

Cumbria County Council

Park Lodge

Inspection report

Outgang Road
Aspatria
Cumbria
CA7 3HP

Tel: 01697320636

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection that took place on 20 March 2017. It was undertaken by an adult social care inspector.

Park Lodge is a residential home for up to fifteen people. On the day of our visit there were eleven people in the home. The home cares for older adults, some of whom may be living with dementia or with a learning disability. The home is one of the services operated by Cumbria Care, the in-house provider for Cumbria County Council.

The home is situated in a residential area of Aspatria and is within walking distance of public transport and all the amenities of this small town. Accommodation is in single rooms but one room can be used as a double room. Two rooms have ensuite facilities. The home has suitable toilets and bathrooms. There were a number of lounge and dining areas around the home where people could spend time together.

The home had a suitably qualified and experienced 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.

Staff had received suitable training and could talk to us about how they would identify any actual or potential abuse and how they would report this appropriately. Risk assessments and risk management plans were in place and supported people well. Cumbria County Council had ensured that new members of staff had been suitably vetted and that they were the right kind of people to work with vulnerable adults. There had been very few accidents or incidents in the home but any issues had been appropriately reported to the Care Quality Commission (CQC) and suitable action taken to lessen the risk of further issues.

We judged the home to be suitably staffed by day and night and the registered manager told us that the staffing levels were kept under constant review. Staff were suitably inducted, trained and developed to give people the best support possible.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary.

The County Council and the registered manager were aware of their responsibilities under the Mental Capacity Act 2005 if they judged that people were deprived of their liberty for their own safety. Most people in the home were able to leave the building when they wished and had flexible lifestyle choices. People told us that their consent was sought for any interaction, where possible.

People in the home told us the food was of a very high quality and that they had plenty of choice. Suitable planning was in place where people had problems maintaining a healthy weight.

Park lodge was a purpose built home and the registered manager had ensured that the home was well maintained and updated.

The house was clean, fresh and orderly on the day of our inspection. Good infection control measures were in place.

We observed kind, patient and suitable care being provided. Staff knew people and their families very well. They made sure that confidentiality, privacy and dignity were maintained. People were encouraged to be as independent as possible. Staff were able to deliver good end of life care.

Risk assessments and care plans provided detailed and relevant guidance for staff in the home. People in the service were aware of their care plans and were able to influence the content. The management team had ensured the plans reflected the person centred care that was being delivered.

The home had regular entertainers, activities and parties. Staff took people out locally. People were encouraged to follow their own hobbies and pastimes.

Cumbria County Council had a suitable complaints policy. We had evidence to show that policies and procedures were suitably followed with good complaints investigations being carried out by senior officers of the organisation. No one had any complaints at Park lodge when we visited.

Cumbria Care had a quality monitoring system which was in place in the home. We saw that all aspects of care and services were regularly monitored and that the registered manager brought any issues to the attention of the operations manager. Improvements had been made to the service when quality monitoring had shown any issues.

The provider had suitable policies and procedures in place and the home had good records management in place.

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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.

Staff had a good understanding of abuse and how to report and prevent this happening.

Staffing levels met the needs of people in the home.

Medicines were suitably managed.

Is the service effective?

Good ●

The service was effective.

Staff were suitably inducted, trained and supported in their roles.

People told us they enjoyed the meals provided.

People were supported to access health care.

Is the service caring?

Good ●

The service was caring.

We observed kind, considerate and compassionate approaches to the delivery of care.

People told us that their privacy and dignity were respected by the staff team.

End of life care was suitably managed in the home.

Is the service responsive?

Good ●

The service was responsive.

Assessment of risk and need were in place for each person.

Detailed care plans were in place to support the delivery of care.

Complaints were suitably managed.

Is the service well-led?

Good 

The service was well-led.

The home had a suitably qualified and experienced registered manager.

Quality monitoring was in place to ensure that high standards were met.

Records management was of a good standard.

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 20 March 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the provider for completion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed in detail and we asked for further updates on this information when we visited the service.

We also spoke with representatives of the adult social care team, the local authority commissioners and with health professionals about the delivery of care and services.

We walked around all areas of the home including the kitchen, laundry and communal areas. We looked at arrangements for food and fire safety. We checked on infection control around the home. We were also invited into bedrooms. The inspector shared a meal with people in the service.

We met with eleven people in residence in the home. We met with people in groups and also spoke with them privately in their own rooms. We also met eight relatives, friends and other visitors. We spoke with four support workers, a member of the house keeping team, the cook, two supervisors and the registered manager. We had contact with the operations manager after the inspection.

