

Park Lodge

Park Lodge

Inspection report

45 Carshalton Park Road
Carshalton
Surrey
SM5 3SP

Date of inspection visit:
17 September 2019
26 September 2019

Date of publication:
23 October 2019

Ratings

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|---------------------------------|--------|
| 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

About the service

Park Lodge is a care home providing personal care and accommodation to people living with mild to moderate learning disabilities. The service can support up to eight people. The care home accommodated seven people at the time of this inspection in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need of people with learning disabilities and / or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they were safe and they were happy in this their home. The registered manager, the assistant manager and staff understood their responsibilities to raise concerns and report incidents or allegations of abuse.

Risks to people's personal safety were assessed and plans were in place to minimise those risks.

The premises were cleaned and well maintained. Safe infection control procedures were in place that staff implemented effectively.

People enjoyed the food and could choose what they ate. People's cultural preferences were catered for.

Staff recruitment and staffing levels supported people to stay safe while working towards their goals and going about their lives.

The administration of medicines to people was safe, and people received their medicines as prescribed. The storage of medicines was safe.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them

having as many opportunities as possible for them to gain new skills and become more independent.

People received effective care and support from staff who knew them well and who were well trained and appropriately supported to do their work.

People had their healthcare needs identified and were able to access healthcare professionals such as their GP, optician and dentists. We observed kind and friendly interactions between staff and people. People told us staff were caring and respected their privacy and dignity.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were systems in place to ensure concerns and complaints were responded to in an appropriate way.

The service encouraged feedback from people, families, and professionals, which they used to make improvements to the service and protect people against the risks of receiving unsafe and inappropriate care and treatment.

Staff felt the managers were supportive and open with them and communicated what was happening at the service and with the people living there.

The provider had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. With the help of the staff team, they took actions to address any issues.

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

Rating at last inspection

At the last inspection the service was rated good (Report was published 28 March 2017).

Why we inspected

This was a planned inspection in line with our inspection schedule based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Park Lodge

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Park Lodge is a care home (without nursing) which is registered to provide a service for up to eight people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection took place on 17 and 26 September 2019. The first day of the inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager, the assistant manager and two staff. We observed interactions

between staff and people living at the service. We inspected the premises. We reviewed a range of records relating to the management of the service for example, audits and quality assurance reports; records of accidents, incidents; compliments and complaints, and maintenance records. We looked at three staff recruitment files and staff support information. We looked at three people's support plans and associated records.

After the inspection

We contacted four relatives and two health and social care professionals for feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The home provided a safe environment for people. People told us they felt safe. One person said, "This is my home, I like being here, I am safe here". A relative said they thought people were safe living at Park Lodge and staff took every precaution to ensure people's safety when they went out into the community.
- The provider and staff were aware of their responsibilities to ensure any safeguarding concerns they might have were reported appropriately. Staff completed training in safeguarding. They knew how to protect people from harm and who to report to, if they had any concerns. One staff member explained, "I haven't had any concerns since working here but if I thought someone was unsafe or at risk of harm I would report it immediately to the managers or to social services".

Assessing risk, safety monitoring and management

- People's risks were identified and assessed. Risk management strategies were integrated into people's care plans and there was clear guidance for staff to follow to support people safely. Detailed risk assessments were completed, for example, in relation to people's social interests and activities and people going out in to the community.
- People's weights were checked and monitored, so any unexplained weight losses were flagged up and advice was sought.
- Personal Emergency Evacuation Plans had been completed for people. Staff knew what action to take if people needed to be evacuated from the home in the event of an emergency.
- Accidents and incidents were reported and recorded; any emerging trends were identified. Records confirmed this.
- The environment was safe and well maintained. Staff monitored other general environmental risks, such as water temperatures, fire exits and slip and trip hazards.

Staffing and recruitment

- We looked at staff rota's which showed there were good staffing levels to support people appropriately.
- Robust recruitment systems ensured that new staff were safe to work in this setting. Staff files showed that checks had been made with the Disclosure and Barring Service which showed any criminal records, two references were obtained and employment histories verified.

