

# Parvy Homes Limited

# Swanage Lodge

## Inspection report

22-24 Swanage Way  
Hayes  
Middlesex  
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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

The inspection took place on 22 and 24 August 2017 and the first day was unannounced.

Swanage Lodge provides support and accommodation for up to six people who have a mental health diagnosis. There were six people using the service at the time of this inspection.

There was a registered manager in post who was also the provider and had a second registered location near to Swanage Lodge. 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.

The last inspection took place on 26 and 27 April 2016 when we rated the overall service and Safe and Effective domains as Requires Improvement. We had previously found there needed to be improvements in relation to obtaining consent for decisions made about people's lives and ensuring there were systems and processes in place to prevent abuse of people using the service. At this inspection we found improvements had been made in these areas.

Staff received training on safeguarding adults from abuse and there were policies and procedures in place. Those staff we asked knew what to do if they thought a person using the service was at risk of being abused.

There was an ongoing safeguarding investigation taking place at the time of this inspection. This had not been concluded at the time of writing our report.

Feedback from people using the service, staff we spoke with was positive about the service.

The atmosphere in the service was relaxed and we saw that staff chatted with people to make sure they were happy.

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

People's care records included people's needs and preferences. Potential risks had been identified and assessed to guide staff on how to support people appropriately. We saw information had been reviewed on a regular basis.

People were involved where possible with agreeing to the support they received. House meetings were held regularly to encourage people to voice their opinions of the service.

People were supported to be as independent as they could safely be. Some people went out without staff

and accessed various places in the community. Staff went with people on holidays and assisted them to see their family and friends.

There were checks on a range of areas in the service, including health and safety and medicines to ensure people received safe good care and that improvements were made where needed.

Staff continued to receive support through one to one and group meetings. They also received an annual appraisal of their work. Training on various topics and refresher training had been arranged in various ways that were relevant to staff member's roles and responsibilities.

There were sufficient numbers of staff working to meet people's needs. Recruitment checks were carried out to make sure staff were suitable to work with people using the service.

People received the medicines they needed safely.

People had access to the health care services they required and their nutritional needs were being met.

There was a complaints procedure available and people knew to talk with staff if they had a complaint.

## 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 a policy and procedures to keep people safe. There was an ongoing safeguarding investigation at the time of this inspection that had not been concluded.

Staff were able to tell us what they would do if they had concerns about people's safety.

Risks to people using the service and/or others had been identified, with guidelines in place to safely support people.

There were enough staff to meet people's care and support needs and the provider carried out checks on new staff to make sure they were suitable to work with people using the service.

People received the medicines they needed safely.

### Is the service effective?

Good ●

The service was effective.

The provider understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were not deprived of their liberty unlawfully.

People were encouraged to make choices about their daily lives.

Staff had access to the training and support they needed.

Staff supported people to access to the health care services they needed.

People were helped to have well balanced meals.

### Is the service caring?

Good ●

The service was caring.

People were relaxed around staff and interactions between people using the service and staff was positive.

People told us that staff supported them and were complimentary about the support they received.

Staff offered people choices about aspects of their daily lives and people's views were taken into consideration.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in planning and reviewing their care and staff encouraged them to maintain and develop their independence.

People using the service enjoyed a range of activities, outings and holidays.

The provider had a complaints procedure and people told us if they were unhappy they would talk with staff.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager, who was the provider, had managed the service for many years and knew people's needs well.

The provider had systems in place to monitor quality in the service and make improvements.

# Swanage 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 was a comprehensive inspection which took place on 22 and 24 August 2017 and the first day was unannounced.

Two inspectors carried out the inspection on the first day and one inspector on the second day.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service.

Also at the inspection we spoke with five people using the service, the registered manager, deputy manager and two support workers. We reviewed the care records for two people using the service, including their support plans and risk assessments and five people's medicines management records. We also reviewed three staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

# Is the service safe?

## Our findings

At the previous April 2016 inspection we found there was a lack of details in people's care plans regarding when allegations should be reported and investigated. It had not been clear what staff needed to consider and what action they needed to take if a person using the service was at risk of potential harm. The provider sent us their action plan and stated they would make improvements and amendments by 30 June 2016.

