

Parvy Homes Limited

Swanage Lodge

Inspection report

22-24 Swanage Way
Hayes
Middlesex
UB4 0NY

Tel: 02085821616

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Swanage Lodge is a care home for up to 6 adults with mental health needs. At the time of the inspection, 6 people were living at the service. The provider is a private limited company. They owned another registered care home and supported living services. The staff worked across all the services, which are geographically close together

People's experience of using this service and what we found

People were happy at the service. They were involved in planning and reviewing their own care and made decisions about this.

There were enough staff; and they were trained, supported, and provided with the information they needed to care for people safely.

Risks to people's safety and wellbeing were assessed, monitored and managed.

Medicines were managed safely. People had access to the healthcare services they needed to support them with their physical and mental health.

There were systems and processes to help monitor and improve the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 March 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 8 February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Swanage Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was conducted by 1 inspector.

Service and service type

Swanage Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Swanage Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held on the service, including the action plan completed by the provider following the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met 4 people who lived at the service and 1 visiting relative. We met 3 support staff and members of the management team, who included the registered manager.

We looked at the care records for 3 people, and other records used by the provider for managing the service. We looked at how medicines were being managed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found the provider had not always assessed, monitored and mitigated risks. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- Risks to people's safety and wellbeing had been assessed and planned for. The risk assessments included information about their mental and physical health. People had been involved in the assessments and there was an emphasis of promoting independence and positive risk taking. There was information about potential triggers and consequences, as well as how staff should reduce risks and keep people safe. Assessments were regularly reviewed and updated.
- The staff did not use any physical restraint. There were clear plans to help staff support people who were having a crisis or when people became agitated. These included positive reinforcement and supporting people to reflect on their feelings.
- The provider had assessed and managed risks within the environment. The staff carried out regular checks on the environment and equipment. Action was taken when problems were identified.
- There were suitable processes regarding fire safety. These included regular fire drills, individual evacuation plans and tests of fire detecting and fighting equipment.

Preventing and controlling infection

- There were suitable systems for preventing and controlling infection. The staff undertook training about these and had a good understanding of these systems. We saw the staff following good practice guidance.
- There were regular checks on the cleanliness of the environment and equipment.
- There was enough personal protective equipment (PPE) such as gloves and masks, for staff and people living at the service to use when needed.
- The provider had updated their procedures in line with government guidance about COVID-19 and had developed individual risk assessments for people using the service and staff to identify when people were at greater risk from infectious diseases.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes designed to safeguard people from the risk of abuse. Staff undertook training in these. There was information available for people using the service and staff about recognising and reporting abuse.

- The provider had worked with the local authority and others to investigate and respond to allegations of abuse to help keep people safe.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. The provider covered staff absences with their own pool of staff. People's needs were met, and they did not have to wait for care.
- There were systems to help make sure only suitable staff were employed. These included checks during recruitment and a thorough induction into the home. The management team assessed their skills, knowledge, and competencies.

Using medicines safely

- People received their medicines safely and as prescribed. There were procedures for managing medicines. Staff were trained to understand about these, and the management team assessed their knowledge and skills when administering medicines.
- Medicines were safely stored and administered. Records were well maintained, and the management team carried out regular checks on medicines management.
- The staff liaised with other healthcare professionals to make sure people's medicines were regularly reviewed. The provider had assessed the risks and carried out best interests assessments regarding the use of medicines used to support people with their mental health, which could affect their mood, thoughts or behaviour. This was to make sure the benefits of taking these medicines outweighed any negative effects.

Learning lessons when things go wrong

- There were systems to help make sure the staff learnt when things went wrong. Accidents and incidents were recorded and investigated. The management team met with staff to discuss these. We saw records included discussion about what could have been done differently to prevent reoccurrence.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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.

At our last inspection, we found there were no records to show people had agreed with some informal restrictions. We discussed this with the registered manager so they could make sure they recorded people's consent with these. At this inspection, we found enough improvements had been made.

