Haydon Park Lodge Limited

Haydon 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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 August 2016 and was unannounced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in July 2015. At that time we gave the service an overall rating of 'requires improvement'. We also imposed three requirement notices which we checked during a focused inspection in December 2015. We found the provider was meeting the regulations we looked at that inspection, but we did not amend our rating as we wanted to see consistent and sustained improvements made at the service over time.

Haydon Park Lodge is a small family run care home which provides personal care, support and accommodation for a maximum of thirteen adults. The service specialises in supporting people with a learning disability and/or sensory impairment and mental health needs. There were ten people living at the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

At this inspection we found the provider had made and maintained improvements at the service. Arrangements for the safe management of medicines in the home were consistently followed and people were supported to take their medicines as prescribed. Staff had maintained appropriate records to reflect this. Medicines were stored safely in the home.

The provider consistently followed good practice in relation to staff recruitment. Appropriate employment and criminal records checks were made on all staff to ensure they were suitable to work for the service.

The provider had a programme of audits in place that they followed to check that expected standards were being maintained by all involved in the provision of care and support at the home. They used these checks along with feedback they received from people and others to review the quality of care and support that people experienced. They ensured records maintained by the service were accurate and up to date.

People views were taken into account when staff assessed their care and support needs. The provider had made improvements and up to date support plans were now in place which set out how people's needs should be met by staff. These reflected people's individual choices and preferences. They had been reviewed to identify any changes that may be needed to the support people received. People said staff were able to meet their needs.

People were satisfied with the care and support provided. People told us staff looked after them in a way which was kind, caring and respectful. People knew how to make a complaint if they had any issues or concerns about the service. The provider had improved the arrangements to deal with any concerns or

complaints so that people had up to date information about how they could make these.

People said they were safe in the home. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and plans were in place which instructed staff how to minimise any identified risks to keep people safe from harm or injury. The provider ensured these were kept up to date so that staff had access to the latest information about how to minimise identified risks. The premises and equipment were regularly serviced and checked to ensure these did not pose unnecessary risks to people. The home environment was free of obstacles or objects that could pose a risk to people's safety.

There were enough staff to meet people's needs. The provider planned staffing levels to ensure people's needs could be met at all times. Staff received relevant training to meet people's needs. The provider monitored training to ensure staff skills and knowledge were up to date. Staff said they were well supported by the provider and had been given opportunities to share their views about the quality of support people experienced. They had a good understanding and awareness of people's needs and how these should be met. They ensured people's right to privacy and to be treated with dignity were respected.

People were encouraged to eat and drink sufficient amounts to support them to stay healthy and well. The provider monitored people's general health and wellbeing. Where they had any issues or concerns about this they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

People were encouraged to live an active life in the home and community. They were supported to be as independent as they could and wanted to be. Staff only stepped in when people could not manage tasks safely and without their support. People were also supported to maintain relationships with the people that were important to them. Staff were welcoming to visitors to the home and relatives were free to visit when they wished.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The provider and registered manager had received training in the MCA so they were aware of their roles and responsibilities in relation to the Act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support. Where people lacked capacity to make specific decisions there was involvement of their relatives or representatives and relevant care professionals to make these decisions in people's best interests.

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. The provider had maintained improvements in the management of medicines. People received their medicines as prescribed and these were stored safely.

The provider had also maintained improvements in their recruitment practice. They carried out appropriate checks of staff's suitability to work for the service. There were enough staff to meet people's needs.

Up to date plans were in place to ensure identified risks to people were minimised. Regular checks of the environment and equipment were undertaken to ensure they were safe and did not pose unnecessary risks.

Staff were supported to identify and take appropriate action to protect people from the risk of abuse or from harm.

Is the service effective?

Good

The service was effective. Staff received training to help them meet people's needs. They were well supported by the provider and registered manager.

The service was working within the principles of the MCA. The provider and registered manager were aware of their responsibilities in relation to the Act. Where people lacked capacity to make specific decisions there was involvement of others to make decisions in people's best interests.

People were supported to stay healthy and well. Staff monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this so that appropriate support was sought.

Is the service caring?

Good

The service was caring. People said staff were kind and caring. Staff knew people well and what was important to them in terms of their needs, wishes and preferences.

