Higher Park Lodge Limited

Higher Park 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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Higher Park Lodge is a residential care home and accommodates a maximum of 34 people. On the day of the inspection there were 30 people living at the service, four people were in hospital. Some people at the service were living with dementia. The home is a large detached property within Devonport Park, Plymouth. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided, and both were looked at during the inspection.

This inspection took place on 14 June 2018. The inspection was unannounced. At the last inspection on 3 April 2017, the service was rated as Requires Improvement as we found not all records were up to date and the governance procedures in place at the time of that inspection had not recognised this. The provider took action and at this inspection we found there had been changes to ensure all records were well maintained and an accurate reflection of people's care. Systems had been established to double check audits and reduce the likelihood of this occurring again. We found the service had improved from "Requires Improvement" to "Good", with the caring domain rated as "Outstanding".

Why the service is rated as Good:

There was a registered manager in post. 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.

People and their relatives told us staff were exceptionally dedicated, caring and kind. Staff demonstrated compassion for people through their conversations and interactions. They did special things which made people feel they mattered. Feedback about the caring nature and acts of kindness were excellent. Comments included, "So kind and helpful during my auntie's stay, she still talks about you now"; "I'm glad they found Higher Park Lodge as it is so lovely here"; "Wonderful"; "Wishes happen" and "Staff treat mum and her visitors extremely well."

We observed staff treating people as individuals with different needs and preferences. Staff understood that people's diversity was important and something which needed to be upheld and valued. Examples were given to demonstrate how staff respected people's different disabilities, sexual, cultural and faith needs.

People told us their privacy and dignity was promoted. People all said they were actively involved in making choices and decisions about how they wanted to live their lives. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the assessment and care planning process. This helped to ensure the care being provided met

people's individual needs and preferences. Support plans were very personalised and guided staff to help people in the way they liked.

Risks associated with people's care and living environment were effectively managed to ensure people's freedom was promoted. People were supported by consistent staff to help meet their needs in the way they preferred. People's independence was encouraged and staff helped people feel valued by encouraging their skills and involving them in decisions. The registered manager and provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. People's medicines were safely managed and given to them on time.

People received care from staff who had undertaken training to be able to meet their unique needs. People's human rights were protected because the registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards.

People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

People were cared for in a service which was well maintained and invested in. The home was kept clean and smelled fresh. People were protected from the spread of infection, because safe practices were in place to minimise any associated risks. There was a range of activities which people enjoyed to help keep them stimulated and occupied.

Policies and procedures across the service were in place and available for people in different formats when required. People were treated equally and fairly. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and information for people with cognitive difficulties and information about the service was available in larger print for those people with visual impairments.

The service was very well led by the registered manager and provider and supported by a dedicated team. There were quality assurance systems in place to help assess the ongoing quality of the service, and to help identify any areas which might require improvement. Complaints and incidents were learned from to ensure improvement. The registered manager and provider promoted the ethos of honesty and admitted when things had gone wrong. The service kept abreast of changes in research to improve care, legislation and kept up to date with health and social care news for example the new data protection laws and the accessible information standard.

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 remained Good.

The service was safe.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff that understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Is the service effective?

Good

The service remained Good and was effective.

People received support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People's eating and drinking needs were known and supported.

Is the service caring?

Outstanding

The service had improved from Good to Outstanding.

The service was very caring, people came first.

People, relatives and professionals were exceptionally positive

about the service and the way staff treated the people they supported. People felt special and that they mattered.

People were supported by dedicated, kind and compassionate staff. People were treated with respect and dignity.

Staff supported people to improve their lives by promoting their independence and wellbeing. Staff went the extra mile. People mattered.

People were supported in their decisions and given information and explanations in an accessible format if required.

Is the service responsive?

Good

The service had improved from Requires Improvement to Good.

People were thoroughly assessed to ensure the service could meet their needs. Equality and diversity was respected and people's individuality was supported.