We read six care files in depth and we checked on the associated daily notes. We looked at other care plans and daily records to verify what was said to us by staff and people in the home. We reviewed the records for the management of medicines. We looked at records kept in the kitchen. We read some of the policies and procedures of the home and we reviewed the quality monitoring systems in place in the home.

Is the service safe?

Our findings

One person told us, "I didn't feel safe at home but I am now really safe and well looked after." We spoke to people and their visitors about how protected they felt from harm. A relative said, "I have never heard anything to worry about...I think the staff are decent people. "

People also told us, "You don't wait for help here...the staff come quickly" and "There are plenty of staff day and night." Visitors told us, "There seems to be plenty of staff and the manager and supervisors are out working with the residents too."

Another person told us, "They never run out of my pills and they give them to me as I want."

We spoke to several people who told us the house was very, "Clean and hygienic...toilets and everywhere clean" and we also learned that, "If they think there's an outbreak of something they clean even more and ask visitors not to come."

The registered provider had an in-depth strategy on the prevention, reporting and management of safeguarding. We spoke to staff about how they safeguarded vulnerable people from harm and abuse and they were able to discuss the issues in depth. The registered manager and senior staff had a good understanding of their responsibilities and were aware of how to report any potential problems. Staff at all levels had received safeguarding training and were given opportunities to discuss any concerns in staff meetings or in supervision. Each member of staff had a laminated card that gave them telephone numbers to ring in confidence if they were concerned about anyone's safety and well being. There had been no safeguarding matters reported to registered provider or to any other agency. People in the home and their visitors told us that there was no abuse going on in the home that they were aware of. Staff said that any concerns would be picked up in a small home and that they were encouraged to report any concerns. They too said there was nothing untoward going on in the home.

The registered provider had good risk strategies in place and these covered all aspects of emergency planning. The registered manager had localised risk assessments for all aspects of the service and individual risk assessments and risk management plans for individual people in the home. There were risk management plans in place for staff, where appropriate, and risk management plans for things like moving and handling and dealing with infection.

The home had analysis in place for accidents. In this service falls and other accidents were quite rare and we saw evidence to show that any accident was analysed to lessen any repeat and remove or lessen risk.

We looked at four weeks of rostered hours and saw that there was always a supervisor in charge of the home during the day, two waking night staff and at least two support workers during the day. They were supported by housekeeping and catering staff. People in the home, and the staff, said that staffing levels were good and that although staff worked hard they could give people suitable care and attention.

We also looked at recruitment and disciplinary matters. Park Lodge, as part of Cumbria County Council, had detailed and appropriate policies and procedures that ensured that staff were suitable to work with vulnerable adults. They also ensured that any matters of a disciplinary nature could be dealt with correctly to protect people. There had been no disciplinary matters in this home and very few changes in the staff team. We looked at two files and saw that recruitment had been done correctly with references and background checks completed before staff had access to vulnerable adults.

We checked on the medicines kept on behalf of people in the home. These were ordered, stored, administered and disposed of appropriately. Staff received training and checks on their competence. The dispensing pharmacy visited annually and audited the management of medicines. People in the home had their medicines reviewed on a regular basis by the GP or by a consultant. Where people needed 'as required' or over the counter medicines there was suitable guidance in place.

The home was clean, odour free and orderly in all areas when we inspected. Staff told us they had suitable personal protective equipment available for their use. The home had supplies of cleaning materials and staff understood how to manage cross infection. Cumbria Care had suitable policies and procedures in place and infection control matters were checked by the Council's infection control officer. We had evidence to show that a suspected flu outbreak had been contained because of the infection control measures the staff had taken. The registered provider was aware of some changes needed in toilets and bathrooms but all surfaces were well maintained to ensure they were impervious to infected liquids. Upgrades of bathrooms and toilets was in the planning stage. The registered manager was awaiting approval of some of the planned upgrades which would need approval by senior management.

Is the service effective?

Our findings

People told us that the staff were, "Very clever people...do a lot of studying and go on courses." People also told us that, "Our staff are well trained and the manager makes sure they are working well...but that's not a hard job because the staff are great."

People told us, "The staff always knock on the door, always ask permission and I have signed to say I agree with [my care plan]"

We had lots of very positive comments about the food provided, "Beautiful", "Lovely home-baking", "Very nice...and lots of choice" and "Good home cooking and no fancy stuff."

We also heard about health care support. We learned that, "Some of us have new glasses as the optician has been" and "The district nurses come and see you...I have [a particular health issue] and the nurses and the doctor come. If I am uncomfortable the staff will get them out again...nothing is too much trouble."

