Community Homes of Intensive Care and Education Limited

Parkwood Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 13 and 14 November 2017 and was unannounced.

Parkwood Lodge is a detached house providing residential accommodation for seven adults with mental health conditions and is one mile from the town of Waterlooville in Hampshire. At the time of our inspection six people lived at the home.

The service had a registered manager however on the day of our inspection they were not in 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 provider completed regular health and safety checks around the home including maintenance.

Checks were carried out during the recruitment process to ensure only suitable staff were employed. There were enough staff deployed to meet people's needs.

There were arrangements in place for the safe management of people's medicines and daily checks were undertaken.

People were supported to have maximum choice and control of their lives.

People were supported by staff who were suitably trained, supervised and appraised. People's nutritional needs were met, and they were involved in devising their menus.

Staff were caring and treated people with dignity and respect. Care plans addressed each person's individual needs, including what was important to them, and how they wanted to be supported.

People were fully involved in undertaking activities of their choice, both in the home and the community. People were cared for in a way that took account of their diversity, values and human rights.

People living at the home, staff and other stakeholders told us that the acting manager was approachable and supportive. People were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and ensure that areas of improvement were identified and addressed.

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.

Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Systems and procedures for supporting people with their medicines were followed. People received their medicines safely and as prescribed.

Robust recruitment procedures ensured that only suitable staff were employed. There were enough staff deployed to provide care and support to people in a safe.

Is the service effective?

Good

The service was effective.

Staff received training and support to meet the needs of the people living at Parkwood Lodge.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

Staff were knowledgeable about the Mental Capacity Act (2005) and its key principles and were able to tell us the times when a best interest decision may be appropriate.

Is the service caring?

Good

The service was caring.

Staff cared for people in a relaxed, warm and friendly manner.

Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received care that met their individual needs. Staff understood the needs of the people they cared for.

Staff had sufficient information about how to support people with their mental health needs.

People took part in activities of their choosing and developed daily living skills.

Is the service well-led?

Good

The service was well led.

Regular safety audits were undertaken to ensure people received a safe service.

People benefitted from a close partnership between the provider and health and social care professionals.

Staff and people told us the acting manager was an extremely visible leader who created a warm, supportive and non-judgemental environment in which people had clearly thrived.

Parkwood Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Parkwood Lodge accommodates seven people in one adapted building.

This inspection site visit took place on 13 November 2017 and was unannounced. The inspection was carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Inspection site visit activity started on 13 November 2017 and ended on 14 November 2017.

Before our inspection we contacted a General Practitioner (GP), Specialist Nurse Practitioner and a Social Worker in relation to the care provided at Parkwood Lodge.

During our inspection we spoke with six staff including the acting manager, assistant regional director and six people living at the home. Following our inspection we spoke with two people from work placements that people living at the home attended. We also spoke with the provider's estates manager.

We looked at the provider's records. These included four people's care records, four staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

The provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to

make.

The service amended its registration with the Care Quality Commission in October 2016. This was the first inspection of this service under the registered provider, Community Homes of Intensive Care and Education Limited.

Good

Is the service safe?

Our findings

People told us they felt safe living at Parkwood Lodge. One person said, "I feel very safe here. It's good that I have someone to talk to both day and night when I feel low". Another person told us, "I have lived here a long time and have always felt safe. The staff make sure I am safe". A Specialist Nurse Practitioner told us, "In my experience there has always been a very diligent well managed approach to risk, which has involved staff asking myself for advice on risk management for my clients when appropriate". A social worker told us, "From my experience I would say that they do deal with risk positively and the safety of all residents is of high priority".

The service had taken appropriate steps to protect people from the risk of abuse, neglect, discrimination and harassment. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

People were safe from avoidable harm and injury. Health and social care professionals and staff carried out detailed assessments of risks to people's health and well-being. Risks identified included substance misuse, self-neglect, violence and aggression and people's non- compliance with taking their medicines. The assessment indicated the level of risk and information to ensure that staff understood how to mitigate risks and handle difficult situations presented by people and when to call emergency services.