At this inspection the registered manager showed us where they had been improvements with the recording of people's needs and what signs to look for, such as change in behaviour of the person and what to report if staff suspected a person was at risk of harm.

We talked with people about living in the service and if they felt safe. Their feedback included, "Yes I do feel safe here" and "Feel safe here." People living in the service had a range of needs and abilities but were able to verbally communicate and could speak out if they had any concerns. Meetings were also held with people where they talked about any problems.

There was an ongoing safeguarding investigation taking place which had not been concluded at the time of the inspection. The safeguarding records held details of what the registered manager was aware of and what steps had been taken so far.

We talked with staff about safeguarding. Staff told us the action they would take, such as "I have to report to [deputy manager] and in the progress report." We asked what might be the signs that a person was or had been abused and one staff member said, "Mood swings, bruises anywhere, person difficult to approach, loss of appetite." If the safeguarding concern was not being dealt with properly a staff member told us "I would take it to the next level. The Care Quality Commission (CQC) or their care co-ordinator."

Staff received training on safeguarding adults from abuse. The registered and deputy manager confirmed that this was spoken about regularly with staff so that they knew what to do if they had a concern.

We saw risk assessments which included guidance for staff for when they were supporting people. The risk assessments were regularly reviewed and updated if people's needs had changed. Potential risks covered areas such as, people's mental health deteriorating; self-neglect and consumption of products there were not edible. There had been risk assessments completed for when people had been on holiday and we talked with the registered manager about ensuring staffing levels were recorded on these documents when the next holiday occurred so it was clear if and why they needed one to one support.

Incidents had been recorded so that the registered manager could identify if there was any patterns. So far, as there had been few incidents they had not completed any action plans.

There were appropriate arrangements to protect people in event of a fire. The registered manager had reviewed the fire risk assessment in 2017 and informed us that they were looking at an external company to also carry out a fire risk assessment to ensure there was no other action to take to protect people in the

event of a fire. Regular checks on fire safety equipment took place and fire doors were checked each week to ensure they closed appropriately.

The laundry equipment had been moved since the last inspection and was at the side of the building with a roof protecting it. There were items such as boxes, mops and irons being stored above and around the machines. The registered manager moved the electrical equipment away from the items and confirmed they would ensure this area was free from inflammable materials.

We saw checks were also carried out to ensure the building and equipment used were safe. Window restrictors were checked as part of looking at the health and safety in the service to ensure these worked effectively to minimise the risks to people. We saw up to date servicing records on gas safety and portable electrical appliances.

Our observations showed that people did not have to wait for staff to assist them. The staff rota showed that there was usually two staff plus the deputy manager and/or registered manager working on the day shifts, with a sleeping in staff member at night. Three people needed staff to take them out to keep them safe. Staff confirmed people usually went out on a one to one basis so that the staff member's full attention was with that person. People did not comment on staffing levels. One staff member told us there were "enough staff so people can go out."

There had been a number of staff leave the service over the past 12 months but the deputy manager confirmed the service did not use external agency staff who would be unfamiliar with people's needs. They had recruited new staff and were continuously trying to recruit new staff, including bank staff who could cover holiday periods and sickness. If shifts needed to be covered the deputy and registered manager were available to work hands on as and when necessary.

The provider carried out checks to ensure staff they employed was suitable to work with people using the service. The staff records we reviewed each included an application form, interview record, two references, where possible from previous employers, which had also been verified to ensure they were genuine, a Disclosure and Barring Service (DBS) criminal records check and proof of identity.

We checked the medicines management arrangements in the service. Staff administered medicines to people and there was no-one currently looking after their own medicines, other than one person looked after their inhaler. We checked three people's medicines and their medicine administration record sheets (MARS) in detail. We also checked the medicines for two other people that was given to them as and when required (known as PRN medicine). The medicines we counted tallied with the amount noted as being administered to people. The majority of medicines were in sealed packs and these also showed people were given their medicines as prescribed.

We saw that the PRN medicines noted on the person's MARS the reason why it had been administered to them. One person's MARS showed when they had been on holiday they had been given their PRN medicine for five nights in a row. The deputy manager explained that this had been given to ensure they were calm as at night they could become agitated and restless. We saw that this had not been noted as a potential issue prior to the holiday, yet staff told us this had occurred in previous holidays. We discussed with the registered and deputy manager about the preparation for the holiday and in future clearly recording the possible changes in peoples' behaviour when they had a change to their routine and were in a different environment. We saw from the MARS that since the holiday the person had PRN medicines administered only once in June 2017 and not in July or August 2017. Showing that when at home the person's behaviour was different and staff had not felt the person would benefit from having this medicine as it was not needed.



