

Parkcare Homes (No.2) Limited

Fitzwilliam Lodge

Inspection report

Westfield Road
Rawmarsh
Rotherham
South Yorkshire
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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 ●

Summary of findings

Overall summary

Fitzwilliam Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The home offers accommodation for up to 16 people in single rooms or flats. Support provided includes mental health and the needs of older people. Fitzwilliam Lodge is situated close to local transport, shops and other community facilities. There were 15 people living at the home at the time of our inspection.

This inspection took place on 5 December 2018 and was unannounced. This meant no-one at the service knew we were planning to visit. At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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.

Effective recruitment procedures helped to make sure staff had the required skills and were of suitable character and background. There were enough staff available to meet the needs of people living at the home at the time of our inspection.

Staff understood what it meant to protect people from abuse. They were confident any concerns they raised would be taken seriously by the management team.

Care and support was planned and delivered in a way that ensured people were safe. People had been involved in planning their care. Support plans clearly outlined peoples' needs and any risks associated with their care, as well as their abilities and preferences.

Medicines were stored, administered and disposed of safely.

An effective induction, plus a varied and ongoing training programme ensured staff had the right skills and knowledge for their role. Staff were supported in their jobs through regular supervisions and an annual appraisal.

People were supported to maintain good health and have access to health and social care services. They were also supported to maintain a balanced diet that met their individual needs and choices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider's policies and systems supported this practice.

People were supported by caring and compassionate staff who respected their privacy, dignity, preferences and independence.

There was a range of social activities and events available for people to take part in, if they wished to.

The service had an open and positive culture that encouraged involvement of people using the service, their families and staff. Leadership was visible and promoted teamwork. People were encouraged to raise concerns or complaints and were asked for feedback about the service they received

The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Fitzwilliam 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 to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 December 2018 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help with the planning for this inspection and to support our judgements.

We reviewed all the information we held about the service, which included notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, when a person who uses the service has a serious injury.

We requested the views of other agencies that worked with the service, such as service commissioners, healthcare professionals and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with five people living at the home to gain their opinion of the service provided. The registered manager was not available on the day we visited, but we spoke with the general manager, the operations manager, a team leader and three care workers. We also observed staff supporting people throughout the day.

We looked at documentation relating to people's care, staff files and management records. This included reviewing three people's care files, medication records, staff training and support records, three staff recruitment records, monitoring of accidents and incidents and a selection of audits completed by the

management team to check the home was operating as expected.

Is the service safe?

Our findings

There were enough staff employed to meet people's care and support needs in a timely way. This was confirmed by the people we spoke with, staff and our observations. We saw staff supporting people in an unhurried way and spending time talking with them about their plans for the day.

Recruitment procedures remained safe. Each staff file we sampled contained the required information, such as written references to confirm their suitability for the post applied for, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have.

The provider continued to effectively protect people from potential harm, because they had taken steps to identify areas of risk and minimise these risks. We saw risk assessments had been carried out to assess if there were any potential risks to each person using the service, staff and the environment. Management plans were in place to minimise those risks where needed, while allowing people as much freedom and independence as possible. Staff we spoke with gave good examples of how they minimised risk and they had received training in health and safety topics.

There were systems in place to help staff keep people safe. An electronic reporting system had been used to record incidents. Incidents were divided into different categories, such as safeguarding, accidents and incidents. We saw forms were completed at the time of the incident and reviewed by the management team to ensure appropriate action was taken to resolve the situation, and lessons were learned to minimise a recurrence. Staff were knowledgeable about safeguarding people from abuse. One person using the service said, "None of the staff have ever been nasty to me or anything."

Medication continued to be managed safely. Staff responsible for supporting people to take their medicines had completed training and regular competency checks on this subject. Medication was stored securely and the system to monitor medication going in and out of the home was robust. The medication administration records [MAR] we sampled had been completed correctly and any 'as and when required' medication had been clearly recorded. Systems were in place to check the stock levels for medicines not contained in blister packs. We observed the lunchtime medicines being administered, this was done in line with best practice. People we spoke with said they received their medication as prescribed.

Regular checks had been carried out to ensure staff were following the company's medication policy and procedure. The dispensing pharmacy had also periodically audited the medication system. At their visit in April 2018 they had identified a couple of minor shortfalls, the general manager said these had been addressed on the day of their visit.