- The provider was acting within the principles of the MCA. They had assessed people's mental capacity relating to specific decisions. They had involved people in making these decisions, where possible. They had also involved their representatives in making decisions in people's best interests.
- Records showed the best interests process had assessed the benefits and risks of different decisions. Information was presented in the best way to enable people to make decisions because the staff knew about their communication needs
- Staff gave people options and ensured they consented to their care. Known preferences, such as specific gender care workers, were recorded. People had signed care plans and risk assessments to show they had consented to these.
- As part of some people's recovery plans, they had made agreements with staff about some restrictions, for example limiting cigarettes. These had been assessed and their agreements were recorded. The management team also advised staff that people could change their minds and withdraw their consent if they wanted.

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

- There were systems for assessing people's needs and choices. No one had moved to the service since the last inspection. However, we saw assessments had been undertaken when they first moved there.

- People's care plans were regularly reviewed in line with good practice guidance, to make sure they remained relevant and appropriate to reflect people's needs.

Staff support: induction, training, skills and experience

- People were cared for by staff who were suitably trained and supported. The staff completed inductions into the service, shadowing experienced staff and undertaking a range of training.
- The staff completed training updates and were supported by the management team to learn new skills. Staff were supported to undertake qualifications in care.
- The provider sourced training and information from the local authority, commissioners and healthcare professionals when needed.
- There were suitable systems for communication between staff and to make sure they were familiar with best practice. These included regular team and individual meetings as well as appraisals of their work.

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

- People were supported to have enough to eat and drink. People were involved in planning, shopping for and preparing meals. They were able to make choices about what they ate and drank.
- People's nutritional needs were assessed and planned for. The staff monitored people's food and fluid intake and weight when there was an identified need. This helped them to make sure people's hydration and nutritional needs were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's mental and physical healthcare needs were assessed and planned for. Staff worked closely with other professionals, following their guidance, and implementing plans from healthcare teams.
- People were supported to attend appointments, to understand about their own health and to make decisions about this.

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

- The environment was suitable and met people's needs. People had their own bedrooms which they could personalise. Communal rooms were comfortable and appropriately furnished.
- The building was well maintained, and the provider had a programme of redecoration.
- Damaged furniture and equipment, as well as damage to the property were attended to and repaired.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection, we found the provider's systems for monitoring and mitigating risk had not always been operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- There were systems to help monitor and mitigate risks and these were implemented effectively. The management team and staff carried out a range of regular audits and these identified when quality improvements were needed.
- The provider held regular meetings with people using the service and staff to ask for their views and feedback about the service. They also asked stakeholders to complete satisfaction surveys.
- The provider encouraged staff to think of their own ideas about how the service could be improved. We saw examples of ideas from staff being implemented and the positive impact of these.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture. The management team and staff knew people well and had good relationships with them. People were listened to and were able to make choices. The staff supported people to take part in a range of different activities which reflected their needs, interests and wishes.
- Staff felt well supported and empowered to make decisions about their work. They had opportunities to discuss their work and ideas with managers.
- There were effective systems to help make sure people received a personalised service.

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

- The provider understood their responsibilities under the duty of candour. They had investigated, acted, and apologised when things went wrong.
- The provider was open and transparent, notifying CQC and other stakeholders when things went wrong and explaining what they had done to put things right.

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

- The registered manager was experienced and qualified. They were a director of the company and had managed the service for several years. The organisation was a family run business, and other family members were part of the management team. They, and other senior staff, had undertaken relevant management qualifications.
- There was a range of suitable policies and procedures which were regularly reviewed and updated.
- Staff had information about good practice and legal requirements.

Working in partnership with others

- The staff worked in partnership with other professionals. They supported people to access a range of services, including healthcare services. They implemented guidance from other professionals and made appropriate referrals when they identified more support was needed.
- The management team liaised with the local authority and networks of other registered managers to share ideas, lessons learnt and good practice examples.