Using medicines safely

- Staff completed medicines training and people received their medicines safely and as prescribed. The assistant manager told us they had introduced annual checks to ensure staff maintained their competencies to administer medicines safely.
- Medicines Administration Records [MARs] were kept appropriately. Two members of staff now completed

the MARs to ensure practice was maintained to expected standards. An audit was completed by the prescribing pharmacy in December 2018 and there were no issues.

- We undertook a stock check of stored medicines and we found they matched the recorded levels on MAR sheets.
- Medicines were ordered, administered and disposed of safely.

Preventing and controlling infection

- The home was clean and the premises were well maintained.
- Staff completed training in infection control and food hygiene. Staff had access to personal protective equipment when providing personal care.
- People's laundry, including soiled linen, was washed and dried in a hygienic manner. The laundry room was clean and in good order.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses. Accidents and incidents were recorded. Investigations into each incident were fully completed or reviewed by the registered manager in a timely manner.
- The provider monitored incidents for patterns or trends so any learning could be taken, and risks to people further reduced. Information was shared to make sure all staff knew about any resulting changes to practice.

Is the service effective?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed as part of the monthly review process in place at this home. Their care and support was provided in line with best practice.
- Care records showed that people's care was regularly reviewed so that any changes were reflected in updates to people's care plans.
- Assessments considered people's protected characteristics under the Equality Act 2010 to make sure that if the person had any specific needs, such as those relating to their religion, culture or sexuality, the staff could meet those needs.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.
- Best practice guidance and information was discussed in team meetings and in staff supervision. Staff told us this helped them support people in the most effective ways and keep up to date.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively.
- Staff had completed a range of training that the provider considered was essential for them to carry out their roles and responsibilities. This included safeguarding, food hygiene, moving and handling, first aid, mental capacity and safe administration of medicines. Additional training was provided in relation to people's health conditions, such as epilepsy and autism.
- Staff said they received the training they needed to enable them to meet people's needs, choices and preferences. Staff members received feedback about their performance and discussed training needs during one to one supervision and annual appraisals.

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

- Healthy eating was promoted and people were encouraged to choose a healthy diet when planning their menus.
- People chose what they would like to eat. Staff supported people to eat their meals when required and followed the guidance in people's care plans.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and had access to a range of healthcare professionals and services.
- Records showed that people attended appointments with professionals such as social workers, dieticians and GPs.
- Care records included hospital passports which provided information in an accessible format about

people's care needs, likes, dislikes and preferences. The passport went with people if they had to be admitted to hospital, to provide guidance for healthcare staff.

Staff working with other agencies to provide consistent, effective, timely care

- Health and social care professionals told us there were effective communication links between themselves and the home. They told us this had helped to ensure people received their healthcare in a timely manner.

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

- The environment met people's needs and suitable adaptation had been made for people.
- People told us they were happy with their rooms and had furnished them how they liked. Bedrooms were redecorated when needed and people confirmed they had chosen new paint colours and furniture.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The registered manager knew what they were responsible for under these principles.
- People's capacity to make specific decisions had been assessed as needed. No-one living at the home was subject to DoLS.
- Staff had completed mental capacity training and had a good understanding of this topic.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed staff were kind and caring with people and responsive to their needs. Staff supported people in a patient, warm and friendly manner.
- Positive relationships had been developed between people and staff. People and staff had a shared sense of humour; the atmosphere of the home was welcoming and engaging.
- People were encouraged to be as independent as possible. Staff focused on what people could do and helped them to achieve good outcomes. Staff completed equality and diversity training.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. For example, one person told us they regularly went to church on a Sunday and were supported by staff to do so. Care plans included information about people's cultural requirements and spiritual beliefs.

Supporting people to express their views and be involved in making decisions about their care