People were supported to express their views in a way that suited them. Staff used various methods to ensure people could state their wishes and choices and these were respected.

Staff respected people's right to privacy and to be treated with dignity. Information about people was kept securely. People were encouraged by staff to be as independent as they could and wanted to be.

Is the service responsive?

Good

The service was responsive. The provider had made improvements and up to date support plans were in place which set out how people's needs should be met by staff. These reflected people's individual choices and preferences. They had been reviewed to identify any changes that may be needed to the support people received.

The provider had also improved the arrangements in place to deal with any concerns or complaints so that people had up to date information about how they could make these.

People were satisfied with the care and support provided. They were encouraged to live an active life in the home and community and to maintain relationships with the people that were important to them. Staff were welcoming to visitors and relatives were free to visit when they wished.

Is the service well-led?

Good

The service was well led. The provider had maintained improvements in respect of monitoring the quality and safety of the service. The provider sought people's views along with other checks to assess and review the quality of service people experienced.

The provider had also maintained improvements in the management and maintenance of records. These were accurate and contained up to date information about people's needs.

People were positive about the management of the service. They said the provider and registered manager were accessible and supportive when they needed them to be.

Haydon 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 August 2016, was unannounced and carried out by a single inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information such as statutory notifications about events or incidents that have occurred within the service, and which the provider is required to submit to the Commission.

During the inspection we spoke to seven people using the service. We also spoke to the provider, the registered manager and three care support workers. We looked at the care records of four people using service, the records of four members of staff and other records relating to the management of the service.

After the inspection we undertook telephone calls to relatives and spoke to four people. We asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

People said they felt safe at Haydons Park Lodge. One person said, "I think [the provider] picks staff that are trustworthy and reliable." Another person told us, "Feel quite safe here. They (staff) realise we're all different. They don't discriminate." And a relative said, "I have no worries about [family member] being there."

At our last inspection of the service in July 2015 when answering the key question 'is the service safe?' we found the provider in breach of the regulations. We asked the provider to take action to make improvements, which we checked had been made during a focused inspection in December 2015. We found the provider was meeting the regulations we looked at, but we did not amend our rating at that time, as we wanted to see consistent improvements at the service in relation to the safe management of medicines, staff recruitment, managing risks in the environment and up to date information for staff about the specific risks people faced.

At this inspection we found the provider had maintained the improvements made in the management of medicines. People's records contained information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. Guidance was in place for staff to follow when supporting people with medicines prescribed 'as required' (PRN). PRN's are medicines which are only needed in specific situations such as when a person may be experiencing pain. This guidance prompted staff on the triggers to look out for to help them identify when people may be in pain and in need of their PRN. Records showed all staff had received recent training in the safe handling and administration of medicines. Medicines were stored safely in the home.

We also found the provider had maintained the improvements made in their recruitment practice. They carried out checks of staff's suitability which included verifying and obtaining evidence of their identity, right to work in the UK, training and experience, character and previous work references and criminal records checks. In respect of on-going checks, the provider had recently undertaken a renewal of criminal records checks on all staff working at the home to ensure they continue to be suitable to work at the home.

There were enough suitable staff to care for and support people. Staff rota's showed the provider and registered manager had taken account of the level of care and support people required each day, in the home and community, to plan the numbers of staff needed to support them safely. We observed when people were at home, staff were visibly present and providing appropriate support and assistance when this was needed.

Following our last inspection we saw the provider and registered manager carried out weekly and monthly checks of the premises to ensure these were well maintained and safe. They had carried out assessments of the environment to identify how this could pose risks to people. Using this information control measures were put in place for staff to follow to minimise risks posed by the premises and the equipment within it. For

example to reduce the risk to people from scalding, hot water temperatures throughout the home were regulated and regularly checked to ensure these were maintained at a safe level. Records showed external contractors had checked and serviced fire equipment and systems, alarms, emergency lighting, water hygiene, portable appliances, and the gas and heating system. We saw the environment was free of obstacles or objects that could pose a risk to people's safety.