# Is the service effective?

## Our findings

At the previous April 2016 inspection we found problems with the lack of evidence that people had consented to having the kitchen door locked when staff were not available, or that people had agreed to a budget and smoking plan. The provider sent us their action plan and stated they would make improvements and amendments by 30 June 2016.

We saw that improvements had been made and there was evidence that the risks to people using the kitchen alone had been assessed. People had signed agreeing to the kitchen being locked if staff were not present as the registered manager had assessed that there were various risks to having the kitchen unlocked for people, such as people might eat and drink excessively which could affect their health and some people were not safe unsupervised near the cooker. Where there were smoking and budget plans in place these had been carried out with people and their representatives. The agreements would be reviewed and adjusted as and when people's needs changed.

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw authorisations under DoLS were in place for three people. This was in place for the people as they required staff to support them when out in the community. The registered manager also kept a record of any best interest discussions and meetings with people using the service, professionals and relatives so that they could be sure everyone was involved when looking at supporting people in a safe and lawful way.

Staff received MCA and DoLS online training and we saw information on the MCA around the service to inform both people using the service and staff. Staff had the basic understanding of the MCA. They told us, "If they [people using the service] can't make a decision their family or manager makes it" and "We offer people every day choices, what they want to eat, going out, and holidays. They have the most choice here, regarding spending their money, we advise people but it is their choice."

One staff member had recently started working in the service and could not give us any details of what the MCA meant for them in their role. The deputy manager confirmed that the registered manager talked with staff about the MCA and working with people to make their own decisions about their lives. We spoke with the registered manager about ensuring staff had regular discussions about this legislation so that they were confident in how it could affect people's lives and the impact it could have on how they supported people.

We saw where they agreed people had signed care records. Most people had family to help them decide on how they wanted to be supported. The three people on a DoLS also had independent advocates who either

visit them each month or made contact via the telephone to check that the service was following the DoLS that were in place. The advocates were also available as a form of additional support for people.

There had been several staff leave over the past 12 months. We were informed this was for various reasons and some staff left with no notice of going. This meant people did not get a chance always to say good bye to staff. People spoke with us about the staff team and their comments included, "Staff change so much, get used to one and they go" and "We had different staff on holiday, some have moved on we don't really see them anymore." People appeared relaxed around the staff we saw and a new staff member seemed confident in what they were doing and how they engaged with people. Experienced staff ensured new staff had information about people and then through observing and spending time with people they became familiar with their needs.

Staff spoke about the support they received by their line manager. One new staff member confirmed they had been shown what to do and "How to work with clients, give personal care and everything." Whilst another staff member said their induction had been, "Fine, basically followed someone round, getting to know people, read care plans. They put extra staff on so I could shadow staff."

Records showed that staff received an induction when they first started working in the service. This included shadowing experienced staff and completing the training the provider deemed to be mandatory. Records showed that new staff met regularly with the deputy manager to ensure they were supported and guided to complete their training within the first few weeks of working. When staff came back to work after a period of being away, such as if they had been on maternity leave, the deputy manager met with them and gave them another induction to the service to ensure they were aware of their roles and responsibilities.

Training was mainly provided online unless it was necessary to offer it face to face such as first aid and using the defibrillator. Staff had the chance to also study for an in depth course on medicines management which gave them more information about medicines. Training that was available for staff included, mental health awareness, person centred care and duty of care. The provider confirmed that the various online training courses that staff completed were aligned to the Care Certificate. This is a set of standards for social care and health workers and is the minimum standards that should be covered as part of the induction of new staff.

Staff received regular one to one support through supervisions meetings and training was checked on an ongoing basis so that staff continuously received guidance and information to carry out their roles effectively. Staff told us the supervision meetings were "helpful" and one staff member said "yes" they felt supported. They commented that, "He [provider] has progressed me, and pushes me to the next level."

Staff, if they had been working in the service for twelve months, also received an annual appraisal of their work so that they could review their performance and consider future aims and objectives. We saw that this had taken place for the deputy manager who had worked for approximately four years in the service.

