

Park Lodge

# Park Lodge

## Inspection report

45, Carshalton Park Road, Carshalton, Surrey SM5  
3SP  
Tel: 0208 669 4252

Date of inspection visit: 11 December 2014  
Date of publication: 12/03/2015

### 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 

### Overall summary

This was an unannounced inspection and took place on 11 December 2014. At our previous visit in June 2013, we judged that the service was meeting all the regulations that we looked at.

Park Lodge is a care home providing personal care and support for up to eight adults with a learning disability. At the time of our visit there were seven people using the service with moderate learning disabilities.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the associated Regulations about how a service is run.

People told us they felt safe at the home. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service, their relatives and staff about how to report suspected abuse.

People had risk assessments and risk management plans. Staff knew how to use the information to keep people safe.

# Summary of findings

Staff knew about the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), which care homes are required to meet. There were procedures in place that could be used if they were needed. We found that staff sought people's consent before providing care.

There were enough staff to help keep people safe and the home had safe recruitment procedures to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff received training in areas of their work identified as essential by the provider and in some specialised subjects, all of which helped staff provide support to people more effectively and efficiently. The provider supported and made guidance available to staff through one to one meetings with their line manager and team meetings and they were supported to access further relevant qualifications. This has helped staff to care for people more effectively.

Appropriate arrangements were in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely.

People were involved in planning their care and their views or that of their relatives where relevant were sought

when decisions needed to be made about how they were cared for. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Staff respected people's privacy and treated them with respect and dignity.

People indicated that they felt that the service responded to their needs and individual preferences. Staff supported people according to their personalised care plans, including supporting them to access community-based activities.

The service encouraged people to raise any concerns they had and responded to them in a timely manner. People and their relatives were aware of the complaints policy.

People gave positive feedback about the management of the service. There was an open and positive family feel at this home. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who lived there. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via surveys and action plans were developed where required to address areas for improvements.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe.

Risks were assessed and managed well with people's care plans and risk assessments providing clear information and guidance to staff. Staff understood what abuse was and how to safeguard the people they supported.

Recruitment practices were safe and thorough. The registered manager ensured there were sufficient staff on duty who were appropriately qualified to meet the care needs of the people who used the services.

The arrangements for the administration of medicines and their storage were effective and safe. People were supported to keep safe from injury and harm by regular assessments of their needs.

Good



### Is the service effective?

The service was effective. People's health and care needs were assessed with them and they were supported to access health care services as required.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 (MCA) and DoLS. Staff had been trained to understand when an application should be made and the process for submitting an application. People said staff sought their consent before providing care.

People were supported to have a varied and balanced diet and food that they enjoyed.

Staff received regular and appropriate training and supervision to ensure they were able to meet the specific needs of people using the service.

Good



### Is the service caring?

The service was caring. People were treated with kindness and compassion and were supported by kind and attentive staff. Staff showed patience and professionalism and gave appropriate encouragement when supporting people. Care was centred on people's individual needs.

People and their relatives said there were regular house meetings where they were able to discuss relevant issues and make decisions about what they wanted to do.

People were supported to maximise their individual potential and independence wherever possible.

Good



### Is the service responsive?

The service was responsive. People were supported to make decisions about their care and support as far as possible. Staff met regularly with them to review their care and support. This helped staff understand what people wanted or needed or how they were feeling.

People's care files included essential information about the person, their needs and risk assessment information and their care plans.

Good



# Summary of findings

People their relatives and friends were encouraged to give feedback about the service they received. There was an appropriate complaints procedure in place with which staff were familiar with.

## Is the service well-led?

The service was well-led. Systems were in place to monitor the safety and quality of the service and to get the views of people about the service. The manager took appropriate action to address any issues or concerns raised about service quality.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home.

**Good**



# 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 11 December 2014 and was unannounced.

This inspection was carried out by a single inspector. We reviewed the Provider Information Return (PIR). The PIR is a

form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with six people who use the service, three relatives of people who use the service, the registered manager and one of the provider partners and three staff members. We observed the provision of care and support to people living in the home. We looked at three people's care records and four staff records and reviewed records related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Park Lodge and this was evident from the relaxed atmosphere that we experienced in the home during our inspection. The relationship between staff and people appeared to be trusting and free from fear. One person said, "This is my home, I have lived here for more than ten years. I feel safe here and I wouldn't want to live anywhere else." Another person said, "I am happy here, I'm safe here."

