

## Lordington Park

# Lordington Park

## Inspection report

Lordington  
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West Sussex  
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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

Lordington Park is a residential care home which is registered to provide accommodation for 18 older people, some of whom were living with mild dementia. The home provides accommodation over two floors and there is a lift available to access the first floor. On the day of our visit there were 16 people living at Lordington Park. There were a total of 18 care staff, two domestic staff and the two registered managers who provided support for people.

The service had two registered managers who shared the management responsibilities. A registered manager is a person who has registered with the Care Quality

Commission (CQC) 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.

People told us they felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.



# Summary of findings

Risk assessments were in place to protect people from any identified risks and help keep them safe. There were also risk assessments in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. There were sufficient numbers of staff to meet people's needs safely. People told us there were enough staff on duty and records and staff confirmed this.

People told us the food at the home was good and they were offered a choice at mealtimes.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to DoLS, we found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. There were no restrictions imposed on people and they were able to make individual decisions for themselves. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

Each person had a plan of care which provided the information staff needed to provide effective support to people. Staff received training to help them meet people's needs. Staff received an induction and regular supervision including monitoring of staff performance. Staff were supported to develop their skills by through additional training such as National Vocational Qualification (NVQ) or care diplomas. All staff completed an induction before working unsupervised. People were well supported and relatives said staff were knowledgeable about their family member's care needs.

People's privacy and dignity were respected. Staff had a caring attitude towards people. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

The provider had a policy and procedure for quality assurance. The registered managers completed weekly, monthly and quarterly checks and audits to monitor the quality of the service provided to ensure the delivery of high quality care.

People and staff were able to influence the running of the service and make comments and suggestions about any changes, such as at regular meetings with staff and people.



# 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. There were enough staff to support people and staff received training to help keep people safe.

Where any risks had been identified risk assessments were in place to help keep people safe.

Medicines were stored and administered safely by staff who had received training and had been assessed as competent.

Good



### Is the service effective?

The service was effective.

People told us staff were skilled and knew how they wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The provider, registered manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink. Staff supported people to maintain a healthy diet.

Good



### Is the service caring?

The service was caring.

People said they were treated well by staff. Relatives said the staff were caring and respectful in how they treated people. Staff supported people to maintain regular contact with their families.

We observed care staff supporting people throughout our visit. We saw people's privacy was respected. People and staff got on well together

People were supported by staff who were kind, caring and respectful of their right to privacy.

Good



### Is the service responsive?

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans gave staff information to provide support for people in the way they preferred. These plans were regularly reviewed and updated to reflect people's changing preferences and needs. People were supported to participate in activities of their choice.

There was an effective complaints procedure which people, and their relatives, were aware of

Good



### Is the service well-led?

The service was well-led.

Good





# Summary of findings

The registered managers were approachable and communicated well with people, staff and outside professionals.

The registered managers were open and shared information with people. There were management systems in place to make sure a good quality of service was sustained.



# Lordington Park

## 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.

This inspection took place on 18 August 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the

service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for four people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with five people and one relative on the day of our visit. We also contacted four relatives after the inspection to ask them their views of the service provided. We spoke to one of the registered managers and three members of staff. We also spoke with a hairdresser who was a regular visitor to the service.

The last inspection was carried out in September 2013 and no issues were identified.



# Is the service safe?

## Our findings

People felt safe at the home. They confirmed there were enough staff to provide support. Comments from people included, “I have security day and night”, “I am well looked after, it does not get any better than this,” and, “I know I am safe and secure here”. Relatives said they were confident the management and staff would deal with any safeguarding concerns appropriately. One relative said, “I am very happy with the way my relative is treated. I know she is kept safe”.

The provider had an up to date copy of the West Sussex safeguarding procedures, which included guidance for the staff on how to deal with safeguarding issues. The registered managers and staff understood their responsibilities in this area. There were notices and contact details regarding safeguarding on the notice board. Staff showed an understanding of safeguarding, were able to describe the different types of abuse, how they would recognise the signs of abuse and knew what to do if they were concerned about someone’s safety.

Risk assessments were in place for people, which gave staff the guidance they needed to help keep people safe. For example, one person had a portable heater in their room. The risk assessment described the potential fire risks and there were preventative measures such as smoke detectors and information for staff to ensure that the heater was never left on if the room was unoccupied. There were also risk assessments in place for those people who self medicated to encourage their independence with this task. The home also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

Recruitment records for staff contained all of the required information including two references, one of which was from their previous employer, an application form and Criminal Record Bureau (CRB) checks or Disclosure and Barring Service (DBS) checks. CRB and DBS checks help employers make safer recruitment decisions and help

prevent unsuitable people from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with a member of staff who told us their recruitment had been thorough.