- We observed people were consistently encouraged and supported to express their views and be involved in decisions relating to their care.
- Care plans contained information about people's communication needs and guidance for staff which they followed.
- Healthcare professionals told us staff helped people to make choices about their care.
- Staff used people's preferred way of communicating. People were encouraged by staff in day-to-day decisions about their care and how they wanted to spend their days.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People had the privacy they needed and this was respected by staff.
- Staff understood how to treat people with dignity. One staff member told us how over time they had learned people's individual ways of communicating. We observed staff demonstrated patience, caring and kindness when supporting people.
- Staff told us they always respected people's dignity and privacy. Relatives told us staff were respectful towards their family members and helped to protect their dignity and privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support that was individualised to their personal needs. Relatives agreed their family member received the care and support they needed.
- Care plans were detailed and written in an individualised style. This provided staff with information and guidance on each person, so they could continue to meet their individual needs.
- People were as involved as they could be in developing their care plans together with their relatives when necessary.
- People's needs and support plans were regularly assessed for any changes. People's changing needs were monitored, and support plans amended when changes occurred or if new information came to light. Where a person's health had changed it was evident staff worked with other professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans clearly described the support people needed to communicate effectively and what staff needed to do to communicate effectively with them.
- The assistant manager and senior staff were aware of the specific requirements of the AIS. We discussed the principles of AIS with them to ensure all information presented was in a format people would be able to receive and understand.

Supporting people to develop and maintain relationships to avoid social isolation; support people to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation.
- People had a range of activities they could be involved in and staff ensured they accessed the community regularly. People were supported to follow their interests and take part in social activities according to their choices. For example, one person worked for a charity three days a week and they told us how much they enjoyed being able to do this.
- People were involved in the local community and visited local shops, clubs, pubs, restaurants, church and other venues. Where possible the service provided access to local events to enhance social activities for all people. People had access to and used public transport. During our inspection we observed people were going out throughout the day.

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.
- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received would be used to develop and improve the services.
- People and their relatives told us they would talk with staff or the registered manager if they had any complaints although they told us they had not had any reason to complain since they started receiving a service.
- The assistant manager told us they had not received any complaints since the service was registered.

End of life care and support

- The assistant manager told us they were not providing end of life care for anyone at present. However, they said they were developing an appropriate policy and procedure to put in place for when this became necessary. Staff training would also be arranged.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement because record keeping to do with staff training and staff supervision needed improvement. At this inspection this key question has now improved to good. This meant service leadership was consistently well managed and well led. Leaders and the service culture they created promoted high-quality person-centred care.

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

- At the last inspection we found the quality and standard of record keeping required improvement especially in the areas of staff training and staff supervision. At this inspection the assistant manager told us these processes had been reviewed and revised. Significant improvements were achieved in both areas of record keeping. Old information was archived and files contained clear and detailed records. For example, in staff supervision notes we saw what items were discussed, what was agreed and how action plans were carried through to implementation. Staff training was detailed with expiry dates of existing training and when new training was needed for staff.
- The assistant manager told us they were focussed on delivering an effective service that met people's needs in a caring and person-centred way.
- Staff were well supported with good training and one to one supervision. We noted in staff supervision notes there was regular discussion to do with best practices. Staff told us this helped them to improve the way they worked. One member of staff said, "I like to have these discussions because I want to learn how best to provide help to the people who live here."
- The managers monitored how staff were working practically with the person as well as monitoring their performance. In this way they were able to ensure improvements were made where necessary.
- Management monitoring tools included systems to review incidents and accidents which helped to ensure action was taken to prevent a recurrence. The managers were aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People and their relatives spoke positively about the service they received from staff. They said the managers and staff were committed to providing good, high quality care. Comments we received reflected this and included, "The managers and the staff provide good care, it's like a family," and "There's a warm feel to the place and people seem happy there." People said they felt listened too and were able to approach the registered manager and other staff about any concerns they may have. Staff said there was an open and transparent culture at the service that met the needs of the people they supported.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Feedback questionnaires were sent out to people who used services, their relatives and to staff. The registered manager told us the 2019 survey questionnaires were recently sent out and we saw some positive feedback that was already returned. The assistant manager told they planned to review the feedback and so they could identify areas where improvements could be made.
- People received a service from staff who were happy in their work and told us so. They said they worked in an open and friendly culture. One staff member told us, "I enjoy my work here. This is a good place to work. We are well supported by the manager." Staff told us the registered manager dealt effectively with any concerns if they were raised.

Continuous learning and improving care

- Staff team meetings evidenced staff were provided opportunities to build a coherent team approach and to discuss their work. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss work they did with people at these meetings, share any worries they had about individuals and seek advice. They told us they felt they were listened to.
- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. Staff regularly spoke with people to ensure they were happy with the service they received. The registered manager worked alongside staff to monitor their practice and make improvements where needed.