People received personalised care and support, which was responsive to their changing needs. Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People were involved in the planning of their care and their views and wishes were listened to and acted on. People's end of life preferences were known and followed.

End of life care was compassionate.

People knew how to make a complaint and raise any concerns. Complaints were thoroughly investigated and learned from. People had no concerns.

Is the service well-led?

Good

The service had improved from Requires Improvement to Good.

There was a positive culture in the service.

The provider and registered manager had clear visions and values about how they wished the service to be provided. These values were understood and shared with the staff team and underpinned policies and practice.

People and those important to them were involved in discussions about the service and their views were valued and

led to improvements.

Staff were motivated and inspired to develop and provide quality care. They felt listened to.

Higher Park 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 was planned to check 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 14 June 2018 and was unannounced. The inspection was carried out by two adult social care inspectors 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 service. The expert by experience had knowledge of caring for older people.

Before our inspection we reviewed the information we held about the service and contacted the local authority commissioners. They gave positive reports about the leadership and service people received. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return (PIR). 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.

During our inspection we met with 10 people who used the service and spoke with four visiting relatives for their views on the service. We reviewed people, relatives, staff and professional feedback during the inspection and comments left by people and relatives on two care home review websites. We spoke with the registered manager, the deputy manager, the provider and five care staff during the inspection.

We looked at four records which related to people's individual care needs. We discussed staff recruitment processes with the registered manager, reviewed staff training and looked at the quality assurance processes used to review the quality of the care provided. We discussed complaints, safeguarding and incidents which had occurred within the home over the past 12 months, with the registered manager. We also reviewed policies and procedures and the service's private Facebook page.

Good

Is the service safe?

Our findings

Higher Park Lodge remained safe.

People were safely supported with their medicines if required. The service had embraced technology and was using an electronic medicine system. This helped to ensure the correct medicine was given to the right person at the right time. Everyone we spoke with confirmed their medicines were given on time. Two staff were "champions" in this area which meant they took responsibility for ensuring the safety of medicine management. Staff were trained and checked as competent in medicine administration prior to using the system. This helped reduce the likelihood of errors. Some people were on prescribed medicines on an "as required" (PRN) basis and there were instructions to show when these medicines should be offered to people. Records showed these medicines were not routinely given to people and only administered in accordance to instructions in place.

Non-prescription medicines known as homely remedies were available for people on a short term basis so staff could respond to people with minor ailments in a timely way. Arrangements were in place for the safe storage and disposal of medicines, including those which required additional security. Storage temperatures were checked and monitored and there was a system in place to reduce the temperature in one room during the summer months. Some people who were unable to consent to their medicines and who did not always take their prescribed medicines had agreements in place to administer these medicines "covertly" as it was in people's best interests to take these medicines. People's doctors had recorded this but we spoke with the provider about maintaining a clear record of the decision making. This was actioned straightaway. Systems were in place to audit medicines practices and electronic records were kept to show when medicines had been administered.

People living at Higher Park Lodge and relatives we spoke with, all confirmed people's safety was paramount and people were safely cared for. The systems, process and practices at the service enabled people to remain safe. People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. Staff had undertaken training in this area and knew how to protect people from abuse, harassment or neglect, for example and told us they would act promptly to any breaches of people's dignity and respect. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place along with local reporting procedures which staff were aware of. Incidents of a safeguarding nature were recorded and analysed for trends and learning. People were protected from discrimination and staff had undertaken training on equality and diversity. For example, staff understood racism or homophobia were forms of abuse. A relative confirmed if there was any change in people's behaviour, staff were quick to act. Policies and regular feedback from people using the service helped confirm people were protected from discrimination and ensured all people were treated equally. Refresher training was ongoing so staff remained up to date with best practice. Staff all confirmed they would not hesitate to raise any concerns.

Recruitment processes remained robust to check staff were safely recruited. Checks on new staff were undertaken to ensure staff were safe to work with vulnerable people. Recruitment processes such as interviews helped the registered manager check the values and caring attitude of new staff.