Staff had sufficient information about how to support people with their mental health needs. Records showed they followed guidance provided by mental healthcare professionals. For example, when a person continued to show behaviours that challenged, staff monitored and informed health and social care professionals for additional support and intervention. Staff carried out regular and routine drug and alcohol tests when necessary and with the signed consent of people. They informed health and social care professionals if they had concerns about people's health following these tests.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included, "I know what I need to do. We have a policy in the office and I have read it" and "I would not hesitate to use it if I needed to. It's my duty to report things if I have any concerns".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any

criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were sufficient numbers of staff deployed to support people. Staff told us they had enough time to provide care and to support people undertake activities although most people were independent with their personal care. Duty rosters showed adequate cover for all shifts and planned absences. Staff had access to guidance and support outside office hours because the provider operated an on call system. Staff spoke with people in an unhurried manner and gave them time to discuss their plans for the day.

There was a medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet that was secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Some people living at Parkwood Lodge were assessed as being able to manage their own medicines and there were risk assessments and plans in place to support them to do this. Plans had been written in conjunction with the person concerned and health care professionals. Two people received support to administer and record the taking of their medicines and when medicines were administered, these were recorded on a Medicines Administration Record (MAR). Daily checks and audits were carried out by staff to make sure that medicines were given and recorded correctly. MAR's were appropriately completed and staff and or service users had signed to show that they had been given or taken their prescribed medicines. The provider had policies, procedures and risk assessments in place for people to manage their own medicines when they were away from the service. For example visiting relatives or going on holiday.

People were safe from the risk of infection. Staff understood how to minimise the spread of infection through following the provider's infection control policy. Staff told us they washed their hands before and after handling foods and medicines. Staff had also completed training in respect of food hygiene. Staff were responsible for ensuring the cleanliness of the home by working with and supporting people living at the home to ensure this was carried out. The manager checked the cleanliness of the service and ensured staff completed their tasks satisfactorily.

Incidents and accidents were recorded and analysed by the manager and included an action plan to address any issues or trends identified. We saw evidence that incidents and accidents were responded to appropriately and care plans were updated following any incident or accident.

Peoples care records were accurate, up to date and securely stored in the acting manager's office. People's personal files were only available to relevant staff and health care professionals. Electronic records held in respect of peoples care were securely stored and password protected.

Personal Emergency Evacuation Plans showed the support each person required to evacuate safely from the building in the event of an emergency. For example, fire. Fire alarm systems, equipment and emergency lighting were tested weekly and fire drills were carried out regularly. Staff had received fire safety training which they described as useful in equipping them with the knowledge on how to support people safely.

Good

Is the service effective?

Our findings

Whilst the home was not purpose built, the environment had been adapted to provide a safe environment for people to mobilise around independently. Corridors were narrow but clear and allowed people to walk in a full circuit around the ground floor of the home. Secure outdoor areas were available during good weather to allow people to walk and sit in the garden.

People told us they were supported by staff who had the skills and experience required to undertake their role. Staff attended the provider's training and refresher courses that included medicines management, safeguarding adults, fire safety, infection control and mental capacity. Staff received specialist training to help them to understand people's specific mental health needs and the support they required.

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Further support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority. One member of staff told us, "It's important that we have the one to one sessions with the manager to talk about any issues going on at the service." Another member of staff said, "The manager listens and is supportive".

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's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the Act and its key principles and were able to tell us the times when a best interest decision may be appropriate. One health and social care professional told us, "I have witnessed this process throughout my contact with the service, and appropriate advice sought by staff there when questioning capacity and consent". Care plans we viewed confirmed people had been assessed as to the level of capacity they had to make certain decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection one person living at the home was subject to a DoLS which had been authorised by supervisory body (local authority).The home was complying with the conditions applied to this authorisation.