Staff told us that they got, "Plenty of training...mostly face to face which we prefer. Lots of informal stuff from district nurses or the manager or supervisors." They also told us, "We get regular supervision and annual appraisal and lots of help with our career plans."

We looked at staff files for support workers and supervisors and these contained detailed and up-to-date records of both supervision and appraisal. These formal records of supervision meetings showed that staff had been able to talk about the way they worked with individuals, any difficulties they had and training and support needed. We also noted that staff were able to voice any worries in supervision. Detailed annual appraisal was in place for all staff and these were used to support team and individual development. We saw minutes of staff meetings. These showed that staff often discussed best practice issues. Staff we spoke to also told us that talking about practice issues was done on a daily basis in a more informal way.

Staff told us that there were hand over meetings three times a day, diaries which record things like appointments and records of requests made for maintenance. People told us that the staff were, "Good at reminding us of things...and getting things done in the home." We also noted that staff recorded notes about individuals in a detailed way. This meant that these simple lines of communication allowed the home to function well.

We saw that the staff involved people in decision making as much as possible but that when people did lack capacity they took suitable steps to support them. 'Best interest' reviews were held if major decisions had to be made. The registered manager had assessed some people as being, for their own safety, deprived of their liberty. Those people had deprivation of liberty authorisations in place and further applications had been made. Staff had received training about their responsibilities under the Mental Capacity Act 2005.(MCA)

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that this staff team were working well within these principles. Restraint was not used in Cumbria Care homes for older adults.

People told us that the food provided was of a very high standard. We shared a pleasant lunchtime with people who lived in the home. There were two choices provided and both meals were well cooked and well presented. People told us that the meals were always of a high standard. They said they could have a cooked breakfast, a two course lunch, a cooked high tea and a supper before they went to bed. They said there was always choice and that they could have something different if they didn't like the two choices.

We went into the kitchen and saw that the food stores had a wide variety of food for meals and for snacks. The cook showed us the freezer which had small portions of alternate food choices so that people could be offered a wide range of options and choices. Staff also told us they sometimes had to tempt people when they were not eating very well and they offered them different things. When people were losing weight the staff weighed them regularly, fortified their food and recorded what they had eaten. If necessary the staff called on dieticians or swallowing specialists. Staff supported people discreetly when they needed help with eating. One person told us, "The staff know what I like and they run upstairs with my toast so its still hot..."

People felt they kept well because they were , "Well fed and well cared for..." They also told us that the doctor or district nurse visited if they were unwell and that they received preventative care, like 'flu jabs'. The records showed that people saw dentists, doctors, opticians, chiropodists and other specialists and consultants where appropriate. People living with dementia and people living with a learning disability saw the specialist mental health nurses for older adults and they gave them specialist advice about care and treatment. Staff had received training in basic home nursing procedures and in supporting people living with dementia. We saw that any health issues were dealt with appropriately. Care plans gave staff guidance on supporting people to stay as well as possible.

Park lodge is a purpose built home for older adults that has been refurbished and maintained over a number of years. The house was suitably maintained and nicely decorated and furnished. The home had specialist equipment to help people to stand and to move around. The home had an up to date call bell system and this could also accommodate specialist alarms if necessary. We saw that new flooring, specialised equipment and other furniture was maintained and replaced as necessary. The registered manager had asked for funding for improvements which had been carried out. The staff had also been involved in fundraising and had purchased equipment and outdoor furniture. The registered manager had identified some improvements needed to some toilets, sluices and bathrooms and was waiting to find out if funding had been approved. The house was clean, orderly and comfortable and people told us they liked their home and felt safe and relaxed there.

Is the service caring?

Our findings

We measured this outcome by talking to people who lived in the home and to their visitors. We also observed how people interacted with the staff team. We had only positive comments from people we spoke with. Here are just some of the things that were said:

"The staff are so nice...they are wonderful."

"We are like a family here...they care about us and we care about them."

"The staff are lovely...nice girls..."

"There are grand lasses that work here...a lot of them are local Aspatria lasses and they understand us."

Visitors were all very positive about the experience of visiting the home and the atmosphere and attitude of staff.

One person said, "I would leave any member of my family in the care of this staff team."

Another person said, "The care staff team are just that...'caring' and I mean they care...its more than a job to them."

We observed a kind and compassionate staff team who understood the needs and strengths of people in the home. They spoke warmly of people's abilities, past lives and families. We judged that they saw the whole person and were quick to tell us about each person and their life story and their characteristics. They could tell us about family members, previous professions and current skills. The staff team saw the whole person and treated them with the respect that they deserved as valued members of society.