People at the service were supported to maintain good health and had access to healthcare professionals, such as the GP and psychiatrist. Appointments were recorded so that staff could check and monitor any changes to people's health needs and plan if they required support to see healthcare professionals.

Staff continued to encourage people to review how they were living their lives and the impact their decisions had on their health. Two people had given up smoking with the support from staff and consequently were in better health and had more personal finances available. Some people, who had been overweight, had lost weight. Staff helped people decide on having healthier meals and exercising where they felt able to.

People's weight, pulse and blood pressure were checked weekly to ensure any significant changes were acted on.

We asked people about the meals. Comments included, "Food is ok. I cook with staff some of the time, taking turns," "Food is good" and "Staff help with cooking, cook curry and English food." Staff recorded the meals people ate and we saw a range of meals offered to people. Some people could make simple meals whilst others helped with preparing a meal but did not cook completely for themselves.

## Is the service caring?

### Our findings

Feedback from people using the service on the staff team and service was positive. They told us, "Staff help me," "Got everything I need here," "I'm happy here," "It is brilliant here" and that the staff were "Lovely."

We saw that people chatted with others who lived in the service and with people who often visited from the other registered service that was nearby. The service had a cat and people spoke fondly about taking care of the cat. One person said they looked after the cat and made sure it was fed, which encouraged them to take responsibility for looking after the pet.

Staff engaged with people in a positive and respectful way. They checked that people were feeling alright, made people drinks and were available to talk with throughout the inspection. People moved freely about the service and those who felt able to go out without staff did so. People went to different places in the community and told staff when they were going out so that staff knew who was left in the service.

People had keys to their bedroom so that if they wanted privacy this was respected. We asked staff how they respected people's privacy. Staff told us, "I knock on the door and ask can we come in." A staff member described when supporting people in the shower, "Tell them what you are doing and ask them first."

People dressed in an individual way, some wearing more clothing if they felt they needed to in order to keep warm. People appeared well groomed and told us staff helped them with the washing of their clothes. People needed different levels of support which might include prompting to change their clothes or to have a shower or bath. This was documented in their care records so that staff would know how much support the person needed to maintain their personal hygiene.

There was a 'snapshot' document on people's files which outlined a summary of the person and their current needs. Their preferences were noted so that staff would have an understanding of what was important to the person.

During the inspection one person brought a friend back to the service and staff welcomed them. People were supported to have friends and family visit them so that they maintained their social network and met with others outside of those living in the service.

We were told there was no-one who requested to visit any place of worship, but that previously people had gone to church with staff when they had wanted to attend a service.

People gave mixed feedback on whether they were involved in the development and review of their care plan. Some people seemed uncertain what a care plan meant and whether they agreed to its contents. One person told us, "Some of it I agree with and some I don't." We saw that if people agreed, they met with their keyworker (a named staff member) as much as they wanted to. This was to talk through any issues and to consider if the care plan or risk assessments needed amending. Staff did not always document if people had refused to meet with their key worker and the deputy manager said they would be reminded to record this.

## Is the service responsive?

### Our findings

The registered manager assessed people's needs prior to the move into the service. People were encouraged to visit before making a decision to move into the service.

Each person had a care plan in place. This covered a range of areas, including, personal care, mental health needs, and areas where the person is vulnerable such as helping people with their personal finances. The care plans were written by the registered manager with input from the staff team. Staff reviewed the information in the care plans every month and updates were made if people's needs changed. We saw the registered manager had reviewed some of the terms and words to use when describing how to support people. Some alterations had been made since the last inspection where the use of the phrase that people should be praised if they 'comply' with their care plan was no longer used. The registered and deputy manager were more aware of using person centred positive language when referring to people's needs and behaviours and reviewed care plans and daily records to ensure this was checked on an ongoing basis.

The daily care records staff completed included information about people's daily activities, their mood, health care needs and personal care. Overall these were legible and informative.

People were supported to take part in daily living skills. People had individual needs and abilities and staff were aware of what each person could do. Some people required encouragement and motivating to engage in activities around the service. People described how they spent their day. Comments included, "I do drawing about four times a week, I like doing that," "[Staff] help me tidy up my room and with my washing" and "I use the computer."