Safety and maintenance checks for the premises and equipment were in place and up to date. For example, fire equipment had been serviced regularly.

There were systems in place to reduce the risk of the spread of infections. Staff had completed training on

this topic and protective clothing, such as disposable gloves and aprons, were available. There were hand sanitizer dispensers around the home which could be accessed by staff, people using the service and visitors. The home was clean, tidy and fresh throughout.

Is the service effective?

Our findings

People's care and support was delivered in a way that achieved effective outcomes for them. They told us they were very happy living at Fitzwilliam Lodge, and confirmed that staff supported them to live their lives how they preferred. One person told us, "The staff are fantastic, you have to see it to believe it. If it wasn't for the staff I wouldn't be where I am today."

People were supported by staff who had received appropriate training and support to undertake their jobs effectively. New staff had completed a structured induction, which included essential training and becoming familiar with the home and the people who lived there. The general manager said they also shadowed an experienced member of staff for at least a week, sometimes longer, depending on their confidence. This was confirmed by the staff we spoke with. If applicable, new staff also completed the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers should adhere to in their daily working life. It aims to provide a consistent approach in the care sector.

Ongoing support for staff continued to be provided through training, supervision and appraisals. Staff we spoke with told us they had received regular supervision sessions, which along with their annual appraisal had been used to plan their training and development needs. All the staff we spoke with felt well trained and supported.

People were encouraged to maintain a healthy diet and their dietary requirements for health or cultural needs were provided for. There were two kitchens, one was used to prepare most of the meals and the other for drinks and snacks. There were also three flats, which each had their own kitchen. One person told us they planned, shopped for, prepared and cooked their own meals. Other people said staff assisted them with this. Menus were displayed which showed variety and choice, and people told us they enjoyed the meals provided.

People's support plans included detailed information about their dietary preferences and the level of support they needed to make sure they received a balanced diet. The general manager told us picture menus were also to be introduced shortly, to help people choose the meals they wanted.

People continued to be supported to maintain good health and were able to access healthcare services when needed. Each person had a health action plan which identified their health needs and had been updated following every health appointment, or when changes occurred. Records showed people had been supported to access GPs, dentists, social workers and opticians, as well as mental health professionals, when required.

The service was meeting the requirements of 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.

Staff we spoke with demonstrated a very good understanding of people's right to make their own decisions and what to do if they needed assistance to make some decisions. Care records reflected each person's capacity to make decisions, and when decisions had been made in someone's best interest, this was clearly recorded. People had signed to say they consented to their planned care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We found where restrictions were, or may be needed, appropriate action had been taken, and where conditions applied to authorised DoLS these were being robustly monitored.

Is the service caring?

Our findings

Throughout our visit staff supported people in an inclusive, sensitive and friendly manner, treating them with dignity and respect. Staff displayed a genuine caring and compassionate attitude and everyone seemed at ease with each other. People praised the way staff supported them and told us about how they cared about them as individuals and their wellbeing.

Staff treated people with dignity and respected their privacy. We saw staff knocked on doors and waited for a reply before entering people's rooms. They spoke respectfully about the people they supported and emphasised the importance of maintaining people's dignity while meeting their hygiene needs. A member of staff was named as dignity champion for the home. Their role included promoting dignity within the home and sharing relevant information with staff.

Staff clearly knew people's likes and dislikes very well. We heard friendly conversations between people using the service and staff. The staff we spoke with demonstrated a good understanding of each person, their preferred routine and any specific needs they had. Each person had a keyworker who worked closely with them to make sure they were happy and had everything they needed.

People were supported to be as independent as possible. Care records contained information on how to encourage people to do things for themselves and promote their independence. Staff we spoke with told us they felt this was an important part of their role.

We saw people's rooms were personalised, with people furnishing them with photographs, ornaments, items of furniture and other personal belongings. This enabled them to reflect their personal tastes.

The service complied with the Equality Act 2010 and had systems in place to ensure people were not treated unfairly because of any characteristics that are protected under this legislation, such as gender or age. Staff had received training in equality and diversity, to help them support people appropriately. We saw one person required a special diet to meet their religious beliefs and medical needs. This had been catered for and staff demonstrated a good understanding of their role in supporting the person. For instance, the person had not asked to follow their religion in anyway except their diet, but staff were working to build up a relationship with them to see if they wanted to move forward in anyway.