People were kept safe by sufficient numbers of skilled staff. Staffing levels were dependent upon people's needs. Staff interacted with people in a calm, unhurried way. In addition to care staff, there were two activities staff members, kitchen staff, cleaning staff, and maintenance that helped run the service. The staff team worked flexibly to provide cover for sickness and unforeseen events; this helped to provide continuity for people.

People and relatives confirmed they felt there were enough staff on duty and their call bells were answered promptly. People said staff had time to talk and sit with them if they wanted them to.

People were supported by staff who managed risk effectively. People's safety was discussed in staff meetings and regular handovers. There were systems in place to report accidents such as trips and falls and analyse these for prevention purposes and learning. Prompt action was always taken to reduce the likelihood of a reoccurrence. For example, by considering liaising with people's GPs, using falls prevention equipment and where required, providing additional staff or increased observation to support people's mobility.

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe. Staff balanced actively supporting people's decisions so they had as much control and independence as possible with ensuring their safety at all times. Staff gave examples of how they supported people to manage their own mobility as far as possible but being mindful of potential risks and ready to step in and support as required. Support plans clearly described what people were able to do themselves to maintain their independence and where prompting and/or help were needed.

People had documentation and processes in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. Care plans were person-centred and developed to mitigate identified risks, for example in relation to skin care, falls or nutritional needs. Where people had additional risks in relation to health needs, the service worked closely with external professionals to provide safe care. For example, community district nurses, tissue viability teams and physiotherapists were involved in people's care and rehabilitation. The service also monitored people's equipment closely and special beds or mattresses were bought when required, for example to minimise the risk of pressure skin damage.

People were protected from the risk of infection. The home looked clean and smelled fresh. Staff confirmed they knew when to use protective equipment such as gloves and aprons to help reduce the likelihood of cross infection. Hand washing posters in bathrooms reminded people of the importance of good hand hygiene. Infection control training was refreshed every three years. A laundress was employed to undertake laundry duties; the washing area was well organised and clean.

Regular checks on the environment helped keep people safe, for example water temperature was controlled to reduce the risk of scalding, window restrictors were in place and radiators were covered to prevent burns. Risk assessments had been carried out on external work being undertaken to re-paint the external railings at the service to minimise potential injury.

Robust fire safety checks and procedures were in place. A fire risk assessment had been conducted in April 2017 and the providers were working on the action plan. Fire training was in date. Personal emergency

evacuation plans detailed how people were to be safely evacuated if necessary. A contingency plan was also in place with another service which meant people, if required could be safely evacuated.

Good

Is the service effective?

Our findings

The service continued to provide effective care.

When staff joined the organisation they received an induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff also shadowed more experienced members of the team as part of their induction. The registered manager advised the induction and shadowing were flexible, dependent upon staff learning needs and experience in care and continued until new staff felt confident with people. We saw staff had also signed to confirm they had read people's support plans before caring for them.

People were supported by staff trained to meet their needs. Staff underwent training on essential subjects such as moving and handling, first aid and safeguarding as well as training that was specific to the people they supported, for example diabetes care. All staff confirmed the training was good and they were encouraged to complete nationally accredited qualifications. They commented, "I like it here and hope I can progress in my career." Topics of learning included, safeguarding, equality and diversity, medicine administration, a dementia workshop, fire awareness and fire evacuation. The registered manager described a positive working relationship with the external trainer. Some staff had undertaken additional training or had a special interest in an area of care and held "Champion" roles within the service. For example, medicines, infection control, continence and dementia care. Staff worked as a team sharing the knowledge and information they had in these areas to promote best practice.

Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff were invited to come into the office regularly and the senior staff team, deputy, registered manager and provider confirmed an "open door" policy. We saw this during the inspection. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. Staff confirmed, "The management are good" and "They make time to listen to you."