Staff told us they had received all the training they needed to carry out their safeguarding roles and responsibilities. They described how they would recognise the signs of potential abuse and what they would do to prevent and report it, if it occurred with the people they supported. The staff who we spoke with listed the various types of abuse that they might encounter and knew how they could escalate any concerns that they might have.

We looked at records that showed what training staff had received. We saw all staff had completed safeguarding adult's training.

The registered manager showed us a copy of the Pan London safeguarding policy that was available for reference - "Protecting adults at risk; London multi-agency policy and procedures to safeguard adults from abuse". The manager was aware how to contact the local authorities safeguarding team if they witnessed or suspected anyone in the home was being harmed or placed at risk of harm. We saw the provider had all the appropriate policies and procedures to help safeguard people, which included; staff whistle blowing, how to make a complaint, and reporting accidents and incidents.

The registered manager told us that any concerns or safeguarding incidents were reported to the CQC and to the local authority safeguarding teams.

We saw examples of how the service learned from accidents and incidents and involved people in action plans. These included meeting with people to discuss why incidents had happened, reviewing existing protocols with them and agreeing further risk management actions to put in place that did not compromise the person's rights. Actions agreed following incidents such as that of behaviour that challenged the service had been reviewed by the registered manager. They told us that this was to ensure the action plan had worked and people were better

supported. We saw evidence that monitoring tools such as using a behaviour chart had been used to identify any themes or triggers for incidents. These were kept on people's care files.

Care plans we looked at contained individualised risk assessments which identified the hazards people might face. These risk assessments had been drawn up together with people who lived in the home or their relatives. We saw written evidence that supported this and people and their relatives who we spoke with confirmed they had been involved in the process. The risk management plans we saw provided staff with detailed guidance about how to support people to keep them safe. Staff we spoke with demonstrated a good understanding of the risk management strategies that were in place to prevent and/or minimise any identified risks for people. For example staff told us that they knew the best practice procedures to support people who might behave in a way that challenged others that had been agreed at care planning meetings and which we saw on people's files. The service had other risk assessments and risk management plans in place to ensure identified risks were minimised. There was an up to date fire risk assessment, an environmental risk assessment and a monthly health and safety checklist to monitor the identified risks. We saw that the checklist had been maintained regularly.

The provider had effective systems in regards to fire safety. Staff were trained in fire safety and fire drills were carried out. Training records that we looked at evidenced that staff had received fire safety awareness training. Staff explained the correct fire safety procedures. Other records that we were shown by the manager indicated that there were regular fire drills. Certificated evidence that we saw showed that fire equipment, emergency lights and the fire alarm had all been serviced annually and the last service was carried out in September 2014.

The registered manager showed us appropriate policies used in the home for health and safety, risk assessment, moving and handling and fire. All the essential service checks such as for gas, electricity and fire alarms had been carried out. For example we saw the Gas Landlord's Safety Certificate dated 9/12/14 and a certificate that showed the fire alarm had been serviced on 8/9/14. Hot water

## Is the service safe?

temperatures were monitored and we saw records had been maintained. All these checks showed how the registered manager has managed the premises and equipment to keep people safe.

People told us there were sufficient staff on duty to meet their needs. One person said, "Yes there are enough staff on duty." We spoke to staff about the rota and they told us they felt there was sufficient staff cover to meet the needs of the people who lived in the home. The registered manager told us there were always one waking and one sleep in staff member on duty at night and the staff team would always be tailored to the needs of the client group and if the needs of those people increased so would the staff team, proportionally. We examined the staff rotas and we found that there were usually two staff on duty during the day and at night.

Staff files showed that recruitment checklists had been used appropriately to document all the stages of the recruitment process and to ensure that the necessary steps had been carried out. Information such as dates and the manager's signature had been written against the stages of the process when they had been successfully completed. This showed that appropriate checks were completed before staff began work at the home. Discussions we had with staff also confirmed this.

We found that there were appropriate arrangements in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely.

We saw that all the medicines were safely stored away in a locked medicines cabinet. We looked at a random sample of medicine administration record (MAR) sheets held in the home. We saw that staff had maintained these records appropriately and we found no recording errors on any of the MAR sheets that we looked at. People received their medicines as prescribed.

Staff told us that they received medicines training and their competence and knowledge of the home's policies and procedures to do with the safe administration of medicines was assessed by the registered manager before they were able to administer medicines. They were fully aware that they should always report any concerns they might have over medicine handling practices within the service. We saw records to show that staff received medicines training and that there were monthly audits of medicines to help to ensure the safe management of medicines.