Support staff helped people with personal care in a discreet and dignified manner. They knocked on doors and as one person told us, "They always ask us if its Ok...and they don't make a fuss no matter what's needed to be done." We learned that personal care was delivered in a dignified and private way that minimised any sense of embarrassment.

Staff treated people with affection but were not over familiar. They treated people respectfully but showed that they cared. We noted that the body language reflected this affection without being patronising or belittling. There was a lot of jokes and laughter in the home. A relative told us, "I come here to exercise the chuckle muscle...its such a happy place." Humour was used appropriately. People were reassured and comforted when necessary.

We saw that where people were living with dementia or a learning disability the staff explained things to them patiently and clearly. Staff listened carefully when people struggled to explain their needs. We also noted that staff pre-empted needs and were attentive and considerate.

Some family members told us that they acted as advocates as they had been given the legal right to represent their relative in terms of finances and care and welfare. We saw that the assessments identified these rights and families were duly contacted and involved with care and welfare when people no longer could make decisions for themselves. We also noted that even when people had impairment to their thought processes the staff tried very hard to find out their opinions. We saw that independent advocates were used when necessary. The advocate had, in one, case, completed the work needed and then judged the staff team had such a good rapport with the person that advocacy was no longer needed.

We read a number of thank you cards from relatives of people who had spent their last days in the home. These showed how grateful families had been about the "loving care" given. We spoke to staff and we learned that the 'end of life' care was shared with the local surgery and that they always tried to keep people 'at home' until they died. Staff had received training and worked with community nurses so that pain was minimised and people were kept comfortable at the end. We also heard that, where people so wished, they had the services of local clergy. The registered manager said they were thinking of ways to make the experience of families more comfortable when they spent time with their relatives and staff were thinking of little ways to help families who were 'sitting with' a person in the last stages of life.

Is the service responsive?

Our findings

People in the home told us, "They have a plan for me which I know they read and follow as I get the care the way I need it". Another person said, "They wrote it all down when I came in and they ask me from time to time about my care." Relatives told us that they were, where appropriate, "Asked about [my relative's] needs, likes and dislikes because they can't really say anymore." A visitor with power of attorney for care and welfare told us, "They include me and involve me in decisions and treatment. I have read the care plan and think I signed it on behalf of [my relative]."

Our conversations in the home showed that people were happy with activities and entertainments. One person said, "I like the singers and parties and I watch TV and films and like music." Another person said, "I enjoy going out for a walk and really like to sit in our lovely garden...not really up to a lot of hobbies and things." People told us about their individual hobbies and pastimes and about games and quizzes staff did with them. Everyone we spoke with said, "Quite happy...satisfied..." with activities. As one person said, "It's just nice having people come in to visit, talk to staff and to the others...that's how we spend our time really but doesn't everyone?"

People also said, "I could complain all right...every opportunity but I don't need to. Everything is fine" and "I don't say that I complain but I speak up if things don't suit me...not a complaint and they sort things out so I don't need to complain." Visitors said they were, "Very clear about making a complaint...I would go to the manager, or Cumbria Care or social services...but I have never had to complain. Can't imagine I would ever need to."

We looked at almost all of the eleven care files in the home. We read some of them in depth and checked other files to find evidence that assessment, planning and review was up to date. We saw that these were comprehensive documents proving that the delivery of care and support was current, appropriate and detailed. This gave us evidence to show that assessment of strengths and needs was on-going in the service. When people's needs changed new assessments were made. This applied to changes to dependency and to new preferences people had expressed. We saw very good assessments of each individual that met all their needs and strengths.

We read detailed and current care plans that showed staff the person's needs and preferences. We judged these to be well written and to give suitable guidance. People were aware of their care plans and told us that they were consulted and kept informed if, for example, the doctor had advised changes to their care. Staff knew the content of everyone's care plan and told us they were reviewed "At least monthly or more often". They told us that support staff were consulted and that if the person or their support worker wanted a change then the support staff could put in a temporary change which would be discussed further. As a support worker told us, "We use the care plans all the time...we see them as a working document and we can change or add to them if we need to and if people want the change."

One of the support workers also had some hours where she was employed as an activities co-ordinator. People told us there were parties and entertainments in the home and we saw posters for a Mother's day

afternoon tea and an Easter party. The staff kept a record of all the activities people participated in. Some people liked simple activities and enjoyed singing or just having a chat with staff. Staff tried to spend time with people talking about local news and current events or simply asking people how they were. Staff knew people and their families very well and people told us they enjoyed just interacting with staff. Staff told us they did things like quizzes, reminiscence and games whenever they could. People were happy with the activities on offer.