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. Where people were not able to make an informed decision about their care or treatment, staff acted in their best interests or delayed any decision which was required to be made until they were better. We saw people had recently been informed about the changes the service was required to make in relation to the new data protection regime, the General Data Protection Regulation (GDPR), that came into force on 25 May 2018 and people had consented to the information held about them. Where this was not possible those with the legal authority to make decisions on people's behalf had been asked to or a best interest's process was followed.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood these processes and worked to ensure the least restrictive principles were followed. A system was in place to check people's DoLS authorisations were renewed as required.

People's nutrition and hydration needs were met with frequent meals, snacks and drinks offered and available throughout the day. A weekly meeting helped plan the meals for the week and an ample food budget ensured a variety of home cooked meals and choice were available for people. Everyone spoken with confirmed they had enough to eat and drink throughout the day and at night if needed. People confirmed the meals were to their liking and choice, good portions were given and they had a choice of size. We saw snack bowls with biscuits and fruit wereavailable for people in between meals as well as accessible drinks. Discussions with the chef evidenced dietary requirements were known and people's special diets related to their health or culture would be accommodated. In the past vegetarians and coeliac meals had been required but apart from diabetic diets no one required a special diet at present. People's nutrition was seen as very important at the service. Posters prompted a good diet and drinking enough water and activities involving food such as smoothie making and pizza making encouraged people to eat and drink well. Equality and diversity was being incorporated into food planning and special evenings were planned to celebrate foods from around the world. For example, an Italian themed day. Feedback from people included, "Good home cooking."

People's care plans provided details to help staff know what people's nutritional likes and dislikes were and highlighted any people who required support with their health needs or maintaining a healthy weight. Staff gave examples of how they had supported people who had special dietary requirements, for example those who had diabetes. Staff knew who required their food and fluid intake to be monitored and when they needed to encourage people to eat and drink. For example, one person we met who was very active during the inspection had been noted to be losing weight. The person's Gp was aware and supplements were being encouraged in addition to staff prompting the person to take extra snacks so they had additional calorie intake.

People's healthcare needs were met by staff that made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. People told us, "Yes, we can see a doctor whenever necessary, they visit here"; "They make all my appointments for me, teeth and hearing tests"; The chiropodist is coming today" and, "Yes, I've seen a GP here twice. I had a chest infection when I came in and then I had vertigo so needed the doctor."

Staff knew people well and monitored people's health on a daily basis. During the inspection we saw staff regularly checking to ensure people were well and comfortable. Staff we spoke with knew people's health needs well and family confirmed they were kept up to date on any changes in health need. Family told us, "If there is any change, the staff pick up on it very quickly"; "They are on the ball" and "There's been a real improvement in [person's name]'s condition." The service ensured people's physical, social and emotional needs were assessed and their care, treatment and activities provided were helpful at improving their outcomes and well-being. For example, a nutrition and hydration campaign alongside the activity programme supporting people to remain mobile had noted a significant drop in recorded falls over a six month period. A multitude of social activities helped people remain active and social and enhanced their well-being.

The service worked across external health professional teams, particularly for people on temporary respite stays to ensure their care was co-ordinated and people could return home as quickly as possible. Hospital passports, short summaries of information which was important about people, ensured as people moved between services their needs were known, for example their communication needs and important health needs such asthose experiencing mental health issues. Staff visited people in hospital and supported people to attend hospital appointments and meetings so their needs were known and shared. Where people were discharged from hospital back to Higher Park Lodge and staff did not have all the information, staff were quick to contact the hospital so they had the latest information they needed to care for people.

Higher Park Lodge was well maintained. Adaptations had occurred to provide a safe and accessible environment for people to mobilise. Handrails were available for people to move around the corridors safely. During the inspection external work was underway to improve the exterior of the service.

