

Park Lodge

Park Lodge

Inspection report

45 Carshalton Park Road
Carshalton
Surrey
SM5 3SP

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02 February 2017

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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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 2 February 2017 and was unannounced. The last comprehensive inspection was completed on 11 December 2014. All five domains were rated as "Good" at that inspection.

Park Lodge provides care and accommodation for up to eight people with mild learning disabilities and autism. On the day of the inspection seven people lived at the home and there was one vacancy.

The service had a registered manager. 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.

There were processes in place to review the quality of service delivery and where required action was taken to address areas of concern. We discussed with the registered manager the need to improve recording of staff induction and supervision, as this was lacking, and they agreed to put in place measures to do so.

People and their relatives continued to feel well cared for and safe, living at Park Lodge. Staff knew how to help protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise risks and manage identified hazards in order to help keep people safe from harm or injury.

Staffing levels remained sufficient to meet people's needs. This was endorsed by people we spoke with and their relatives. We found that safe and effective recruitment practices were followed.

People's health care needs were met and their medicines were administered appropriately. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

There were regular staff meetings and meetings with people who use the service and their relatives. Both meetings were reported by people to be useful and informative.

Staff had the relevant skills they required to meet people's needs. They had access to effective training and supervision support that equipped them with the skills they required to support people. They had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They supported people in accordance with the relevant legislation and guidance.

People had access to a variety of nutritionally balanced meals. Staff provided the support people required to have timely access to health care services when they needed them.

Staff had good relationships with people who lived at the home and were attentive to their needs. Staff

respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

The home was clean and staff had received training in infection prevention and control. It was well furnished, homely and comfortable. People and their relatives said it was a happy home.

Individualised care plans were in place detailing how people wished to be supported. These had been produced jointly with relatives, staff, healthcare professionals and where possible people using the service.

Relatives told us they were made to feel welcome and were able to visit their family members when they wished to.

People were able to choose how they spent their time and what activities they participated with.

There was a complaints procedure in place and relatives of people felt confident they could raise any concerns either with the staff or with the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible to everyone.

Staff told us there was an open and honest culture within the team. The registered manager welcomed feedback about service delivery from people, their relatives and staff.

Staff were aware of their roles and responsibilities and liaised with their management team about any concerns identified.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains "good".

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service was not always well led. Although the provider had a range of initiatives to assess and monitor the quality of the service we found record keeping specifically to do with staff induction training and supervision needed improvement. The registered manager agreed with this and took immediate action to improve these recording systems.

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.

The inspection was undertaken by one inspector on 2 February 2017 and was unannounced. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with the registered manager, deputy manager and three members of staff. We also spoke with four of the seven people who used the service. We observed and heard how staff interacted with people to understand their experiences of using the service.

We inspected some of the premises and looked at three people's records which related to their care needs, three staff files and other records associated with the management of the service.

After the inspection we spoke on the telephone with two relatives and two health and social care professionals who supported people within the service.

Is the service safe?

Our findings

Relatives confirmed they felt their family members continued to be safe living in the home and they said they felt confident that they were well looked after. One relative said, "I am kept well informed about their care. If ever [family member] is ill they tell me. I think they are looked after very well". Another relative told us, "In my opinion it is a happy home where people enjoy a good family experience together. I do think they are safe."

We found that staff had received safeguarding adults training and were also aware of the whistleblowing procedures that were in place. Staff told us that they would challenge any poor practice with their colleagues. Staff demonstrated a good knowledge of situations they should report to the registered manager including concerns or unusual occurrences. Staff told us that they felt confident to raise any concerns they may have with the registered manager. They also knew to contact external agencies such as the local social services department if they had concerns about the provider. All this helped to ensure people living in the home were safe and protected by well-informed staff.

Providers of health and social care services are required to inform us of important events which take place in their service through the notifications process. Before this inspection we checked our records and we found the provider had told us about all safeguarding incidents that had occurred at the service. At this inspection we checked how they provider dealt with safeguarding incidents and we saw they had taken appropriate action to make sure people who used the service were appropriately protected.