The home’s staffing rota showed there were a minimum of two members of staff on duty at all times. In addition the provider employed two domestic staff who carried out cleaning duties. The registered manager told us that she or the other registered manager worked at the home most days and carried out care duties to assist staff on duty. At night two members of staff were on duty, one of whom could sleep between 10pm and 6am. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. Observations showed that there were sufficient staff on duty with the skills required to meet people’s needs. The registered manager told us that staffing levels were based on people’s needs. The provider did not have a dependency tool to help in assessing staffing levels but the registered manager said that staff knew people well and responded to changes in people’s care needs by adjusting staffing levels as and when needed. The registered manager and staff said that additional staff were provided to support people with appointments or for social events. Staff said there were enough staff on duty to meet people’s needs. Relatives said whenever they visited the home there were always enough staff on duty.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. Medicines Administration Records (MAR) were up to date with no gaps or errors which documented that people received their medicines as prescribed. Staff completed training in the safe administration of medicines and staff confirmed this. People were prescribed ‘as required’ (PRN) medicines and there were clear protocols for their use. MAR’s showed these were administered as prescribed. Medicine procedures at Lordington Park helped to ensure that people received their medicines safely as prescribed.



# Is the service effective?

## Our findings

People got on well with staff and the care they received met their individual needs. One person said, “The staff give me all the help I need, I only have to ask”. Another told us, “I am very satisfied, everything is first class”. People told us staff arranged healthcare appointments for them and supported them to attend appointments if they asked them to. Relatives said people were supported by staff who were trained and knew what they were doing. One relative told us, “Lordington Park provides real care and support for my mother and we feel fortunate to have found such a place”. People told us the food provided was good and that they were offered choice at meal times.

A training and development plan enabled staff and management to identify their training needs and skills development and monitor their progress. Training was provided through a number of different formats including distance learning, practical training and college courses. This helped staff to obtain the skills and knowledge required to support people effectively. For distance learning staff completed a workbook, which was sent to the training provider to be marked. If successful a certificate was awarded to evidence staff had achieved the required standard. The registered manager said if anyone did not reach the required standard they would have to complete the training again. Both registered managers worked alongside staff to enable them to observe staff practice. This was documented and discussed with staff in supervision sessions and at annual appraisals. She was confident that staff had the skills and knowledge to support people effectively.

Training records showed staff had completed training in the following areas: first aid, manual handling, nutrition, food hygiene, safe handling of medicines, care practices and health and safety. This training helped staff to develop their skills and staff confirmed the training provided was good and helped them to give people the support they needed. Staff knew how people liked to be supported and were aware of people's care needs.

All new staff members were enrolled on the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The

provider employed a total of 18 care staff. Of the 18 staff, six had completed additional qualifications up to National Vocational Qualification (NVQ) level two or equivalent. All staff were completing Vocational Related Qualifications (VRQ) level two from a local college. These are work based awards achieved through assessment and training. To achieve these awards candidates must prove they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications. One staff member said, “Training is good and helps me give good support to people”.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew that, if a person lacked capacity, relevant people needed to be involved to ensure decisions were made in the person's best interest. The registered manager told us all people at the home had capacity to make their own decisions and these decisions were respected by staff. Staff confirmed they received training in this area, which helped them to ensure they acted in accordance with the legal requirements.

People's healthcare needs were met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. One relative told us, “If my relative needed to visit a health care professional I would support them, however if I was unavailable I know the staff would accompany them to attend the appointment because they would be unable to attend on their own. One staff member said, “Everyone's health care needs are looked after, we call the GP or nurse if we have any concerns”.

People were supported to eat and drink enough and to maintain a balanced diet. We saw drinks were freely available throughout the day. Staff asked people if they wanted a drink at various intervals throughout the day.

Care plans clearly documented people's food likes and dislikes and there was a list in the kitchen detailing people's preferences. For example, one care plan explained how one person did not like fried food. However on the day that there was fried food provided there was no record of what alternative was given. The registered manager said meals were arranged a day or two in advance to take advantage of seasonal vegetables which were grown in the grounds at the home. She said there was always a first course, usually soup, a main course with fresh vegetables and a sweet. The



## Is the service effective?

manager said if the choice was not to a person's liking then alternatives were provided. We asked people for their views on the food provided and everyone said the food was good and they always had enough to eat and drink. People said they could ask for something to eat or drink at any time. On the day of our visit the choice for lunch was mushroom soup, pork loin in a cream sauce with fresh vegetables,

followed by pavlova. We asked people if they had sufficient choice and they said if the main meal was not to their liking then they could always have something else. People were provided with suitable and nutritious food and drink. Prior to lunch people sat in the lounge and were offered a sherry. This along with the food on offer provided people with a pleasant and relaxing dining experience.