The provider had looked at how technology could improve people's lives and the service they then experienced. Wi-Fi and internet access was available for people to use to connect with family who lived away. A private Facebook page was enjoyed by staff and relatives sharing photos of special occasions and trips out with people's consent. A computerised medicine system supported the safe administration of people's medicines and less medicine errors had occurred. Analysis of data, for example falls, helped monitor any trends and consider any themes within areas of the service as well as individuals which could be improved.

Outstanding ☆

Is the service caring?

Our findings

People received excellent care at Higher Park Lodge. People were cared for by staff that went, "the extra mile" without thinking twice. The last inspection in April 2017 the service was rated as "Good". We felt the team now offered "Outstanding" care.

People shared their views on the caring service they received, "So kind and helpful during my auntie's stay, she still talks about you now"; "I'm glad they found Higher Park Lodge as it is so lovely here"; "Wonderful"; "Wishes happen" and "Staff treat mum and her visitors extremely well."

Higher Park Lodge was a long established family run service. The registered manager told us, "We are working in their home is my mantra." They shared that they felt the investment in staff training had supported the improvement within the team and positive feeling at the service saying "the staff team are empowered, all these ideas… fantastic to see and hear." Over the past few years, the team had worked hard to achieve a set of values, training and confidence in their abilities which had enhanced people's care. These caring values and working practices were monitored closely by the provider and registered manager through spot checks, team meeting discussions, feedback from visitors and supervision with staff. This helped ensure compassion, kindness, dignity and respect was embedded throughout the service. For example, one person was currently in hospital. The registered manager and staff were regularly visiting them in hospital to monitor their well-being and provide them with social contact. Whilst in hospital, the registered manager has arranged for their room to be decorated in the colours that they had previously expressed a desire for, a new flooring had been laid and new remote control blinds were being fitted, (this would make it much easier for them to choose when they wanted them open or shut, enabling independence), and new shelving had been fitted as they had lots of personal possessions. This would be a surprise on their return home to Higher Park Lodge.

Staffing levels were organised around people's needs and arranged so staff had time to listen to people, provide information and involve people in their care. Staff told us how much they loved their work and the people they cared for. Good relationships with people had been built up over time; people were encouraged to express their views and contribute to their care. This encouraged staff to go above and beyond. For example, we heard how staff volunteered to take a person swimming regularly in their own time because they had previously been a keen swimmer. The person was keen to start this hobby again to help with their mobility. The registered manager shared that this had boosted the person's morale, self-confidence and mobility.

We were told about two other staff that helped another person move into their new flat in the community which helped a smooth and relaxed transition. The person had resided at the service for over 12 months and finally reached a point where they were able to go back into a flat and live independently. The support given by staff at Higher Park Lodge helped them feel much less anxious about the move and because of this they felt empowered and more confident about the move. Following the move, staff in their own time volunteered to help sort things into the right room at the flat. The person reported feeling really valued and overwhelmed that anyone would 'be so kind to do this for her'.

A further example of staff generosity was shared. A person had admired one of the staff's sunglasses and said they 'wished he had a pair of sunglasses like hers.' Staff gave them to the person. They were elated as they liked to sit outside in the fresh air but the sunshine irritated their eyes. They shared the news about the new gift for a few days. Feedback reiterated this level of kindness, for example, "Everyone so very friendly and helpful."

Special occasions such as birthdays and Christmas were celebrated. We saw heart-warming videos of people celebrating their special day with a homemade cake surrounded by their friends at the home and staff. Everyone always received; a card, a present from staff and people living at the home, a cake and a party celebration. Staff shared, "It's wonderful to see the happiness this brings. It's nice to make sure they feel valued and appreciated". Every Christmas the management team at Higher Park Lodge we were told, "We always buy each client a present wrapped up to open the morning of the 25th, also every year the staff do a staff to residents 'secret Santa', this means that every client gets an extra gift. The clients are always so grateful and often say how wonderful it is to feel so loved and spoilt. We believe this really helps boost their self-worth and improve wellbeing." People who did not celebrate Christmas in the traditional way due to their beliefs were also included in these occasions but in a way which would not cause offence. For example, one person was a Jehovah's Witness and received a gift but not in Christmas paper. This meant they were not excluded from the gifts being given. People's needs in relation to equality and diversity were met.

