Parkcare Homes (No.2) Limited

Woodthorpe Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Woodthorpe Lodge is a care home registered to provide personal care for up to eight people who may have a learning disability or a mental health condition. There were five people living in the home at the time of our inspection. However, one person was on home leave.

Woodthorpe Lodge is purpose built and the accommodation is all on the ground floor. The service applied the principles and values of registering the right support, right care and right culture and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service and what we found
There was a lack of clear guidance for when 'as needed' medicines would be needed. The provider had recognised these risks in a recent audit and promptly improved the guidance and sent evidence of this . Medicines were safely managed.

People felt safe at the service. Staff knew how to recognise potential abuse and where to report their concerns. They felt confident in the management team to act on any concerns.

People's care needs were recorded in care plans. This allowed clear guidance for staff to follow to keep people safe. The environment was safe and environmental checks (for example, for fire safety) were regularly made.

There were enough staff to keep people safe. People who required one to one staff support, had this arranged. Staff received suitable training for their roles. Staff spoke highly of the quality of this training.

The inspection was completed during the COVID-19 pandemic. The manager was aware of current government guidance and ensured the service followed this guidance. This included regular cleaning, correct use of personal protective equipment and testing of residents and staff.

Any incidents that occurred at the service were recorded. The management team reviewed these records to ensure lessons were learnt and improvements made if needed.

The service was well led. The previous inspection was rated inadequate, but the management team had created an action plan to undertake the required improvements. This meant the service was no longer in breach of regulation. Staff spoke highly of the management team, and the positive culture it had created.

The management team had worked to improve the service. At the last inspection, there were concerns about a poor culture. The culture was now positive and person centred. This promoted good outcomes for people.

There was good engagement with stakeholders and professionals. There was ongoing work to ensure the service continued to improve.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting and underpinning principles of Right support, right care, right culture. The service encouraged people's choice, control and independence. There was a positive ethos and care was person centred

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The last rating for this service was inadequate (published 7 October 2020).

There were multiple breaches of regulation. We added conditions to the providers registration, requiring them to create and send regular action plans. The provider completed these action plans. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At the last inspection, this service was put in Special Measures. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This was a planned inspection based on the previous rating.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.
Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-led findings below.

Woodthorpe Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The site visit was completed by one inspector on 24 May 2021. On 25 May 2021, a second inspector completed phone calls to gather feedback on the service.

Service and service type
Woodthorpe Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection, the manager of the service had applied to become the registered manager of the service. A registered manager and provider mean they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We gathered feedback from local authority stakeholders and the safeguarding team. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection
We gathered verbal feedback over the phone. We spoke with two people who used the service and two relatives about their experiences of the care provided. We spoke with three members of care staff, the deputy manager and the manager. We also spoke with an external professional who has worked with the service.

We reviewed a range of records. This included the care records related to three people who use the service and four people's medicine records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, recruitment records and changes they had made to medicine processes.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● At the last inspection we found that 'as needed' medicines did not always have guidance in place, to ensure that staff knew how to administer them. We found that this guidance was now in place but needed some minor quality improvements. Staff knew when these medicines were needed so there was limited impact of this poor 'as needed' guidance. A recent audit had identified this quality improvement was needed but not yet changed these protocols. We raised this with the manager, who improved these records immediately during the inspection. The improvements were high quality.

● Medicines were stored safely in a locked room and at appropriate temperatures. People were given medicine as prescribed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection poor systems and processes to record, manage and learn from safeguarding issues placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

● People at the service told us they felt safe and listened too.

● Staff felt the service was safe. They were confident on how to recognise and then report any concerns about abuse.

● At the last inspection, we had concerns about the culture of the service as staff felt their concerns would not be listened too by the management team. At this inspection, staff were now confident that the new management team would listen to their concerns. There was a clear improvement in the culture of the service. Staff were now trained on how to spot signs of abuse and empowered to raise any concerns they had.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Staff now had care plan guidance on how to meet people's care needs in relation to specific risks identified. People's diverse needs were described in care records and guidance was in place to keep people safe.