We also saw people's records contained up to date information about the risks they faced due to their specific healthcare and medical needs in the home and community. There was guidance for staff on how to support people in a way that minimised these risks such as providing appropriate support when a person had a medical or health crisis. The provider and registered manager reviewed people's individual risk assessments annually or sooner if people's needs had changed. This meant staff had access to the latest information about how to reduce these identified risks.

Staff told us about the steps they would take to protect people if they suspected they were being abused or harmed. This included raising their concerns with the provider and registered manager or to another appropriate agency such as the Police or the local authority. The provider and registered manager were clear about their responsibilities for ensuring concerns were reported immediately to the appropriate investigating local authority and for working proactively with other agencies to ensure people received the appropriate protection and support.

Good

Is the service effective?

Our findings

People said staff were able to meet their needs. One person said, "I feel like they're [staff] well trained." A relative told us, "The staff are brilliant and very supportive to people." Staff received training to help them meet people's needs. Records showed they attended training in topics and subjects that were relevant to their work. This included training in medicines administration, first aid, moving and handling, health and safety and food hygiene. The provider and registered manager had developed a good working relationship with the services for people with disabilities team at the local authority. Staff from the team were scheduled to provide specialised training at the home in safeguarding adults at risk, effective communication and supporting people with their physical and mental health needs. The provider and registered manager monitored training to ensure staff were up to date with their skills and knowledge in how to support people.

People were cared for by staff who were supported in their roles by the provider and registered manager. All staff were undergoing an annual performance appraisal at the time of the inspection. Records showed discussions had taken place with staff about their current work practices, performance and any issues or concerns they had about people they supported. Staff said the provider and registered manager were supportive and available to them whenever they needed advice or assistance. One staff member said, "[Registered manager] will sit down and talk to you about things." Another staff member told us, "They are so easy to approach and very accessible and 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 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Records showed the provider and registered manager assessed people's level of understanding and ability to consent to the care and support they needed. A framework and procedure was in place to deal with situations where if people lacked capacity to make specific decisions others involved in their care, such as their family members and healthcare professionals would be involved by staff in making decisions that were in people's best interests. The provider and registered manager had received training in relation to the MCA and DoLS. They had a good awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one.

People were supported by staff to eat and drink sufficient amounts to meet their needs. The provider and registered manager assessed people's nutritional needs which took account of their healthcare conditions as well as their specific likes and dislikes for food and drink. Staff used this information to support people to plan meals which met their needs. One person said, "The food's nice – get a lot of choice. I get asked what I like and I tell them and they get the food in and cook it." We saw staff supported people to communicate

what they wished to eat and drink and people's choices about this were respected. For example one person wanted a specific sandwich for their lunch and this was provided by staff. People could eat at times that suited them and when they wished to eat staff were available to help them prepare what they wanted. One person said, "The food is very good. They're good cooks!" Staff closely monitored and recorded people's food and fluid intake to ensure people were eating and drinking enough. During the inspection staff made sure people were drinking plenty of fluids due to the hot weather.

People were supported by staff to keep healthy and well. The registered manager monitored key aspects of people's physical health, on a monthly basis, to identify any underlying issues or concerns people may have with this. They had purchased specialist equipment to help them accurately weigh people and monitor people's blood pressure and oxygen levels. They told us through these checks they had identified early signs of sepsis in one person and high blood pressure in others. They had shared their concerns immediately with others involved in people's care, such as the GP, to ensure people received effective support to manage these conditions.

People had individual health action plans. These set out how staff should support people to manage their health and medical conditions and access the services they needed such as the GP or dentist. People were supported by staff to attend their healthcare and medical appointments. Outcomes from these were documented and shared with all staff so that they were aware of any changes or updates to the support people needed. People also had a hospital passport. This document contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

Good

Is the service caring?

Our findings

People said staff were kind and caring. One person told us, "They [staff] have been very supportive. They've helped me through some difficult times." Another person said, "They're [the provider] very caring and very supportive, not only to me but to [my relative] as well." They told us the provider had recently helped them and their relative to plan and make arrangements to go away to a weekend event together. Another person told us the registered manager was accompanying them on a religious pilgrimage abroad which they said was very important to them and their beliefs.

People's records provided good information for staff on how they wished to communicate and express themselves through speech, signs, gestures and behaviours. This helped staff understand what people wanted in terms of their care and support as well as their day to day needs at home or in the community. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible. We saw they involved people in making decisions about what they wanted to do and gave people the time they needed to communicate their needs and wishes and then acted on this.