Staff were highly empathic to people's needs. We were given examples to demonstrate how staff anticipated and accommodated people's needs which made them feel valued and loved. One person was desperate to see their garden; they didn't want to go into their house, nor go home, but just really wanted to check on their garden. Staff volunteered to take them back, they were delighted by seeing their garden. They felt much more relaxed and content and much less anxious. Another person was fascinated by steam trains and was very knowledgeable about them, therefore as a surprise the staff arranged to take them on a steam train. It was reported that they were ecstatic and they could not stop smiling. It really cheered them up.

Relative feedback told us, "There is a genuine feeling of care and pride from staff" and "The residents are well looked after and all their needs are taken care of whether big or small." Staff went to every effort to meet people's needs as if they were at their own home. For example, one evening one person expressed to the staff how much they really fancied a KFC takeaway, so staff drove down and bought them some. They were absolutely delighted that somebody had gone out of their way to get that for them.

Staff ensured people's faith needs were met, for example on Christmas day one person wanted to go to church but the taxis were very expensive, Staff dropped them to their church and arranged to collect them in their car later to save them paying. We were told, "[Person's name] was so overwhelmed that they could still go. This retained their independence, allowing them to still do what they wished. They felt really valued."

People's communication needs were met in a personalised way by staff. Staff knew people whose communication was affected by hearing loss, speech impediments, cognitive decline or ill health. Staff and support plans explained the best way to communicate with people and meet their needs. For example, by understanding people's unique facial expressions or by using simple pictures and words. During the inspection we were shown a website in use to enhance how the service used visual aids to communicate. We also saw some simple felt clocks with pictorial faces which could be used by staff to help them communicate with people and express their moods. People confirmed, "They always talk me through what is going on when dealing with me."

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People

and their relatives were encouraged to express their views and be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place. No one we met required or wanted their care plan presented in a different accessible format; however care reflected people's diverse needs and social situations. Care plans and information could be provided in larger fonts and the registered manager was looking at how the accessible information standards could be further incorporated into peoples' care. (The Accessible Information Standard is a framework put in place 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.) Pictorial hospital passports were in place and staff were encouraged to sit with people to complete communication diaries so they knew what was being written about them even if they were unable to read them.

People told us, and we observed, their privacy and dignity was maintained. Relatives confirmed the same saying, "Independence and her dignity is considered at all times." Staff knew to close bedroom doors and draw curtains when providing personal care and knocked before entering people's rooms. People looked well dressed and clean. We heard how the registered manager had recently been shopping and seen an outfit in purple and green they knew one person would love so bought it for them.

Family we spoke with shared how kind and welcoming the staff were. A five star review on a website shared, "Great staff ... a good team, well led to deliver quality care with a heart..." Cups of teas and biscuits were always provided for visitors, and staff worked to keep family up to date and engaged with people's lives in line with people's consent.

Staff understood the need for confidentiality, the safe storage of people's records, and knew not to share information without people's consent or unnecessarily. New consent forms related to the new data protection laws had been sent to people and families where appropriate. The management team knew people who had other people / relatives in place with the legal authority to give consent for sharing information. Families confirmed they received regular updates from the staff and were fully involved in care planning."

Good

Is the service responsive?

Our findings

At the last inspection we found people's temporary respite stay care plans did not match the quality of care plans for people permanently living at the home. The provider sent us an action plan telling us how they would improve this area through more robust monitoring.

At this inspection we found improvement had been made and all support plans were all in date and reflective of people's care and treatment. Following a regular audit, another member of staff also checked support plans to ensure they were accurate and nothing had been missed. The service were investing in a new staff role to take over the admission care plans and on-going reviews. This would continue to ensure all support plans, but particularly those on respite stays, were completed quickly and also freed care staff up to concentrate on supporting people.