Staff recorded all accidents and incidents and these were reviewed by the registered manager. Any patterns or trends were identified. This helped to ensure any improvements that were needed were identified so that people received better care and support. This also helped to minimise the risk of similar incidents occurring again.

Personal Emergency Evacuation Plans were in place for people and we saw that they also participated regularly in fire drills and practices. All staff working in the home had received fire awareness training. This helped to ensure that staff knew what to do in the event of a fire occurring.

The registered manager told us they carried out monthly health and safety checks. We saw the last detailed record of the checks carried out. Issues were highlighted and an action plan was drawn up to ensure the actions were completed. Records showed the gas, electricity and fire safety systems were all maintained to a satisfactory standard.

We found appropriate risk assessments were in place for each person living at Park Lodge. Staff told us that the risk assessments were drawn up with people and their relatives. We saw this was evidenced by the fact that the risk assessments had been signed off by them. Staff told us they were designed to protect people but also to enable people to develop and maximise their individual potential. Examples of the risk assessments we saw were for people who wanted to do volunteer work with different charities, attending college courses, cycling and swimming, attending appointments with health professionals, journeys in cars

and other transport and attending events. One person's care record identified that the person needed complex health care support and we found that risks associated with their condition such as choking and acquiring infection had been assessed and appropriate safeguards were in place to minimise any risk.

There were enough staff to keep people safe, meet their needs and provide a person centred approach to their care and support. We observed that staff had time to sit and engage with people in activities they enjoyed in the house. An example of this was for one person who enjoyed building with lego blocks. A member of staff sat with them and provided encouragement for them where it was needed. People's risk assessments identified whether they were able to go out alone. On the day of this inspection we saw some people who were able to go out on their own and others who were accompanied by staff. The registered manager stated that staffing levels were based on the needs of the people. If people's needs increased or there were special events arranged then staffing levels were increased accordingly. This meant that there were sufficient numbers of staff working with the knowledge, skills and support people required.

There were effective recruitment practices in place and the registered manager told us they tried to ensure that staff with the right attitude and values were employed at the service. The registered manager said that when they recruited new staff they made sure prospective candidates were committed to the values of the provider and to ensuring good care for the people living in the home. The staff recruitment checks included a criminal records check and satisfactory employment and personal references. This meant there were satisfactory arrangements to help protect people against the risk of being cared for by unsuitable staff.

People were protected against the risks associated with medicines because the home had appropriate arrangements in place to manage medicines. Trained staff were responsible for ordering, receiving, storing and administering medicines. During our inspection we inspected medicines administration records. We looked at the medicines records for three people and we saw people received their medicines as prescribed. Records showed that all staff who administered medicines had been trained to do so. We found the systems and audits ensured that medicines administration was safe.

The home was clean and staff had received training in infection prevention and control. Bedrooms were well furnished and communal areas were comfortable and homely.

Is the service effective?

Our findings

Relatives of people told us staff had the right skills and knowledge to give their family members the support they needed. One person said, "The staff are kind and help me do the things I want to do. They support me well." A relative told us, "They know what to do to help [my family member] and I think they are really caring."

Members of staff all told us that the training they received was good. They said they had induction training when they first started working in the service. Staff told us their induction training was useful in helping them prepare to undertake their new roles and responsibilities and included shadowing more experienced members of staff as well as reviewing people's files and their care plans.

Other training records we inspected showed staff received training in all the areas of their work that was considered mandatory by the provider. Staff said this included topics such as safeguarding adults, manual handling, the safe administration of medicines, infection control and first aid, which had helped them to meet people's needs more effectively. We saw certificated evidence of the training staff had received.