● This guidance had been reviewed as needed, to ensure it was up to date.

● The home environment was managed safely, with regular refurbishments and checks in place.

Staffing and recruitment

● There were enough staff to support people's needs

● Where people required a staff member with them at all times, this was arranged for them and clearly recorded.

● Staff were safely recruited. For example, the provider gathered references from previous employers to check the staff members character was good.

● Staff had now received training suitable to their role. Records reviewed, and feedback received; showed that staff were now skilled.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● At the previous inspection, incidents had occurred which were not analysed and learnt from. Staff were not trained on how to respond to incidents. At this inspection, the processes of incident management had been reviewed. Staff now had clear training on how to respond, and debriefings occurred after to ensure incidents were not repeated.

● Incidents at the service were clearly recorded by staff. The management team reviewed these records to ensure that incidents were responded to in the best way possible.

● If incidents required the involvement of other professionals (for example a social worker), then referrals were made and guidance from these professionals was then followed.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
At the last inspection there was a failure to ensure that systems and processes operated effectively to ensure compliance with regulation. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient improvements had been made, and the service was no longer in breach of regulation 17.

- At the previous inspection, there was a very poor culture at the service. The care provided was unsafe and uncaring, and the management team had been ineffective at recognising and improving the service. At this inspection, there had been a lot of action taken by the provider to ensure cultural improvements to the staff team were made. The current staff team spoke highly of the current manager, and the actions this manager had taken to improve the service. There was now a positive culture at the service, which promoted people's good outcomes. A staff member said, "You can feel the change in atmosphere when you walk through the door."
- People were involved with decisions about running the service. They were involved with creating 'house rules', these were rules the people using the service felt were important for themselves and staff to abide by.
- People were now involved with decisions about their daily routines. This involved planning meals, activities and routines. People had been involved with goal setting; this was particularly important during the COVID-19 pandemic as restrictions had impacted their autonomy.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection, incidents were not always reported to the local safeguarding team or Care Quality Commission. Staff were now empowered to report incidents to the manager, who in turn reported it to the required professionals. The duty of candour was now met.
- Relatives were informed of incidents that had occurred. Relatives feedback that communication with the staff was very good.
- The provider has a legal duty to notify the Care Quality Commission of incidents that occur at the service. These notifications had been received in a timely was as expected.

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

- The service had a manager in place. This manager had applied to be the registered manager of the service. The Care Quality Commission requires a manager to be registered, as they are legally accountable for the

running of the service.
● The current manager of the service was following a clear action plan to continue to improve the service. The provider's higher management team was very supportive of this process and did their own audits to ensure improvements had been made. This effective structure had ensured the service had moved from 'inadequate' to a rating of 'good'
● We received positive feedback about the current manager. A relative said, "I think the manager is very dedicated and seems to really care. He never gets frustrated when faced with difficult or challenging behaviours."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The people using the service had lots of opportunities to feedback about the running of the service. This was done in an accessible way. We saw people using the service had completed picture format questionnaires. Their feedback about the service had been generally positive. There had been some negative feedback from people about their ability to choose the staff team. The manager advised that they are aiming to involve people in the interviewing of future staff – however this was currently impacted by COVID-19 restrictions.
● Relatives of people who used the service, described the current manager positively. Particularly the high level of communication they had received since this manager had started.

Continuous learning and improving care
● The previous inspection found the service to be inadequate. The management team had responded to this report and made substantial improvements to the service since then.
● There was a current action plan, which the management team were continuing to use to ensure ongoing improvements.
● We identified some ongoing concerns with medicine management. The provider resolved this immediately.

Working in partnership with others
● Since the previous inspection, the provider has reported any areas of concern to the local authority safeguarding team. They have also engaged positively with meetings with both the Care Quality Commission and local authority. This has improved the engagement and transparency of the service.
● The service referred people for external professional reviews if needed, any advice from professionals was then recorded for staff to follow.