The registered manager advised referrals came through word of mouth and through the local authority system. The service undertook their own assessment of people's strengths and needs. These included assessments of people's skin care and nutritional needs, level of dependency, emotional and social needs. Comprehensive, individualised care plans were then developed.

People had support plans in place which were person centred and encouraged choice. People and/or their families were proactively involved in putting their care plans together. Care plans reflected how people liked to receive their personal care, be supported to get dressed and the aspects of their care they could manage themselves to maintain their independence. They provided clear guidance and direction for staff about how to meet a person's needs, their likes and dislike and routines. Support plans included information for staff about how to communicate with people if they had cognitive difficulties, had sight difficulties or hearing needs. People's care plans were personalised and written using their preferred name. People's care records were reviewed with them regularly and where appropriate, those who mattered to them and particular staff who knew people well were also involved. Care plans were kept securely but could be easily printed out for people who wished to have a copy, when moving to a different service or going to hospital.

Staff shared examples of the personalised care they provided. For example, staff were aware of people who had a gender preference for personal care, those who preferred their own company and people who had particular areas of the home they preferred to relax in. Bedrooms were personalised with people's belongings and the things which mattered to them and people proudly showed us their bedrooms. "This is me" information helped facilitate relationships. This is Me is…Staff knew people's preferred times for waking and sleeping and their likes and dislikes related to foods and activities.

There was a complaints policy and a system in place for receiving and investigating concerns and complaints. Any concerns were thoroughly investigated and discussed with staff for further learning to enhance care delivered.

Higher Park Lodge prided themselves on the end of life care people received. People were asked about their end of life wishes and given the option to discuss these if they wished, for example, funeral arrangements,

flowers they might like, music choices and any religious needs. They worked hard to ensure people who wished to remain at the home during their final days were able to, comfortable and pain free. Staff had attended training on end of life care to ensure their practice remained up to date. Staff worked with the community nurses and GPs providing best practice end of life care for residents. Staff had good working relationships with doctors and nurses to ensure people who might require pain relief had this promptly. This included privacy, comfort and dignity, and any equipment provided. This meant staff were skilled at delivering compassionate care in people's last days. A tree, lit with lights, held memories of those who had been loved and passed away at Higher Park Lodge.

A relative shared how staff were very caring and attentive to them and their relative at the end of their life saying, "[Person's name] became unwell very quickly but wanted to stay in their chair. Their wish was respected. They'd had their hair done; they were pain free, no distress and peacefully passed away with us around them. If there is such a thing as a good death at 100 years old, they were granted just that."

People enjoyed an active lifestyle if they wished at Higher Park Lodge. The registered manager told us, "We have had a huge push on this to enrich people's lives." Two dedicated activity staff ensured people were supported to follow their interests, engage in new hobbies and stay active. On the day of the inspection people were going out in the mini bus to a local seaside attraction to enjoy fish and chips. People shared that their favourite activity was going out. Trips to local places and monuments, walks, cafes and animal farms were enjoyed. Seasonal events such as Easter were enjoyed with bonnet making. We saw pictures of people being creative with paints in the garden, happily making homemade pizzas and singing. Some people were part of a choir with others from local services. Equality and diversity was considered also for example, as part of the World Cup celebrations, it was recognised not everyone might support England so a bunting of flags with all the different team countries had been sourced. For those who did not celebrate Easter, seasonal spring mats were made instead of Easter bonnets. Different religious holidays were also celebrated.

Good

Is the service well-led?

Our findings

We found the service had improved from "Requires Improvement" to "Good". At the last inspection in April 2017 the systems in place to audit records had not been sufficient. Since that inspection the provider and registered manager had worked hard to improve processes. New, robust care plans were in place and a new diary system to minor changes quickly. Reviews were held every three months unless required sooner. A robust records audit process was in place.

