to choose what they ate and drank. Meals were planned in advance and each person was encouraged to cook the main meal,

Is the service effective?

with staff support if needed, every day. People told us they liked to be involved in cooking. One person told us it gave them a 'sense of achievement'. People living at the home had unrestricted access to the kitchen and could have snacks and drinks when they wanted them.

Is the service caring?

Our findings

The atmosphere of the home was relaxed. People were complimentary about the staff and told us they were treated well and provided with the care and support they needed. One person told us, “The staff are nice and help me. I go out quite a lot. They take me and look after me”. A relative told us, “Staff are very good, they are polite. They respect people’s decisions. I can approach the staff anytime”. Another relative told us, “I am more than happy with the care provided”.

People told us they were happy with the care they received and were involved in decisions about their care. During the inspection we found staff took time to listen to people, involve them in conversation and respected the decisions they made. Resident meetings were held every eight weeks and people were asked for feedback about the service and made suggestions for activities they would like to arrange. For example, going out for coffee, visits to the Brighton sea-life centre and plans for the Christmas period. People told us they enjoyed the meetings and it was a good way to arrange things. The registered manager told us, “We have these meetings because we want to know what people want. We try our best to give the things people want. For example, at the last meeting we discussed the Christmas and Boxing Day menus and New Year arrangements. People wanted specific foods for Christmas and we have helped people to plan a new year’s party where we will be inviting people from other homes in the area”.

There were positive relationships between staff and people using the service. Some people had lived in the home for several years and staff knew them very well. One member of staff told us about the importance of building a rapport with people living at the home. Each person had a key worker who supported them in their day to day lives. One person told us the name of their key worker who they said accompanied them on shopping trips and regularly talked with them.

Staff confirmed they read people’s care plans and received detailed information about each person during each shift handover so understood people’s individual needs and were able to provide people with the care they needed.

Some people were involved in The Mental Health Recovery Star which covers 10 key areas. For example, managing mental health, living skills, trust, identity and self-esteem. The Recovery Star is designed to support individuals in understanding where they are in terms of recovery and the progress they are making. It aims to provide both the person and staff with a platform for discussion of mental health and wellbeing in supporting and measuring change. This helps in a practical way to develop a recovery focused care plan that clearly sets out what the service will provide and how the service user and others will contribute. One person who was involved in the Recovery Star told us, I talk with my keyworker every month. We discuss what is going well and what isn’t. We set targets and that helps me to see how well I am doing”.

People told us and we saw that they were respected and that care and support was delivered in such a way as to maintain their dignity. People had access to their bedrooms at all times if they wished to be alone. Staff we spoke with described the action they took to ensure people’s privacy and dignity was protected during care tasks. These included keeping curtains drawn and closing doors.

People’s independence was encouraged where possible. For example, people were encouraged to tidy their own rooms, cook the evening meal with support as necessary, and do their own laundry. For those able to take more responsibility for aspects of their lives, this was supported, for example one person managed their own medicines.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. People told us about the regular contact they had with family and friends. Relatives confirmed they had regular contact with people and spoke in a positive manner about the support staff provided in promoting this contact. They told us they were kept informed about people’s progress and staff understood people’s needs. A relative told us they had regular contact with a person’s key worker.

Is the service responsive?

Our findings

People told us they were involved in developing their care plans. Relatives informed us they were also involved in supporting people with aspects of their care. One relative told us, “Staff check things with me all the time. They welcome my involvement. I talk to the carers all the time, they listen and sort things out”. Another relative said, “We have meetings about my relatives care. They take them out and help them buy clothes. They really do know people very well”. A further relative told us, “He is doing so well at Parkwood Lodge. He has lived there for a couple of years. In that time he has only had one hospital admission whereas before he went there it was a regular occurrence. The staff are very good at seeing things ‘before they happen’ and they act accordingly. I know this is why they are doing so well”.

The registered manager told us that before someone moved into the home information about their needs was obtained from health and social care professionals. She told us they always completed a comprehensive assessment with the prospective person’s involvement of their individual needs and preferences. This also included a number of pre-visits to the home to ensure it was suitable for them. The registered manager spoke about the importance of pre-visits to determine if the service was able to meet the person’s needs and to make sure they were compatible with people living at the home.

Activities were organised according to people’s choices, interests and needs. Two people worked as volunteers in a local charity shop during the week. This had been arranged by the activities co-ordinator. For one person this was part of a transition plan for them to move back into the community and live independently. The activities coordinator told us, “It’s very important for people to learn the skills to be able to live independently. We focus on that aspect very much. We use community projects like this to achieve people’s goals”. People also participated in household tasks including the preparation of meals, mopping the kitchen floor, and tidying their rooms. One person told us they had vacuumed the lounge carpet on the morning of our visit. A care worker told us people had developed many ‘life skills’ by participating in these tasks.