Staff described the various ways they helped people. They told us, "I always encourage them [people using the service] to do cleaning, make their beds clean their rooms and make sandwiches" and "People like to go up to the shop, they love it when they are out. We go to the garden centre; Sainsbury's and have fish and chips."

People had a weekly activity programme to support them taking part in different things every day. Some people liked to take public transport and go to the local town, whilst others went to the mental health resource centre to meet with other people. The registered manager had also recently started a hearing voices group which they said gave people the chance to talk about what it is like to hear voices and how this affected their everyday lives. There was a large room in the garden where different activities took place, inside the room was a pool table, computer and art sessions were held.

Satisfaction surveys were given to people using the service and sent to their relatives and professionals. This has been done in 2016 with the majority of comments being positive. Where one person had made some comments this was addressed through meetings with the person and relevant persons. The registered manager would be seeking the views of people in 2017 to ensure they continued to use this as one way to express their opinions on the service.

People were given a copy of the complaints policy and procedure and we saw some of these in people's bedrooms. We asked people what they would do if they had a complaint. They told us, "We have house meetings and discussions every day" and that they would speak with staff if they were unhappy. There had been one complaint in 2017 which the registered manager had responded to.

## Is the service well-led?

### Our findings

People using the service commented on the registered manager. One person told us, "He is very nice." The deputy manager told us, "I do my best; staff confide in me, there is a good working relationship." Other staff commented on working in the service. They said, "I like the work here very much. Team work is good and very helpful." And "I enjoy working here, I like it. I get on well with all the staff and managers. It's homely. A nice small place we have more time to talk to the residents it's a friendly little place."

Previous significant reportable events had been notified to the CQC within a reasonable timescale. The registered manager had not completed the Care Quality Commission (CQC) safeguarding notification forms as soon as they were made aware of the safeguarding allegations. They had addressed this prior to the inspection, after being prompted by us and the team carrying out the investigation to complete these forms. CQC had been made aware of the safeguarding concerns via other persons, however, we had emailed the registered manager prior to the inspection regarding the need to always inform us formally of a significant event as part of their duty as the registered manager and provider.

People were supported to give feedback on the service on a regular basis. This included using the house meetings which were held on a regular basis. People could express their ideas and let the registered manager know if there were areas needing to be improved.

Daily handover meetings took place and team meetings. This enabled staff to share information and to receive updates on the service. We saw that the deputy manager had a supervision plan so that they could monitor when they were offering this form of support to staff and ensure all staff members received supervision approximately every three to four months.

There were various audits and checks in place with areas within the service being reviewed to ensure information was checked and acted on. For example, we saw that the registered and deputy manager had introduced, the day after the inspection, a spreadsheet so that they could monitor each month the number of incidents occurring. These were not occurring frequently but this system enabled them to check quickly and see if there were any trends that they needed to act on.

Other audits took place on staff files, people's care records and general checks on the environment to ensure it was well maintained. People's medicines were also counted every day and this was recorded. The registered manager also carried out random checks on the medicines to ensure it had been administered appropriately. We were told there had been no medicine errors as the audits were regular which minimised mistakes occurring.

The registered manager had maintenance and renovation schedule in place so that they could plan where improvements to the environment were going to be made each year. Since the last inspection Swanage Lodge had moved the laundry facilities and created extra storage and plans were in place to update the flooring in the living and dining area and paint throughout before the end of 2017.

The registered manager confirmed that in 2016 they had been awarded the gold standard with Investors in People. This standard is the benchmark of good people management practice and the services had been visited for two days where the Investors in People met with staff and assessed against the three performance headings, leading, supporting and improving.

There was a report available for 2016 which outlined where the service had made improvements for the benefit of people using the service, such as providing holidays and days out and for staff, by offering different types of training. Future aims and objectives were also noted for 2017 so that the staff team had goals to meet to ensure people lived in a service that monitored what was working well and where areas needed to be changed.

The registered and deputy manager kept up to date with current practice through attending the managers meetings run by Skills for Care, which is a social care organisation that can provide advice and guidance to social care providers and staff. The registered manager also maintained their registration as a mental health nurse and so undertook training to keep up to date with current practice. One of the deputy manager's was currently studying for a business management level 4 to further develop their skills and knowledge.