# Is the service effective?

## Our findings

We looked at staff records and found that there was an appropriate programme of induction that covered their roles and responsibilities and key policies and procedures. We saw evidence that each member of staff had completed their induction training before commencing their full duties in the home.

The registered manager explained that there was a training programme provided for staff. We saw that individual staff training information for each member of the staff team was kept on their individual staffing files. These files had a list of all training that had been completed, together with certificated evidence. The training provided covered the essential areas of knowledge, skills and competencies that the provider thought staff needed to do their jobs effectively. We noted that there was additional specific training that staff could access such as that for the Mental Capacity Act; epilepsy and autism, all useful additions to the training programme. Staff who we spoke with told us that they thought access to training was good and the training they had received had helped them with their work.

We were told by the registered manager that all staff received regular formal supervision every six to eight weeks. When we spoke with staff they confirmed this and they said they had received regular supervision that they found helpful and supportive to their work.

Staff told us that they had received notes of their supervision sessions signed and dated. They said they felt well supported. We saw supervision notes for the three staff whose files we inspected and we can confirm they covered all the above areas and that had been signed by both the registered manager and the supervisee and dated.

We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered to a good standard.

Our discussions with the registered manager showed that they had a good understanding of the Mental Capacity Act 2005. They were able to explain the process of applying for authorisation with the local authority (the LA) so that where appropriate they would carry out a mental capacity assessment for the person concerned.

Staff who we spoke with demonstrated that they had a good understanding of the Mental Capacity Act 2005 and issues relating to consent. Staff said they had received training on this topic and training records showed that these staff had completed the relevant training. Staff told us that this had helped them to understand when an application should be made and the process required for submitting an application. This meant that there were suitable arrangements in place to obtain and act in accordance with the consent of people using the service.

The registered manager said that people's capacity to decide on important decisions was always discussed at their care planning meetings so that everybody was aware of the person's ability to decide on what was in their best interests. This was corroborated by the care plan meeting minutes we saw.

People said the food provided in the home was good and that they enjoyed it. One person said, "I think the food is good and we can choose what we want to eat if we don't like what's on offer on the day." Another person said they enjoyed the food but "they would like a wider variety of foods to eat with more English dishes." The registered manager said they would add to the menu to accommodate this wish. Staff said they ensured people had enough suitable and nutritious food by asking them what they would like to eat for the month ahead. The registered manager told us that food menus were arranged for four week periods. A food record was used to record what people had eaten so they could make sure people's meals were varied. We saw from the records that there was a variety of healthy food on offer and that different people had different things to eat at each meal, demonstrating that choices were offered.

People confirmed that the food they were offered was healthy and that portion sizes were appropriate for them. Staff told us they were aware of people's dietary needs although no one in the home at the time of this inspection had special dietary requirements such as gluten free foods or a vegan diet.

People's care plans included information about their nutritional needs and preferences. People we spoke with confirmed that mealtimes were pleasurable and unrushed.



## Is the service effective?

The registered manager showed us records that indicated daily checks were taken for food temperatures and fridge and freezer temperatures. These records evidenced that appropriate temperatures had been maintained to the day of this inspection.

Care files confirmed that all the people who lived at the home were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans. We could see that all contacts people had with health care professionals such as dentists, chiropodists and care managers was always recorded in their health care plan.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained to meet people's needs. We undertook a tour of the home together with the registered manager and we saw that all areas of the home were clean, tidy and well decorated. We saw that the design and layout of the home was appropriate for people's needs because it was accessible and logically laid out so people could find their way around easily. People we spoke with agreed with this and said they liked the home and their bedrooms and they had been able to decorate them as they wished.

# Is the service caring?

## Our findings

When we asked one person they said, "Staff are kind to us." One of the relatives of people living in the home said, "I am really happy with the care my relative receives. The staff are really kind and compassionate." Another person said, "The staff are very kind and caring." People told us staff always listened to what they had to say and respected their wishes. This helped people to feel that they mattered and were understood by staff. There were three staff on duty as well as the manager and we saw that they interacted with the people who used the service in a kind, respectful and professional manner.

People told us that they were treated with respect and staff responded to their views regarding how they wished their needs to be met. One person said, "They do look after me the way I like it to be." Another person told us, "They are looking after me and they ask me what I want to do, I am happy." Staff provided care and support in a gentle and caring manner, listened to what people had to say and involved them in decisions regarding their care. We observed that staff asked people's permission before providing any care and support for them. People and relatives were able to discuss any issues that concerned them regarding how care was being provided with staff.

