

Ms Avis Kelly

# Park Lodge

## Inspection report

42 Monks Park  
Wembley  
London  
HA9 6JE

Tel: 02089035370

Date of inspection visit:  
17 January 2019

Date of publication:  
13 May 2019

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Park Lodge is a small care home which is registered to provide care and support to four older people. When we inspected the home on 17 January 2019 four people who were living with dementia resided at the home.

People's experience of using this service:

Regular quality assurance monitoring had been carried out in relation to people's care and support. Records had been updated where there were changes in people's needs. However we found that fire alarm and water temperature checks had not been routinely carried out and there was no annual audit of infection control. Following our inspection the manager sent information to show that fire alarm and hot water tests were now taking place. They also advised us that they would immediately carry out an infection control audit.

People told us they were happy with the care and support that they received from staff. They spoke positively about their care workers and the home's manager.

Care and support was person centred and reflected people's individual needs. People's care plans and risk assessments had been reviewed regularly and updated where there were changes in their needs.

Staff communicated well with people and joined them in activities. Staff were able to communicate with a person who did not speak English.

Staff were knowledgeable about people's needs and how these should be supported. They understood their roles and responsibilities in ensuring that people were kept safe from harm or abuse. They had received regular supervision and training to help them to care for people safely and effectively.

Staff supported people to make decisions about their care and support where they were able to do so. Information about people's capacity to make decisions had been recorded in their care files. Applications for authorisations under the Deprivation of Liberty Safeguards (DoLS) had been made to ensure that people were not unduly restricted in any way.

Staff supported people to take their prescribed medicines. Accurate records of medicines administration had been completed.

People enjoyed their meals and their dietary needs had been catered for. They were offered choices at meal times and one person was provided with the cultural foods that they preferred.

People had good healthcare support. When people were unwell staff had immediately contacted healthcare

professionals to meet their needs.

We made one recommendation in relation to ensuring that regular monitoring of safety at the home takes place.

Rating at last inspection:

Good (report published 7 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe. Details are in our Safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was effective Details are in our Effective findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service was caring Details are in our Caring findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service was responsive Details are in our Responsive findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led Details are in our Well-Led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# Park 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by a single inspector

Service and service type:

Park Lodge is a small care home for four people with conditions associated with ageing including dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager of the home is also the provider.

Notice of inspection:

This was an unannounced inspection

What we did:

Before our inspection we reviewed records that we held about the home. These included:

- Notifications and other information provided by the home and other stakeholders
- The 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 improvements they plan to make.

During our inspection we:

- Spoke with two people living at the home, the manager and two members of the care team.

- □ Looked at the care records for two people, three staff records and other records relating to the management and quality of the home.

Following our inspection the manager sent us further information about actions they were taking in relation to quality assurance monitoring.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The home had a policy and procedure to ensure that people were safe from the risk of abuse.
- Staff members working at the home had received safeguarding adults training.
- The manager and staff we spoke with understood their roles and responsibilities in ensuring that people were safeguarded from the risk of abuse.
- The home looked after money for a person who could not do so for themselves. This was safely stored. Staff had kept a record of income and expenditure that matched the monies held at the home.

Assessing risk, safety monitoring and management

- Person centred risk assessments had been developed for people. Risk management plans had been put in place with guidance for staff members on managing identified risks.
- Some potential risks had not always led to the development of a risk assessment. For example, in relation to continence issues and skin integrity. However, the information included in people's care plans identified these risks and provided guidance for staff on how to manage them.

Staffing and recruitment

- Staff recruitment records showed that checks had been undertaken to ensure that all new staff were suitable for the work they would be undertaking. These included references and criminal records checks.
- We saw that there were sufficient staff available to ensure that people were supported. People did not have to wait for support from staff when they required it. Staff members responded promptly to requests for support. A person said, "Staff are always there for me."
- The staffing rotas for the home showed that there were always two members of staff on shift during each day and evening. The manager lived on site and provided support to people at night. They told us that members of the staff team would work at night if they were away.