People's right to privacy and to be treated with dignity was respected. People's personal records were kept securely so that personal information about them was protected. We saw staff did not enter people's rooms without knocking first to seek their permission. When talking about their roles and duties, staff spoke about people respectfully. They knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

People were encouraged to be as independent as they could and wanted to be in the home and community. One person said, "I got my freedom and I can go out and about myself." Another person chose to go out with staff when out in the community, although they didn't need this, because they felt comforted when someone was with them. People's records contained information about their goals and objectives for greater control and independence in their day to day lives. For example one person had expressed a desire to help run the bar at a weekly social club they attended which they had been supported to do.

We saw people were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, staff encouraged people to clean and tidy their rooms and help with washing dishes after a meal. People were also supported to participate in the preparation of meals and drinks. One person told us they liked to make coffee in the mornings for themselves and others in the home and staff were available to make sure they were safe when doing this. Staff only stepped in when people could not manage tasks safely and without their support. Records showed people had time built into their weekly activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence.

The provider and registered manager were active members of longstanding voluntary groups and organisations in the community, some of whom provided specialist support for people with mental health needs and/or learning disabilities. Through these groups people could meet and make new friends, attend

outings and social events and participate in group discussions or weekly prayers for people who wished to practise their faith. This was important for people whose faith and beliefs were important aspects of their day to day lives.

Good

Is the service responsive?

Our findings

People were satisfied with the care and support they received. One person said, "The atmosphere is good, all the staff are happy and we have a laugh." Another person told us, "I'm happy in the home. Can't say anything bad about the staff." A relative said, "I'm very happy at how happy [family member] is. He's never complained to me about anything." And another told us, "It's a very good place for [family member]. She loves it there. It's her home." Feedback from questionnaires, which people completed about the support they received, showed people were satisfied with the support they received to help them achieve their personal care goals and aspirations.

At our last inspection of the service in July 2015 when answering the key question 'is the service responsive?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because some people's care records had not been regularly reviewed to ensure these contained the latest information about their care and support needs. We also found the provider's complaints procedure was out of date and gave incorrect information to people about what they could do if they were unhappy with the way the provider had dealt with their complaint.

At this inspection we found improvements had been made and staff now had access to up to date information about how to care for and support people. Since our last visit each person's care and support needs had been reviewed with them and their support plan updated with any new information and changes identified. The registered manager told us reviews were scheduled to take place annually but would take place sooner if there had been a change in people's circumstances. We saw the registered manager had recently reviewed and updated a support plan and risk assessments for one person after they had suffered an injury following a fall so that all staff were aware of how they should be appropriately supported.

People said they were involved in planning and making decisions about their care and support. One person said, "Yes, [the provider] is very nice and will ask me what I need and he will make sure I get this." People's relatives and others involved in their lives, such as healthcare professionals, also participated in discussions to help people make decisions about how they wanted their needs met. Records showed the provider and registered manager used the information about people's preferences and choices for their support to develop an individualised care plan that instructed staff on how each identified need should be met. Staff demonstrated a good understanding of people's specific needs. They explained to us in detail the care and support people required to have their needs met.

We also found improvements had been made to the provider's complaints procedure and this was now up to date and contained correct information for people. People said they were comfortable raising issues or concerns with the provider or registered manager. People had been informed about the complaints procedure and knew what to do if they wish to make a complaint about the service. The complaints procedure set out how people's complaints would be dealt with and by whom. Although no formal complaints had been received by the service, the provider said they would undertake to ensure that people's complaints would be fully investigated and that people received a satisfactory response to any concerns that they raised.

People were supported to take part in activities and pursue interests that were important to them. People decided and planned the activities and interests they wanted to do with staff's help. Each person had a personalised schedule of planned activities they undertook at home and in the community. These included a range of social activities such as group trips and outings to the cinema or seaside as well as support for people to pursue personal interests such as attending college courses, classes at the local community centre and volunteer work in the community. People also undertook more personalised activities with staff's support such as shopping trips or outings of their specific choosing such as lunch at the local café or pub. People who could undertake activities independently were still provided support from staff to do this safely. For example, with staff's help people had acquired the skills they needed to enable them to travel safely in the community.