People had access to healthcare services when needed. Healthcare professionals commented that staff ensured people attended their appointments and kept them informed about changes in their behaviour in a timely manner. One health and social care professional told us, "People are encouraged to seek medical advice and regular health monitoring by staff, or if they are unable to make a rational choice staff will seek support on their behalf". Records confirmed staff supported people to attend regular check-ups and a review of their health needs. People received support from specialist healthcare professionals such as GPs and Specialist Nurse Practitioner's for their mental health needs and general well-being. Staff monitored people's mental health and contacted healthcare professionals when they identified signs of a relapse. We noted that people received timely interventions with their mental health needs. A GP told us, "The residents may attend our surgery alone, or sometimes are accompanied by a care worker. The care workers on the whole seem suitably trained and supportive and seem to know their clients well. When the residents attend unaccompanied, they bring a communication sheet for us to feedback key information to the care staff". A Nurse Practitioner told us, "The home are effective at communication/liaising with myself and our service via face to face visits, telephone calls and e-mail in respect of clients wellbeing. The home maintains good therapeutic relationships with clients and their families".

People received sufficient food and drink they required. One person told us, "We have a set menu that we put together and we take it in turns to cook the evening meal. I can always choose to have something different though if I don't like what's on the menu". Another person said, "I sometimes order a pizza and have it delivered if I want too". Staff had regular menu planning meetings with people to discuss their food choices and preferences. Care records contained information about people's food likes and dislikes, preferences and their ability to prepare their own meals.

Good

Is the service caring?

Our findings

People told us staff were caring and looked after them well. One person said, "The staff look after me well. I've lived here for a while and my life has got better because the staff have time to talk to me and care for me". Another said, "They (staff) are really nice people. We do lots of things together like going out and I look forward to that". A further person added, "Staff are kind, helpful and caring. I could stay here for the rest of my life". One health and social care professional told us, "In my opinion they do deliver excellent quality of care for some very difficult to manage clients, with positive outcomes and improved quality of life". Comments from other health and social care professionals were, 'This home is professionally and effectively run. A pleasure to be in' and 'Very friendly staff. Exceptionally helpful'.

Staff cared for people in a relaxed, warm and friendly manner. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and we noted that staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff promoted independence and encouraged people to do as much as possible for themselves. Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering.

Each person's physical, medical and social care and mental health needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans included information about people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements.

People had regular meetings with an assigned member of staff (key worker) to coordinate their care where they discussed the skills people wanted to develop, the progress with their health and any changes required to their support plan. To monitor people's progress in this area the provider used the 'The Mental Health Recovery Star' which covers 10 key areas. For example, managing mental health, living skills, trust, identity and self-esteem. This helps in a practical way to develop a recovery focused care plan that clearly sets out what the service will provide and how people, staff and external health care professionals will contribute. The Recovery Star is designed to support individuals in understanding where they are in terms of recovery and the progress they are making. It aims to provide both the person and staff with a platform for discussion of mental health and wellbeing in supporting and measuring change. One person told us, I talk with my keyworker regularly. We discuss what is going well and what isn't and from that we look at building on the good things and how we are going to improve the things that aren't going well". Staff and health care professionals used the information gathered at the key working sessions to develop the person's care plan, risk assessments and to set goals about their future. This ensured that the staff were knowledgeable about

the person and their individual needs.

People were encouraged to live as independently as possible and to do as much as they could for themselves. One person commented, "I want to become independent and have access to private accommodation and have a flat of my own. Staff are really helping me to achieve that". People's care records showed that staff supported people to have a structured day through a flexible timetable. Staff supported people to develop daily living skills such as meal preparation, house cleaning and managing their finances. Two people had volunteer roles at two local charity shops. They told us they enjoyed going to work and leading as normal life as possible because they felt valued. One shop manager told us, "(Person) really is an asset to us. They enjoy coming here and we enjoy having them here".

Good

Is the service responsive?

Our findings

The acting manager carried out a detailed assessment of people's needs before they moved into the service to ensure each person could receive appropriate care and support. People and their relatives where appropriate, along with health and social care professionals contributed to the assessments, care planning and reviews. There was information included about people's lives prior to living in the home. This supported staff to care for people as individuals with their own unique needs.