People’s individual choices and decisions were recorded in their care plan. Staff were knowledgeable about people’s

preferences and the type of activities they enjoyed. They supported people to follow their interests, take part in a range of activities and to maintain links with the wider community. One person told us they liked doing, ‘lots of things’ and staff supported them to do so. For example, going to the cinema, restaurants, bowling, swimming, community clubs, outings and holidays.

Daily activities within the home included, word games, baking, movie afternoons and quiz’s. People were able to go out alone, with relatives or friends on a risk-assessed basis. People told us they were able to make choices with regard to their daily lives. One person told us, “I can go out on my own. I always inform the staff when I am going.” We saw a record was kept of what time people were leaving and returning to the service. This helped staff to know people whereabouts in case of an emergency for example if the fire alarm sounded.

People’s care plans provided information about their care needs and identified the level of support and guidance they needed from staff. The four care plans we looked at contained detailed information about each person’s health, support and care needs and what was important to them. Each person’s care was reviewed every four weeks or sooner if people’s needs changed. There was also comprehensive written guidance about how to provide people with the care they needed. Staff told us people’s needs were assessed and monitored on a day to day basis, discussed with the person and with the staff team.

The service had a complaints policy and procedure for responding to and managing complaints. The complaints procedure was displayed in written and pictorial format in the home. People and relatives told us they had no concerns or complaints about the service. They said they would feel comfortable raising complaints, and were confident they would be addressed appropriately and promptly. Complaints records showed there had been two complaints made since our previous inspection. These had been investigated by the registered manager and the findings and outcomes fed back to the complainant in a timely way. The manager told us minor day to day issues/concerns raised by people were addressed straight away. People we spoke with said, “If I’m not happy about anything the staff or manager sorts it out. Another person said, “I’ve never had to complain. If I did I know the staff and manager would listen to me”.

Is the service well-led?

Our findings

People, their relatives and a health professional spoke in a positive manner about Parkwood Lodge, its manager and staff team. People told us the registered manager was approachable and communicated with them well. Comments from people living at the home included, “I like it here,” and “The manager works hard”. A GP spoke positively about the service and the registered manager and told us, “There has been a significant improvement in the service since the new manager has arrived”. One member of staff told us, “Everyone works together. The registered manager will work with people such as helping them with cooking and supporting them in the community. She leads by example”.

Staff were positive about the leadership and management of the home. They told us they were encouraged to share their views about the home and how it could be improved. They said they were supported in their roles through regular supervision and staff meetings as well as more informally on a day to day basis. One staff member told us, “We have team meetings but if I need any advice I can just ask the manager at any time”.

People had been provided with a service user guide which was individually personalised to meet people’s communication preferences and included information about the service provided by the home.

The provider worked well with partners such as health and social care professionals to provide people with the service they required. One local authority care manager care told us, “Parkwood Lodge is a good service. It actively promotes independence in a safe way. People living their do exceptionally well. I have no concerns”.

Staff told us there was an open culture at the service and they would not hesitate to raise any concerns if they were witness to poor practice taking place. The service had a whistle blowing policy in place which staff confirmed they knew about. All the staff spoken with said they were confident that the registered manager would deal with any concerns they had and told us they felt able to raise any issues at their team meetings.

Regular team meetings provided staff with the opportunity to receive information about any changes to the service and to discuss and raise any concerns or comments they had. We read team meeting minutes and these confirmed that staff members contributed to discussions being held.

Policies and procedures were up to date and related to all areas of the service. Staff knew about the policies and had read them. Confirmation of up to date insurance cover for the service was displayed.

The provider conducted a quality assurance review of the home in August 2015. Questionnaires were sent to people living at the service, relatives, staff and health care professionals. The home received responses from staff and people living at the service. 100% of people using the service felt staff ‘listened to them’ and were happy with the care and support, quality of life and food choices. Staff responses were mostly positive. For example, 74% of staff enjoyed working at Parkwood Lodge whilst 21% answered ‘partly enjoyed’. 72% of staff felt there were opportunities to develop their careers whilst 17% felt there were limited opportunities. The registered manager told us survey response in respect of staff feedback were discussed at staff supervision and team meetings to ensure staff felt valued and supported. Staff we spoke with on the day of our inspection told us they felt support and development opportunities had improved since the survey.

The provider and registered manager carried out checks of the home to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people’s care plans and staffing arrangements. Where necessary, action plans were created and followed up until the actions were completed.

Staff completed a range of health and safety checks to help identify any risks or concerns in relation to the environment and equipment used for delivering people’s care. Monthly health and safety walk through were completed as were detailed checks of the fire and water safety within the service. Health and safety checks had identified that the fire alarm panel, which was located in the kitchen needed to be relocated to a prominent position at the entrance to the home where it would be easily visible. We spoke with the providers purchasing and procurement officer who

Is the service well-led?

confirmed work to move the alarm panel was scheduled to commence in April / May 2016. This helped to ensure that robust systems were in place to monitor and improve quality and safety within the service.

We looked at people's personal records including medical records and saw they were accurate and fit for purpose.

Care plans and risk assessments were reviewed monthly by the registered manager. Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept locked away when not in use and were only accessible to staff.