People were supported to maintain relationships with those that mattered to them. Where this was appropriate, staff helped people to maintain contact with their families and friends. The provider and registered manager encouraged an open and welcoming environment and family and friends were encouraged to visit with people at the home whenever they wished. Some people visited their relatives in their homes and they were helped to do this by staff. For example one person's relative could no longer visit them at the home every week due to illness. Staff arranged to take the person to visit their relative at their home so that they could maintain their regular weekly catch up. Family and friends were invited to events that took place at the home such as birthdays, summer parties and festive celebrations. In addition the provider and registered manager hosted regular party nights at the home for people and one of the main communal areas could be converted into a 'disco' with special lighting and a bar. On Sundays, the registered manager arranged a movie night in the home. They enhanced people's experience by creating a 'cinema' style room with popcorn provided for anyone who wanted this.

Good

Is the service well-led?

Our findings

People gave us positive feedback about the management of the service. They said the provider and registered manager were accessible and supportive when they needed them to be. A relative said, "[The provider and registered manager] are very supportive and you can ask them anything." We observed numerous occasions where people popped into the main office at the home to have a chat and/or to say hello. Throughout the day the provider and registered manager spent time in communal areas chatting to people and getting involved in activities and mealtimes. They knew people very well and what was important to them. Their interactions with people were friendly, yet professional and focussed on meeting people's needs and resolving their queries. Staff told us they could approach the provider and registered manager with any concerns or suggestions for improvements that could be made, and that these would be listened to. Staff had also been encouraged through team meetings to contribute their ideas and thoughts about how people's experiences could be continuously improved.

At our last inspection of the service in July 2015 when answering the key question 'is the service well led?' we found the provider in breach of the regulations. We asked the provider to take action to make improvements, which we checked had been made during a focused inspection in December 2015. We found the provider was meeting the regulations we looked at, but we did not amend our rating at that time, as we wanted to see consistent improvements at the service in respect of quality monitoring arrangements and the management and maintenance of records.

At this inspection we found the provider had continued to maintain the improvements made in respect of monitoring the quality and safety of the service. There was a programme of audits and checks in place which the registered manager was responsible for. Since our last visit they had undertaken reviews of key aspects of the service including checks of people's care records, staff records, health and safety in the home and the management of medicines. The registered manager told us these checks gave them the assurance they needed that expected standards were being maintained in these areas by all involved in the provision of care and support at the home.

The provider had also undertaken a quality monitoring assessment of the service which they said they planned to do annually. We saw through this assessment the provider evaluated the effectiveness of the service's aims and objectives to improve outcomes for people using the service. They checked how staff; had supported people to improve their health and wellbeing and overall quality of life, provided people with increased choice and control over what happened to them and ensured people were free from discrimination. Where they identified improvements were needed, the provider checked appropriate action was taken. We noted the assessment did not contain information about how the provider had reached the conclusions they had about the quality of the service or set out in writing how identified improvements would be made. We discussed this with the provider who acknowledged that recording this information would provide for a better record for how the service had improved the quality of care and support people experienced. They said they would do this at the next assessment of the service.

At this inspection we also found the provider had continued to maintain the improvements they had made

in respect of the management and maintenance of records. Our checks of people's records, staff files, the service's policies and procedures and other records relating to the management of the service showed these were well maintained, up to date and accurate. They were easily accessible to staff when they were needed yet stored safely.

The views of people, their friends and family and healthcare professionals involved in their lives continued to be sought by the provider. Through questionnaires and meetings people were able to state their views about the quality of care and support they experienced. Recently completed questionnaires showed a high level of satisfaction with the service. 'Residents meetings' provided an opportunity for people to give their views and feedback and discuss with staff their ideas about the support they received, particularly with regard to activities. We noted outings and activities suggested at meetings were arranged by staff for people to attend. At our last inspection we found outcomes and actions from these meetings had not always been documented so there was no clear record of how the provider acted on people's views. At this inspection we were able to see minutes from the last two meetings that had taken place in March and June 2016 which documented people's suggestions and actions for staff on how these would be met.