# Is the service caring?

## Our findings

People were happy with the care and support they received. They told us they were well looked after and said all the staff were kind and caring. Comments from people included, "There is always a very friendly and helpful atmosphere", "I can't fault the kindness and good humour of the staff," and, "I would like to say many thanks to all the staff who beautifully care for us day and night". Relatives said they were happy with the care and support provided to people and were complimentary about how the staff cared for their family member. "One relative said "Giving up her independence was very hard for her but the team at Lordington Park were very aware of the adjustment elderly people make in settling into a home and so were sympathetic, welcoming and supportive at every step" and "My mother has one or two favourite carers but the whole team is deeply caring and always seem warm and accommodating".

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, staff would say 'hello' and check if they needed any support. Staff chatted and engaged with people and took time to listen to them. Staff showed kindness, patience and respect to people. This approach helped ensure people were supported in a way which respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. Throughout our visit there was frequent, positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately. Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner. Staff said they enjoyed supporting the people living in the home.

One person told us they liked the fact that the TV was not on all the time and commented, "I can sit in the lounge, relax and read my paper in peace and quiet." Another person said, "I tend to stay in my room in the mornings and I enjoy looking out over the beautiful garden and grounds, but staff call in to see me to see if I need anything or want a drink". People said they had regular visitors and the staff made them most welcome. People were able to move into the shared area of the home if they wanted to for meals or activities. People who preferred to preserve their privacy were able to do so.

A regular visitor to the home said, "I go into quite a few different homes, but I always enjoy coming to Lordington Park. The staff are very caring and are always around to support people". A relative said, "Whenever I visit there is always warmth, care and friendliness".

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers, put in each individual's care notes or recorded in the communication book. This helped to ensure only people who had a need to know were aware of people's personal information.

The registered manager told us that she was looking to hold a residents meeting in the near future. She had discussed this with residents and had arranged for a resident to chair the meeting with staff support. Due to people's own preferences she was not sure how successful this would be but wanted to give people the opportunity to be involved in how their home was run and to put forward ideas.

Information and leaflets were available about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The registered manager told us they would support people to access an appropriate service if people wanted this support.



# Is the service responsive?

## Our findings

People knew they had a plan of care but not all were aware of its contents. One person said, "I know I have a plan, they discuss this with me." Another said, "Yes I know there is one but my daughter deals with it. I am not sure what's in it but I still get all the help and support I need". A relative said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. People enjoyed a range of activities. One person told us, "I like to keep myself to myself but can get involved if I feel like it". Another said, "There are a few concerts but this is mainly Jazz, not my cup of team but I enjoy socialising with everyone"

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. People told us staff helped them to keep in contact with their friends and relatives.

Before people moved into the home they received an assessment to identify if the provider could meet their needs. This assessment included the identification of people's communication, physical and mental health, mobility and social needs. Following this assessment care plans were developed with the involvement of the person concerned and their families to ensure they reflected people's individual needs and preferences.

Each person had an individual plan of care. These plans guided staff on how to ensure people were involved and supported in the planning and delivery of their care. Each person had signed a 'consent to care' document giving staff permission to provide them with the support they needed. There was information in care plans about what each person could do for themselves and what support they required from staff. For example, one care plan stated the person needed assistance to have a shower. The plan stated the person would use their call bell when they wanted to have a shower and staff would then provide any support requested. The plan said the person was able to tell staff what help they needed. The care plan went on to say the person could dress independently, would put on their own make up each morning and would like the hairdresser to visit weekly.

The registered manager and staff told us people were able to make decisions about their own care and these were respected. Staff said people needed different levels of support with care tasks and the care plan gave details of the support each person needed. One staff member said "The care plans are very good, they tell you what you need to know to support people effectively" We observed staff providing support in communal areas and they were knowledgeable and understood people's needs. Staff were able to tell us about the people they cared for, they knew what support they needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night.

Daily records compiled by staff detailed the support people had received throughout the day and this followed the plan of care. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. However reviews did not provide any evaluation of how the care plan was working for the individual. We did see that changes had been made to people's plans of care as required. For example one person's health needs had changed and the care plan had been amended to reflect this. It provided staff with updated information about the support needed to maintain this person's health. This meant staff responded appropriately to people's changing needs.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover held at the beginning of each shift. On coming staff were given a verbal handover by the off going staff about any information they needed to be aware of and information was also recorded on the notice board in the kitchen. This ensured staff provided care that reflected people's current needs.