Staff we spoke with during the inspection told us they felt well supported by the registered manager. They said they were always able to ask for advice or support whenever they needed it. The registered manager told us they provided support for staff through regular supervision with the staff group every six to eight weeks. We saw documented evidence on the staff files we inspected that supported this

We observed people were asked for their consent by staff who discussed and asked them about the activities they wanted to undertake. People said they were able to make their own choices according to their wishes and preferences. People said staff were polite and professional and respected their wishes. One person said, "Staff ask me what I want to do. If I change my mind they are ok about it." Where people were not able to give consent staff demonstrated that they followed the principles of the Mental Capacity Act 2005 (MCA) code of practice to ensure decisions were made in the best interests of person. The 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 be 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 and found that only one person lacked capacity and required a DoLS application. An appropriate application was submitted by the registered manager and granted by the local authority concerned. This helped to ensure that people were only having their liberty deprived after following the correct procedures.

We observed staff and people living in the home preparing for lunch. This was an inclusive experience for all

concerned. Menus were planned in advance to assist with shopping and help ensure people were achieving a balanced nutritious diet. We saw there was some flexibility in choices for people to suit individual likes, dislikes and preferences on the day. The mealtime we witnessed was a friendly and sociable event where people were supported with their food if necessary. People had a balanced diet which helped them to stay healthy.

People were supported to maintain good health and had access to health care services. Each person had comprehensive assessments and care plans regarding their health. People had regular health checks with the dentist, optician, chiropodist, and podiatrist. People were also referred for more specialist support and treatment from the community nursing services and other health services as required. A health care professional told us the registered manager was quick to liaise with them for any advice or support regarding the care of individuals. Another health and social care professional told us the staff supported people to attend health care reviews and staff gave a full summary of the person's relevant health needs when they supported them to attend appointments with health care professionals.

Is the service caring?

Our findings

The people we spoke with told us it was "good" living at Park Lodge. One person told us they were happy and enjoyed the all the activities they did during the week. Another person said, "The staff are kind and they look after us." We observed the interactions between people and the staff on duty during the day and we saw that everyone living in the home enjoyed laughing and joking with staff and appeared comfortable around staff.

We observed that people were treated with compassion and kindness in this home. People seemed to be relaxed around staff, they were happy to make their wishes known and engaged with staff positively. We heard conversations between people and staff which evidenced people were given choices about what they wanted to do in the day. We could see that people knew the staff well and we heard them talking with staff about things that had happened in the past such as last year's holiday. A relative told us, "The staff are brilliant, our [family member] is looked after very well I couldn't ask for more."

From the records we inspected we saw that people and their relatives, as well as social and health care professionals were involved in planning people's care. Relatives confirmed this with us when we spoke with them. Care plans were person centred and people were described in a positive way. We saw care plans highlighted significant events that were important to people so they were not forgotten, such as family birthdays. People's life histories were recorded in their care records, together with their interests and preferences in relation to daily living and their usual routines. Files provided staff with information as to how people liked to be supported.

We spoke with staff and asked them to tell us about the people they supported. Staff were knowledgeable about the care people needed and what things were important to them. Staff told us that they found care plans useful in helping them care for people more effectively because the plans detailed their individual needs and behaviours. The plans we inspected included information on how staff could manage individual behaviours and what triggers to avoid and how to understand people's specific needs. For example for one person there was guidance for supporting them when they suffered an epileptic fit.

We spoke with a visiting GP who told us that people living in the home were registered with the local practice and referrals were made to healthcare professionals as required for any additional services. The GP felt that staff were very knowledgeable about people living in the home and therefore good at monitoring their well-being and mental health. The GP confirmed that staff requested GP visits when people became unwell and reported any concerns to the GP practice. He also confirmed that people were seen in private usually in their bedrooms so that their dignity was maintained.

We saw that bedrooms had been thoughtfully decorated with people's preferred colours and incorporated their interests and hobbies. We saw that bedrooms were personalised and contained family photographs and personal items.

Information was displayed on the notice board for people and their relatives to do with advocacy services so

that they were available when they needed them. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

We saw that people and their relatives were able to contribute to the assessment and planning of their care. We looked at care plans and we discussed people's needs with staff and a relative. We found that plans were written in a person centred way. Plans were also written to help ensure staff provided support in the way the individual preferred. This meant that care and support was given causing the minimum of distress. Staff worked very flexibly with individuals and in accordance with their moods and behaviours, this meant it caused the least disruption to their routines.