Higher Park Lodge was a family owned a run service which was established 29 years ago. The provider and registered manager were in the service most days and actively involved in all aspects of the running of the home. 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. They were "hands on", approachable and everyone we spoke with complimented the informal, relaxed managment style. People and relatives repeatedly told us, "It's like a family here"; "Everyone is so helpful" and "Over the time she has been here I've been so impressed."

The values of the provider and registered manager were shared across the staff team. People came first. The "mission" statement shared the goals of the service – a homely environment; quality care, trained staff; continuous improvement and meaningful partnership working with external professionals." This reflected our inspection findings.

People, their family and staff all told us throughout the inspection they felt listened too and involved, supported and cared for saying, "I would not hesitate to being her back [a person who had stayed on respite]. The Higher Park Lodge values of, "integrity, trust, compassion, dignity and respect" were evident in our observations and conversations with everyone.

We found the service was very well-led. One person shared, "I wouldn't go anywhere else." The culture and atmosphere at the service during the inspection was upbeat and a positive vibe was felt by all the inspection team. Staff were clear of their roles and the management team had confidence in their abilities to lead them and provide quality care. The registered manager shared how the local leadership course they had undertaken had benefitted them personally through the sharing of information and contacts made across the city, but also how all the pieces of work and improvements were now taking effect and working well together. For example, in the past few years, the new medicine system had been implemented, a robust new care planning tool was now in place and staff training and development had seen the role of "champions" in key areas. The result of all the improvements was a cohesive, knowledgeable, confident team and very happy, well cared for people. One relative said, "I know she is happy – she sings to herself" and another said, "Really impressed and reassured."

We spoke with the provider and registered manager about changes since the last inspection. Robust quality assurances processes were now in place and embedded such as medicine audits, environmental audits and

health and safety checks. The provider and registered manager made a yearly improvement plan to focus quality improvement. For example, this year the focus had been on improving and embedding the support plans and new medicine practices. We saw excellent processes were now in place. Regular maintenance and improvements were occurring with the environment and quotes had been obtained for an extension.

The staffing structure had developed since the previous inspection to share the leadership roles across the staff team. This had been achieved while ensuring the provider and registered manager retained accountability. Both were supported by a deputy manager, a further senior member of staff helped the management team with care and auditing, and a new care plan role was imminent. The senior care staff were more confident and the activity staff were full of ideas. Apprenticeship staff had progressed into care roles since the previous inspection and the new staff brought fresh ideas and energy to the team.

People, relative and staff feedback was important and listened too. Questionnaires were sent out to gather their views on how the service was run; these were reviewed and acted upon. Everyone knew who was in charge.

People and relatives told us the culture at the service was very positive, saying "Family" and another said, "It's magic." People felt involved in the running of the service and some like to attend the staff and resident meetings when they were held which kept them informed and involved.

The service encouraged staff to provide high quality care and support. We observed the management team role model the organisation's values. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff were encouraged to develop themselves to enhance care, for example through additional training. Staff had confidence in the leadership team. The provider and registered manager were open, transparent and person-centred. We were told by the provider and registered manager the focus of the service was to ensure people came first and received good outcomes. One relative commented, "She has really improved since has been here, she is now able to move around!" Another relative told us that in three weeks their relative who had not been able to walk on admission, greeted them at the door on the day of the inspection.

The registered manager worked in partnership with other agencies when required, for example primary healthcare service, the local hospital, the local hospice, pharmacy and social workers. The registered manager and senior staff attended forums where best practice was discussed, for example the local authority forums. The local authority confirmed good partnership working.

The registered manager and provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these at the office. The provider's whistleblowing policy supported staff to safely question practice. It defined how staff that raised concerns would be protected. Audits and a range of meetings with key staff occurred to maintain the high quality of care at Higher Park Lodge.

The registered manager and provider understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

CQC registration and regulations requirements were understood by the management team. The registered manager kept up to date with ongoing training and communicated changes to staff through staff meetings and one to ones.