The registered manager told us about activities in the home. She told us people living at Lordington Park did not enjoy formal activities such as bingo and games. The residents were mainly professional people who enjoyed the peace and quiet of the home. They spent time in their rooms or enjoyed sitting in the lounge reading the paper or listening to music. Concerts were organised periodically, such as Jazz and a local operatic society. The provider had also arranged for WIFI internet connection. The majority or people had iPad or laptop computers and this enabled



## Is the service responsive?

them to keep in contact with loved ones. The registered manager told us that two people regularly used the internet for shopping and she said the computer in the office was always available for people if they did not have their own computer. A relative told us “My mother’s is quite deaf and is very reliant on the internet and a special phone system. With all of this the registered manager and staff were wonderful in doing all they could to make the technology work”.

People, their representatives and staff were asked for their views about their care and treatment through surveys which were sent to them. The registered manager told us in the last survey one person commented that they did not like the instant coffee being served. The registered manager took this on-board and now provided filter coffee.

The service responded to peoples changing circumstances. One person said they had been well supported when they

moved to Lordington Park from their own home. They said staff explained everything to them, introduced them to the other residents and took time to be with them to help them settle into the home.

There was an effective complaints system available and any complaints were recorded in a complaints log. There was a clear procedure to follow should a concern be raised. People and relatives told us they were aware of the complaints procedure and knew what action to take if they had any concerns. We saw there were three complaints recorded, these were not major issues but were dealt with appropriately. They had been fully investigated and the results discussed with the complainant. Relatives said they felt able to raise concerns or complaints with staff and were confident they would be acted upon. One person said, “I have never had to make a complaint, but if I did I am sure it would be quickly sorted out”. The provider’s complaints policy and procedure helped ensure comments and complaints were responded to appropriately and used to improve the service.



# Is the service well-led?

## Our findings

People said the registered manager was good and they could talk with her at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said “They send you a questionnaire from time to time, but I talk with the manager when I visit and over the phone and can meet with the manager whenever I want. The manager and staff are completely open”.

The provider aimed to ensure people were listened to and were treated fairly. The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. Open communication was encouraged and staff were able to question practice. The registered manager said she would welcome any suggestions and make changes if this benefited people. There was a stable staff team, many of whom had worked at Lordington Park for a number of years. The registered manager was confident staff would talk with her if they had any concerns. Staff confirmed this and said the registered manager was open and approachable and said they would be comfortable discussing any issues with her. Staff said that communication was good and they always felt able to make suggestions. They said she was approachable and had good communication skills and that she was open and transparent and worked well with them.

Throughout our visit we observed people came and went independently and people spent time in different areas of the home. Staff interacted with people as they moved around the home but allowed them to spend time in their own company or with others if they so wished. One staff member said “It’s their home they can do as they please and we are here to support them to do whatever they want”. The registered manager said she was proud of the home and the service that it provided for people. She said “We have a small committed staff team who know all the residents and their families. Many of them have been with us for a long time and we all see each other regularly”.

The registered managers were able to demonstrate good management and leadership. Both registered managers regularly worked alongside staff. This enabled them to identify good practice or areas that may need to be improved. Regular meetings also took place with staff and

people, which enabled them to influence the running of the service and make comments and suggestions about any changes. Staff, people and relatives confirmed this and said they could discuss issues openly with the registered manager. The registered managers showed a commitment to improving the service people received by ensuring their own personal knowledge and skills were up to date. One of the registered managers was a Registered General Nurse (RGN). The registered managers completed the same training as the rest of the staff team. They also attended a regular manager’s forum and kept in contact with the registered managers of two other homes in the area to share knowledge and discuss relevant issues such as changes to legislation. The registered managers also monitored professional websites to keep up to date with best practice. Any relevant information was then passed on to staff so that they, in turn, increased their knowledge.

The registered managers acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider had a policy and procedure for quality assurance. The quality assurance procedures carried out helped the provider and registered managers ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The registered managers carried out weekly and monthly checks which included: medicines, food hygiene, health and safety, fire alarm system, fire evacuation procedures and care plan monitoring. The registered managers also carried out regular audits to see if any trends were developing in areas such as medicines and falls. If audits identified any shortfalls then the registered manager would meet with staff so that improvements could be made. A recent audit had been carried out regarding falls. This showed that there had been no increase in the incidents of falls and that when a fall had taken place risk assessments had been reviewed and appropriate action had been taken to help prevent and further falls.

We asked the registered manager how learning took place from any accidents, incidents or complaints. She told us that any issues were discussed with staff verbally and if necessary changes were made. She acknowledged that on reflection this should be recorded so there was a reminder



## Is the service well-led?

for staff on the potential consequences and to provide evidence that improvements had been made. The registered manager told us she would introduce this with immediate effect.

Records were kept securely. All care records for people were held in individual files which were locked away when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.