People received care that met their individual needs. Staff reviewed care plans regularly and when needed to reflect people's changing needs and the support they required. Staff had detailed guidance on how to support each person with their health and social needs. For example, staff engaged a person in recreational and therapeutic activities when they started to show signs of behaviours that challenge. Staff discussed their observations with the manager and health and social care professionals to ascertain whether people required more support and to update their care and support plans. Staff discussed at handovers information about a person's changing needs such as a decline in mental health and the additional support they required. Records showed health and social care professionals were involved in a timely manner for example, when a person displayed behaviours that challenged. Staff followed the guidance provided by the community mental health team which ensured that the person received care responsive to their needs.

Staff encouraged and supported people to undertake activities of interest to them. There were a range of activity materials available at the service and people had access to them whenever they wanted. Each person had an activity plan which had been agreed during their individual meetings with their keyworker. People were independent in following their own interests and activities, although staff supported and encouraged participation where possible.

The service ensures that people had access to the information they need in a way they can understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, in the main lounge area the provider had various documentation available to people living at the home in large print, pictorial and easy read format. Documents included, places of interest to visit, how to make a complaint, safeguarding people, mental capacity act (MCA), equality diversity and human rights (EDHR) and two Department of Health publications, 'No Secrets' and 'Valuing People'.

People confirmed they knew how to raise any concerns or complaints they may have, and would do so in the first instance with either their keyworker or the manager. Staff were aware of the provider's complaints policy on how to respond record and escalate people's concerns, so that a swift positive outcome was sought. We reviewed the complaints file and found there had been one formal complaints received in the last 12 months.

Good

Is the service well-led?

Our findings

The registered manager had been away from the service since July 2017. Since then the service had been managed by a member of staff from another home within the company and the home had been supported by the area regional director. A health and social care professional told us, "I have in the several years I have had dealings with Parkwood lodge, found that my work with care workers in particular has been a positive experience. There is a level of consistency with staff that is helpful to me and the clients in developing a good therapeutic relationship for the clients".

People were supported by staff who understood their roles and responsibilities. However records indicated that before August 2017 staff supervisions were not undertaken regularly. The acting manager and assistant regional director both told us this had been highlighted and a schedule to ensure staff received regular supervision and catch up sessions to discuss their performance and training needs was put in place.

Staff told us they were able to question the practice at the service and to raise any concerns about people's welfare. One member of staff told us, "I am confident that the acting manager puts people first. I would not hesitate to raise any issues with her". People and staff described the acting manager as approachable, friendly and supportive. Health and social care professionals commented positively about the management of the service and that the staff were proactive in raising concerns about people's well-being and accidents at the service. People were relaxed when they spoke with the acting manager and spent time in the office or communal areas chatting and talking with them. One person told us, "She (acting manager) is easy to talk to. She gets involved and she takes everything you say seriously".

People received support from staff who understood and shared the provider's values which were to provide outstanding residential and supported living services for people. Health and social care professionals commented that staff provided person centred care which was focussed on the needs of each individual. The service worked closely with healthcare and social care professionals, including the local Community Mental Health Team (CMHT) and local GP's who provided support and advice so staff could support people safely at the service.

Staff told us and records confirmed they received training on the provider's values during induction and discussed this in their one to one supervisions. Care records showed care delivered to people reflected the provider's values and that people made progress in developing skills for independent living.

Staff told us there was good communication within the home, where staff morale was excellent and they ere kept informed about matters that affected the service. Staff and people told us the acting manager was an extremely visible leader who created a warm, supportive and non-judgemental environment in which people had clearly thrived. The acting manager was supported by the organisation that carried out a programme of quality assurance audits. Records showed that the provider's representative visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.

Team meetings took place regularly and staff said they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records for September and October 2017 which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

Residents meetings were held regularly to gather their feedback about the service. We looked at the minutes of the last two meetings in September and October 2017. Topics discussed for example were, food menus, take away meals, group outings, housekeeping and laundry. Meetings were generally well attended. One person told us, "They are ok. I think it's good that we sit down and talk things over". Another person told us, "We plan things this way like the Christmas party we are going to have or other events. We can all have our say and be listened to".

Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.

The provider completed regular health and safety checks, including maintenance. Observations around the service showed audits had identified the need for repairs and these had been completed in a timely way.