We saw notices on the home's notice board that advertised local advocacy services. The manager told us that people and their relatives were provided with this information so that they could use them if they needed to. One of the relatives who we spoke with said they had seen the advocacy services notice on the board.

People were given appropriate information regarding the care and support they received. Care plans were written in plain language and they were signed by the people concerned or their relatives to show that they agreed with what had been written down and that they understood their care and support choices.

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. The people we spoke with told us staff always knocked on their bedroom doors before they came in and when we did a tour of the home together with the manager we observed that this was custom and practice in the home. One person told us, "I can spend time on my own when I choose." When people said they did not want staff to come in staff respected that.

Meetings were held with people at which issues regarding the general running of the service were discussed. Minutes were written in a way that supported people who used the service to understand and participate in decisions.

# Is the service responsive?

## Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans that we saw were personalised and provided detailed person centred guidance for staff about how their individual needs and preferences should be met. For example, these plans included information about how people thought about themselves, personal life histories that helped staff understand people's backgrounds. The plans included things people liked to do, their food and drink preferences and the activities they enjoyed. People told us they knew they had a care plan and had discussed it with staff.

The registered manager told us that people met regularly with staff to work with their care plan objectives and to review them. We saw they had recently been reviewed with people on the care files we inspected. The person centred support plans and risk assessments had been signed off by people or their relatives to indicate their involvement and their agreement with the content of the plans.

It was evident from staff practices we observed that staff were familiar with people's personal needs, strengths, preferences and daily routines. Where appropriate we saw that people's families or close relatives as well as the local authorities' care managers were invited to and attended people's care reviews. It was evident from care plans we looked at that people who used the service and their families were encouraged to participate in care plan reviews. Relatives of people told us that they were made to

feel welcome when they visited the home. One person said, "the manager encourages us to visit. There are regular occasions when all the families are invited to come and socialise together with people who live in the home and with the staff. They are really enjoyable times, in actual fact there is a Christmas party at the home next week that we will all be going to."

Care files also contained hospital passports which staff confirmed would accompany anyone who was admitted to hospital to help medical staff have a better understanding of that individual's needs.

People were made aware of the complaints system and this was provided in a format that met their needs. During our tour of the premises we saw notices displayed on notice boards around the home that clearly described the complaints process. People who we spoke with told us that they knew how to make a complaint. We saw a clear complaints procedure that enabled people who lived in the home and others to make a complaint or a compliment.

People were given support by the staff to make a comment or complaint where they needed assistance. Staff who we spoke with were aware of the policy and how to assist people with the process if required to do so. Staff said, "We have to record any complaints we get and they are reviewed by the manager."

The review of complaints and concerns by the registered manager has provided them with the opportunity to improve the service appropriately.

# Is the service well-led?

## Our findings

Relatives told us they thought the registered manager was “kind” and “very understanding” and made them feel well cared for. They told us the home’s manager made people feel welcome and that there was a “family feel” to the home. One person said, “They care about how the home is run and they ask us for our opinions.”

We found a positive management ethos that included an open and positive culture with approachable staff and a clear sense of direction for the service. Staff agreed that this was a fair reflection. They said the service was forward looking and the manager considered how the staff team could provide people with better standards of care and support. The home had a clear leadership structure. At the time of our visit, the registered manager and deputy manager were both at work in the home. People we spoke with knew who the managers were and who was in charge in their absence. They knew that they should report to the manager if they experienced any problems with the staff who were supporting them. Daily handover meetings had helped to ensure that staff were always aware of upcoming events, meetings and reviews that were due and this helped to ensure continuity in the service.

The registered manager told us that people’s views were sought formally about aspects of the running of the home via quality assurance feedback forms. We were shown the

returns from the last survey carried out earlier in September 2013 that were positive in the feedback that had been provided. The registered manager told us that it was planned for this year to ask families, staff and health and social care professionals who worked with people living in the home to provide feedback about their experiences via a feedback questionnaire. We were told that all the information provided from the quality assurance forms would be used to inform the service where improvements were needed.

The relatives of people we spoke with said they felt it was a good home. Staff told us the home had a clear vision for improvement and that they felt the service was continually progressing towards providing a better standard of care.

Staff told us they were encouraged to learn and develop professionally, which they said was motivating and encouraged them to take pride in their work.

The service had other quality assurance systems in place. We saw records that evidenced the manager carried out a monthly environmental risk assessment and a health and safety checklist to monitor the identified risks. We saw that the checklist had been maintained regularly. There were specific monitoring systems for risks associated with individual people. This demonstrated that the provider was aware of risks to the service and worked continuously to manage these.