Cumbria Care had a suitable complaints policy and procedure that guided people through the stages of a complaint and how to contact different people, both inside Cumbria County Council and to other external bodies. We had evidence to show that the provider investigated complaints thoroughly and, where appropriate, made changes if necessary. No one on the day had any complaints to make and there were no active complaints in the home. People told us that any worries were dealt with so they didn't need to complain. Staff were confident that they could support anyone who had a complaint.

Is the service well-led?

Our findings

People in the home told us, "I know the manager...could tell her anything," and "She makes sure the place is ticking over." We also heard that, "Other people from the council come to make sure things are OK."

Families told us, "I would always go to the manager...I know her well. I also know the senior staff and trust all of them." Visitors said that the registered manager and the senior team kept them well informed and, "manage the home really well...things do run smoothly here."

Staff told us, "We are really happy with our manager and she has done a lot for the home in a short time."

The home had a suitably qualified and experienced manager who was registered with the Care Quality Commission. She had been in post for some six months prior to her registration in July 2016. The manager had worked in different Cumbria Care homes over many years. This meant that she had received training and supervision and had been supported to develop in the role. When we discussed different aspects of the service with her she was able to tell us about her experience and training. For example we learned that she was a moving and handling co-ordinator, had completed 'end of life' training and had been trained in recruitment and other human resources tasks. We also learned from staff that she was very good at developing and encouraging staff.

We saw that she had helped a number of staff to develop in the direction they wanted. Some staff were keen to look for promotion or become 'champions' for different aspects of the home. Other staff took a keen interest in the fund raising for projects and the manager was supportive in this and helped people in the home and the staff to influence the direction of change. There were regular staff meetings and residents' meetings where people's ideas and views were sought and acted upon.

We saw that people had been involved in the changes to the environment and to the garden. Staff promotions and specialist areas of interest met with the approval of people in the home. Volunteers had been found so that new people would come into the home and staff would get more support. Activities, parties and entertainments were suggested by the people in the home and their support staff.

We had evidence to show that the home was very much part of the community. There were visitors in the home who were very relaxed and who felt part of the home, the local churches visited and people went to town to shop or attend activities and entertainments. People in the home knew what was happening locally and were able to maintain and develop relationships and activities locally.

We could see that the registered manager led the team, guided them and supported them while not suppressing their enthusiasm and interests. Staff were helped to increase their skills and knowledge in particular areas and their ideas were considered in a measured way. Staff told us, "I love it here and we get opportunities...that keeps the job interesting." People in the home told us, "We can tell the manager what we want...she wants to know and does her best to get us what we need."

Cumbria Care had a quality monitoring system that was being used to good effect in this service. The operations manager visited at least monthly and completed quality audits as well as giving the registered manager supervision and support. There had been a recent audit of infection control in the home and fire and food safety had regular external audits. The medicines in the home were audited by the pharmacy who provide the home with medicines. Quality auditors from Cumbria Care visited regularly and judged the outcomes of the care and service delivery. Reports of all of these external audits were readily available.

Cumbria Care had suitable policies and procedures in place and staff had signed to say they had read those relevant to their role. A copy of them was readily available in the home and staff said, "We use these all the time...we looked something up last week just to make sure we were doing the right thing for someone."

We also noted that staff completed auditing forms showing that certain areas had been cleaned, food safety followed, medicines managed and fire safety followed. All aspects of the service were subject to monitoring. The manager, the supervisors and the staff had specific roles in this monitoring. We saw evidence to show that where lapses were found the registered manager put actions into place to improve things or to prevent a re-occurrence. Most of the issues were around minor problems in the environment. We noted that systems were working very well in the home and that the manager had accessed resources to help improve some of the areas that looked a little tired.

The registered manager had held staff and resident meetings in January 2017 where they had reviewed the previous year. They had looked at all of the positive changes made and the goals still to be met, had shared ideas and considered new objectives they could tackle. This meant that they had taken time to review the management of quality and were eager to continue to improve.

We looked at a wide range of records in the home and found these to be, in the main, detailed and up to date. We saw that the daily records for people in the home flowed in a contemporaneous way and the simple use of different coloured ink showed if the record was done by a supervisor, a night support worker or a person who worked by day. These records gave a good picture of people's well-being. Care folders were well maintained. Staff files were of a good standard and gave a good picture of individual recruitment, induction and development. Housekeeping and catering records were well managed. The office spaces were tidy and records kept securely.