Is the service responsive?

Our findings

The service continued to effectively assess the care and support people needed, and delivered this in line with their individual support plan. Initial assessments had taken place prior to each person moving into the home and these assessments had been used to develop people's tailor-made care plans. One person described how they had gradually moved into the home, so they could become familiar with the home and the people who already lived there. They said they found this a very positive experience.

Each person's care records provided information about the care and support they required, as well as their preferences, religion, culture and daily routines. The plans provided staff with clear guidance about how to meet each person's needs, and daily notes showed staff had followed the plans. Plans also highlighted people's abilities, so staff knew what they could do for themselves and where assistance was needed, which helped them to promote people's independence. One person told us, "Staff have given me so much support, it's unreal." They went on to explain how staff had supported them through a bereavement and to fulfil their aims and objectives in life. The person added, "I know if I go and ask for support it will be there."

People had access to a varied programme of meaningful activities and social opportunities, which everyone said they enjoyed. Activities included, meals out, games, arts and crafts, outings to the coast and film nights. We saw people were also involved in cleaning their rooms, shopping, cooking and other daily household tasks, with support from the care staff as needed. People were also encouraged and supported to develop links with the local community.

Staff demonstrated a very good knowledge of each person they supported and a good awareness of how to promote people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care. They spoke confidently about respecting people's rights and their diverse needs. We saw care plans provided detailed information about offering people privacy, dignity and choice on an individual basis.

End of life arrangements were discussed as part of the assessment process. At the time of our inspection the service was not supporting anyone who was at the end of their life. However, staff described to us how they would meet the needs of people who required end of life care. This included involving relatives and external healthcare professionals.

People were encouraged to share their opinions and ideas on how the service operated. This included a monthly meeting with their keyworker, where they could talk about all aspects of their care and treatment, wants and wishes. This also gave them the opportunity to raise any concerns or complaints.

People told us they had no concerns or complaints, but would feel comfortable raising any concerns with staff. The general manager told us there had been no complaints over the last 12 months, but a system was in place to record and monitor any concerns raised. We saw the service had received several compliments and thank you cards.

People could access information about the home in different formats to suit their individual needs. For instance, the service could provide information in larger print, and work was underway to introduce picture menus.

Is the service well-led?

Our findings

There was a registered manager employed at the service. 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.

The registered manager was not based at the home daily, as they were also the registered manager at four of the company's other homes. However, staff told us they visited the home regularly and they were supported by a general manager, who ran the home on a daily basis. The general manager demonstrated a very good knowledge of the people living at the home. They told us they had just completed a level five management course, to increase their skills and knowledge.

There was an open and supportive culture in the service. The management team ensured staff were encouraged and supported, and were clear on their roles and responsibilities. Staff told us they felt well supported by the management team, who they described as very approachable and helpful.

People using the service were regularly asked for their views on the service, so it could continually improve. People could attend 'Your voice' meetings where they could share their views and say how they wanted the home to operate. We were also told periodic surveys were used to gain people's views. Information gathered was used to improve the service offered to people.

Policies and procedures were in place to guide staff and people using the service, as well as the home's contingency plan, so all staff knew how to deal with routine and emergency situations if the management team were not available.

Internal and external checks on the quality and safety of the service enabled the service to evidence continual improvement. A dedicated quality team, as well as staff working in the home had carried out checks on topics such as health and safety, finance, care plans, infection control and the general environment. Where shortfalls had been identified either immediate action had been taken or an action plan had been put in place to make sure improvements were made in a timely manner.

The Food Standards Agency had rated the kitchen facilities and documentation as five stars at their last visit to the home in 2016, this is the highest rating awarded.

The registered manager understood their responsibilities and was aware of the need to notify the CQC of significant events in line with the requirements of the provider's registration. Records were kept securely and confidentially, in line with the legal requirements.

The management team worked well with outside agencies. A co-ordinator from the Sheffield mental health team told us, "Fitzwilliam have been helpful when I have looked to move clients either into or out of Fitzwilliam. Notes and work done seems to be well organised." Doncaster council assessed the home's

performance in April 2018. They told us they found the service was well managed and was meeting people's needs.