Using medicines safely

- People's medicines were stored safely in a suitable locked cabinet.
- Information about the medicines that people were prescribed was included in their care records.
- Medicines administration records (MARs) were accurately completed. There were no gaps in the records.
- When staff members administered medicines to people they explained what the medicines were and checked that people were happy to take them.
- Staff members supporting people with their medicines had received training in safe administration of medicines.

Preventing and controlling infection

- The home was clean, tidy and free from odour.
- Staff members used disposable gloves and aprons, for example, when they prepared and served food and administered medicines to people.
- Staff members had received training in infection control

#### Learning lessons when things go wrong

- Records of incidents and accidents showed that actions had been taken to reduce further risk. For example, the care plan and risk assessment for a person living with dementia had been updated to reflect changes in their behaviour.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed. Their care plans included personalised information about their individual needs and preferences.
- Staff members knew people well. They understood the importance of supporting people to make choices about their care and support.
- We saw that staff members offered people choices, for example about their food and drink and activities.
- One person said, "they always ask before they do anything for me."
- People or their representatives had signed their care plans to show that they agreed with them. Where they were unable to sign their plans, the reason for this had been recorded.

Staff support: induction, training, skills and experience

- Staff members had received training to support them to be effective in their roles. New staff had completed the Care Certificate which is a nationally recognised standard for staff working in health and social care services. A staff member said, "The training I have received has really helped me in my work."
- Staff members told us that they valued the regular supervision they received from their manager. A staff member said, "We don't have to wait for meeting. [Manager] is always available to speak with if I have any questions."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy diet. Regular home-cooked meals were provided along with drinks and snacks that were offered to people throughout the day.
- Meals were prepared according to people's individual preferences. African foods were prepared for two people on a regular basis. A person told us, "I can choose what I want. I like the food and it is very healthy."
- Although no-one had any health-related dietary needs, the home maintained a regular check of people's weights. The manager said, "We also observe and record what people eat and drink. If we have any concerns or they have lost weight, I make sure that I refer them to their GP."

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had responded to people's health care needs. People's care records showed that referrals had been made to their GP or other healthcare professionals where there had been any concerns about their health.
- Health care appointments had been recorded with outcomes of these and we saw that actions had been taken where required. For example, a repositioning plan had been put in place for a person whose mobility was becoming limited.

- People had been supported to have regular checks with, for example, opticians, dentists and chiropodists.

#### Adapting service, design, decoration to meet people's needs

- This is a small home for four people who had lived there for some time. The communal areas were decorated with pictures and ornaments. We observed that people were able to move around with limited support from staff.
- No one at the home had physical or visual impairments that may require any specialist adaptations. The lighting throughout the home was bright. We observed that people moved around the home confidently.
- A person said, "I like this lounge," and, "I have my room just the way I like."

#### Ensuring consent to care and treatment in line with law and guidance

- 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's care plans included assessments of their ability to make decisions. The care plans described the decisions that people could make for themselves.
- Up to date DoLS authorisations were in place for the people who lived at the home. These were not subject to any restrictions.
- People's relatives and health and social care professionals involved with their care had been consulted in making 'best interests' decisions where required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed that people were treated with kindness and respect by staff. A person said, "They are really lovely to me."
- There was a relaxed atmosphere at the home. Staff members chatted with people about topics of interest and we observed that people responded positively,
- Staff spoke positively about the people they supported. One staff member said, "I am amazed by how much I learn from them every day. I have so much respect for their experience."
- Staff described how they supported people to ensure that their needs were met according to their individual preferences and cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their opinions about their daily routines and choose what they wished to do.
- People and their relatives were involved in agreeing their care plans. One person had an advocate who had been involved in supporting them to make decisions about their care and support.
- One staff member said, "This is their home. We support them to make decisions and we do what they want us to do."