Care plans identified what time people liked to get up and go to bed, what foods they liked, what activities they enjoyed, and what routines and behaviours they had adopted. We saw that people had a full schedule of activities both outside the home and inside it. One person who had just returned from a morning's activities in the community said, "I love going to [the name of the place]. I go three times a week. It's great." Another person told us they liked going to the local college and were learning about personal budgeting and other useful skills such as IT. A relative commented to us about the variety of activities their family member undertook in the week, they said staff encouraged people to be as independent as possible and to expand their range of activities as much as they could.

We saw that care plans and associated risks were monitored and evaluated regularly so that people continued to receive the support they needed in a way they preferred. We noted that care plans were reviewed monthly with a major review six monthly or earlier if a person's needs changed. These reviews usually involved relatives and health and social care professionals.

Plans of people's care identified routines and activities that were necessary to support their well-being. This included keeping in contact with relatives and those people important to them. Each person living in the home had a keyworker; this is a person who would maintain an overview of that person's care, support them with their wishes and liaise with health professionals and their families.

There was a formal complaints procedure in place around receiving and dealing with concerns and complaints. Details of how to complain were displayed on the notice board in pictorial format so that it was clear for everyone how they might make a complaint if they needed to do so. Complaints could be made either to staff or directly with the registered manager. A relative told us that they felt confident that any concerns they may have would be dealt with. They said if you have any worries "You only need to ring and it's sorted immediately". We spoke with staff and a relative and asked how people living in the home would be able to complain or make their feelings known; staff told us that they would identify problems in respect of people's behaviours and the relative confirmed this would be the case.

Is the service well-led?

Our findings

People were mostly protected from risks that can arise if records were not appropriately maintained, but we found a few areas where the standard of records keeping was not as good as they should have been. When we inspected the staff files to do with staff's induction training we saw that no records had been made. Staff told us in detail about the induction they received and the registered manager confirmed all new staff always had induction training. He did however acknowledge records of this training needed to be kept and agreed to draw up a detailed list of all the elements of the induction training to include dates and signatures when each element of the training was completed. The registered manager said this would be implemented immediately.

Although staff confirmed they received supervision from the registered manager we noted that appropriate records were not always maintained about the supervision sessions that took place so there was an effective record of what had been discussed. The registered manager acknowledged the need for more detailed supervision records and agreed to ensure this was done following this inspection.

Staff told us that they felt well supported in their roles. They told us that as well as having regular supervision they also received good informal support from the registered manager. We saw documented evidence in the form of meeting minutes that there were regular staff meetings. Staff told us that these meetings were useful as it gave them the opportunity to talk openly with the registered manager. They said it provided them with a useful forum to discuss where any actions were needed or suggestions made for improvements to the running of the home.

The registered manager has been in post for more than 10 years. He was well known by the people who lived there and by their relatives and staff. Staff told us that the registered manager was approachable and implemented positive changes for the better. Staff said he worked alongside them. The registered manager demonstrated good knowledge of all aspects of the home including the needs of people living there and the staff team. We were told that feedback was sought from people and their relatives through written feedback forms as well as by direct conversation with them. We saw the results of the last annual survey carried out in 2016. All the feedback we saw was positive about the aspects of the running of the home that they were asked about in the survey.

The registered manager had put in place a good quality assurance system that in general was effective. However there was a failure to identify the need for improved record keeping for staff induction and supervision.

We found that there were a number of different systems to monitor the quality of the service provided in the home. Accidents and incidents were reviewed so that improvements could be made where needed; infection control procedures and general cleanliness of the premises were checked; care of people and the documentation of people's care; health and safety checks and an audit of medicines and the administration of medicines was a part of the overall quality assurance process. Any concerns were highlighted by the audit checks and were actioned appropriately by the registered manager. This all helped to ensure the home was a safe place for people to live in and for staff to work at.

The provider had sent us written notifications telling us about important events that had occurred in the service when required. Providers are legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that CQC were able to review the notifications and decide whether any action was needed on their part.