Respecting and promoting people's privacy, dignity and independence

- We observed that people's privacy and dignity was respected. Staff knocked on people's doors and announced themselves before entering.
- Where people wished to speak to staff about personal issues this was supported discreetly and they were encouraged to go to a private place to chat.
- People's personal information was stored securely. Staff members understood the importance of confidentiality.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans which described their personal histories, needs, preferences and interests. The care plans included information for staff members on how they should support people in accordance with their needs and preferences.
- Information about people's cultural needs was contained within their care plans. Their care records showed that these were being addressed. For example, through support from staff able to communicate with a person in their first language and the provision of the cultural foods that the person preferred.
- Staff members knew about people's histories and interests and used this information when they were supporting them. We observed staff chatting with people about subjects of interest to them.
- People's care plans included information about their communication needs. The home had recruited staff members who were able to communicate with people in their preferred language. The manager described how other staff members had learnt words in other languages to support people.
- The care plans had been reviewed on a monthly basis and updated when there were changes in people's needs. For example, information about a change in incontinence support had led to the revision of a care plan.
- Activities at the home were often unplanned and based on what people wished to do at the time. During our inspection the manager and another staff member danced and sang with people. People's records showed that they had participated regularly in activities such as walks, seated exercises, gardening and reminiscence. The registered manager and a staff member told us that people did not usually wish to go out unless the weather was good so activities outside the home such as shopping, walks and other outings usually took place during Spring, Summer and Autumn.
- A person told us that they were happy with the activities at the home.

Improving care quality in response to complaints or concerns

- The home has a complaints procedure. This was displayed on a notice board in an easy to read format.
- People told us that they knew what to do if they had any concerns or complaints. A person said, "I tell [staff member] or [manager]."
- The home's complaint's log showed that there had been no formal complaints since our last inspection. The manager said, "People do tell us when they are unhappy but we sort this out straight away before it gets to a complaint."

End of life care and support

- At the time of our inspection no-one at the home was receiving end of life care.
- The home had an end of life care policy.
- Planning around end of life preferences had not always taken place for people living at the home. The

manager told us that people or their relatives were sometimes unwilling to engage in conversations about this subject.

- The manager told us that the service had supported people at the end of life in the past and had worked closely with palliative team nurses and other relevant health professionals to ensure that people's care needs were met.

# 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

Requires Improvement: □ Service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- □ The manager and staff members understood their roles in ensuring that the quality of care and support provided to people was of a high standard.
- □ We saw that regular quality assurance monitoring had taken place in relation to the care that people received, including regular reviews of their care and support records.
- □ However, we found that regular monitoring of safety at the home had not always taken place. For example, there had been no annual audits of infection control, or regular checks of the fire alarms or water temperatures. We saw that fire drills had taken place every two months and noted that water temperatures in the bathrooms that people used were controlled by thermostatic valves. Staff members understood the importance of infection control. However the failure to carry out regular audits meant that we could not be sure that some safety risks were fully monitored and reduced.
- □ We spoke with the manager about these concerns. They told us that safety checks and audits had not been carried out recently because there had been operational changes at the home. They said that they would ensure that regular monitoring would be carried out in future. Following our inspection the manager sent information showing that weekly fire alarm and water temperature checks were now in place. They also sent us a form that they had developed for infection control monitoring but this had not yet been completed.
- □ We recommended that the manager takes action to ensure that monitoring of quality and safety at the home is carried out on a regular basis.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- □ The manager was committed to providing high quality care for people in an environment where they felt at home. A person told us, "This is my home and I am happy here."
- □ Staff members told us that they valued the support that they received from the manager. A staff member said, "It's a good team. We work together with our manager to make sure we do the best for people."
- □ The manager was aware of their responsibilities to provide CQC and the local authority with important information and had done so in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager told us that they had arranged resident's meetings for people but they did not participate. They told us it was easier to ask people individually. A person said, "They ask me about things and I am always happy with what they tell me."
- Surveys of people's and relative's views of care and support had not taken place during the past year. After our inspection the manager carried out a survey with family members and sent us copies of the forms that had been completed. These showed that relatives had very positive views about the care and support that people received at the home.

#### Continuous learning and improving care

- Staff members met regularly with their manager to discuss issues in relation to ensuring people's needs were fully supported. A staff member said. "It's good to share information and agree how we help people as a team."
- The manager told us that additional training had been provided to staff as a result of discussion at team meetings. For example, a staff member had received training in managing anxiety. A staff member said, "When we go on training we share what we learn with the team."

#### Working in partnership with others

- The manager and staff had good working relationships with other health and social care professionals.
- Professional guidance had been sought where required and this had been used to develop people's care plans.