

# Parvy Homes Limited

# Swanage Lodge

## Inspection report

22-24 Swanage Way  
Hayes  
Middlesex  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Swanage Lodge is a care home for up to six adults with mental health needs. At the time of the inspection, six people were living at the service. The registered manager also managed another registered care home and supported living services. The staff worked across all of the services.

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

Some aspects of the environment included health and safety hazards. The provider had not always fully assessed the risks of some activities. Nor had they made sure all plans to mitigate risk were personalised and took account of individual needs.

The provider's systems and processes for monitoring risk had not always been operated effectively.

There were some restrictions in place which the provider had deemed necessary to keep people safe. In some cases, these had been assessed and people had consented to the restrictions. However, this was not always the case and we spoke with the registered manager about making sure they appropriately documented these.

People's needs and choices had been assessed and planned for. People felt well supported and had good relationships with the staff.

The staff had suitable training and support and understood about their roles and responsibilities.

There were suitable systems for dealing with complaints and other adverse events, as well as learning from these to make improvements.

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

The provider had restricted the management team and the systems they used to help make improvements at the service. They had developed an action plan following our last inspection and had made a number of improvements to the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The rating at the last inspection was inadequate (Published 6 October 2021). At the last inspection we identified breaches in relation to safe care and treatment, safeguarding people from abuse and good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made but the provider remained in breach of regulations.

This service has been in Special Measures since 28 August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Swanage 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 provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by two inspectors.

#### Service and service type

Swanage Lodge is a 'care home'. 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

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we held about the service, including monthly reports we have received from the provider, notifications of significant events, complaints and information shared by the local authority.

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We met all six people who lived at the service and staff on duty who included support workers, a senior support worker, a team leader and the management team. We observed how people were being cared for and supported.

We looked at a selection of records used by the provider to manage the service. These included the care records for three people, records of audits and records relating to how people's finances were managed.

We conducted a partial tour of the environment. We looked at how medicines were managed.

#### After the inspection

The provider sent us further records which we had asked to view and we analysed these.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our inspection of 6 July 2021, we found risks to people's safety and wellbeing were not managed or mitigated. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider was still breaching Regulation 12.

- Risks within the environment had not always been assessed, monitored or mitigated. There were hazards in the garden and smoking area which included broken decking and tools. We found one person's en-suite toilet was damaged and there were unsecured chemical cleaning products, which could be harmful if misused.
- The provider had not always assessed the risks of activities which took place. For example, the provider had held a bonfire in the garden in which rubbish and metal items had been burnt. The registered manager told us people using the service had been present when this fire had happened. However, they had not assessed the risks of this.

We found no evidence people had been harmed, but failure to assess, monitor and mitigate risks was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had assessed risks relating to people's individual health and wellbeing. These included plans to help reduce the likelihood of harm and to maximise people's independence. The risk assessments had been reviewed and updated on a regular basis. However, we found some risk assessments required more personalised detail. For example, assessments of the risks related to catching COVID-19 were generic and the same for each person. They did not include information about any specific needs which placed people at greater risk of illness. We discussed this with the provider so they could ensure all risks were fully assessed.

### Preventing and controlling infection

At our inspection of 6 July 2021, we found systems to prevent and control infection were not effectively operated. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of Regulation 12. However, we have signposted them to some areas where further improvements were required.

- We found audits for checking the safety and hygiene practices of the premises were not always effective and we signposted the provider to areas where they could make improvements.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

#### Using medicines safely

At our inspection of 6 July 2021, we found medicines were not safely managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of Regulation 12.

- People received their medicines as prescribed and in a safe way.
- Medicines were stored securely and appropriately. The provider carried out regular checks to make sure medicines were in date and stored at safe temperatures.
- The staff administering medicines had been trained to do so and the provider assessed their competencies to make sure they knew how to do this safely.
- The staff kept records of the medicines people were prescribed and when these were administered. They undertook regular checks and audits to make sure any discrepancies were identified and investigated.

#### Systems and processes to safeguard people from the risk of abuse

At our inspection of 6 July 2021, we found systems to safeguard people from abuse were not being followed and this placed them at risk. This was a breach of Regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching Regulation 13.

- The provider had suitable systems for safeguarding people from the risk of financial abuse. They recorded all expenditure people were supported with and carried out regular audits and checks on this.
- There were suitable procedures for safeguarding people from abuse and the staff were aware of these and had taken part in relevant training. The provider had worked with the local safeguarding authority to share information and enable the authority to carry out investigations into abuse.



### Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. These included analysing incidents and accidents and discussing these with staff so they could learn from these.

### Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. The registered manager told us they used flexible staffing rotas to make sure people could be supported to access the community or take part in different activities.
- The staff told us they felt there were enough of them and they had access to management support when needed. People told us they had enough staff to meet their needs.
- There were suitable systems for recruiting new members of staff which included checks on their suitability and an induction into the service to make sure they understood their roles and responsibilities.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

We did not look at this key question at our last inspection. The last rating for this key question in 2016 was good. The rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were some restrictions in place at the service, such as the use of CCTV, locking the kitchen and bathrooms and restricting people's access to cigarettes and food. There were some informal agreements regarding these, and in some cases the restrictions had been recorded and people had signed consent for these. However, this was not always the case for each person. We discussed this with the registered manager so they could make sure all restrictions were appropriately recorded and they had formal agreements for these.
- The provider had carried out mental capacity assessments and best interests decisions for people who lacked the mental capacity to make some decisions.
- Some people had DoLS authorisations in place. The provider was waiting for the paperwork from the local authority for some of these. We saw conditions had been imposed on one person's DoLS. The provider was in the process of updating care records to make sure these conditions were clear and would be monitored and met.

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

- The environment was suitable and people had their own bedrooms, en-suite facilities and shared communal areas. Some equipment was broken and needed repair. The provider told us they had systems for identifying this, but they recognised the staff needed reminding about reporting broken equipment so this could be fixed as soon as possible.

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

- No one new had moved to the service since the last inspection. However, the provider was in the process of reassessing everyone's needs to make sure care plans were accurate and reflected these needs. They had carried out these assessments in consultation with people using the service.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well supported, trained and had the skills they needed. New staff accessed a range of training before they started working with people. They shadowed experienced workers and were assessed to make sure they were competent.
- All staff undertook regular training updates and took part in group and individual meetings with their line manager.
- There were suitable systems for staff to communicate with each other and keep updated with changes at the service.

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

- People had enough to eat and drink. People were able to make choices about what they ate and were supported to participate in shopping, menu planning and food preparation.
- No one living at the service had been assessed at nutritional risk, but some people had health conditions which meant they needed support with their diet and this needed to be monitored. There were appropriate care plans and risk assessment relating to these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People accessed external healthcare professionals when needed. The staff had recorded about people's healthcare needs and monitored these. They had responded appropriately to changes in people's health.
- Guidance and information from external healthcare professionals was incorporated into care plans.

# 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.

We did not rate this key question at our last inspection. We rated this key question good at our inspection in 2016. The rating for this key question has remained good. 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; respecting equality and diversity

- People were treated well and supported. We observed staff interacting well with people, offering them choices and respecting these choices. People were relaxed and had a good relationship with each other and staff.
- People's protected characteristics were identified and recorded in care plans to make sure staff knew where they needed support and how to give this support.

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

- People were able to make decisions about their lives. They could make choices about how they spent their time each day and these were respected. They were also involved in creating the care plans, because the staff consulted them about the support they wanted.
- Each person had an assigned keyworker who they regularly met with to discuss their needs and the service. People also participated in house meetings with others to discuss the service in general.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. The staff supported people sensitively and made sure care and sensitive conversations were kept private. Staff addressed people respectfully.
- People were supported to learn and develop independent living skills. Where they were able to access the community or use their money independently, this had been planned for and was respected. People who needed additional support were offered this to make sure they had freedom to make choices within the community. People were able to take part in shopping for meals, cooking, cleaning and laundry and staff helped them to develop their skills.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People were supported to develop relationships with each other and a wider community of people living in the provider's other care homes and supported living settings. People also maintained relationships with other friends and family.
- There were some organised activities including day trips and special events. However, people would benefit from more opportunities for daily activities and therapeutic support. We discussed this with the management team who explained this aspect of care had been affected by the pandemic. They told us about some of their plans for improving this part of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which reflected their needs and choices. The staff had created care plans which described people's individual needs and how these should be met. Care plans were reviewed each month.
- People told us they had regular meetings with their key workers to discuss their care. They were involved in planning changes to their care.
- The provider had responded when people's needs changed by adapting their plans of care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were being met. At the time of the inspection, no one had any specific communication barriers and they were able to speak with and understand others, as well as communicating their needs clearly to staff.

End of life care and support

- No one was being cared for at the end of their lives and no one had life limiting conditions at the time of the inspection.

Improving care quality in response to complaints or concerns

- There were appropriate systems for dealing with complaints and concerns. People using the service knew who to speak with if they had a concern and felt these were addressed.
- There had not been any formal complaints at the service since the last inspection. There was a system for recording and investigating formal complaints.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At our inspection of 6 July 2021, we found the provider did not effectively operate systems and processes to monitor and improve the quality of care. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made but further improvements were needed, and the provider was still breaching Regulation 17.

- The provider's systems and processes for monitoring the quality of the service and risk were not always operated effectively. They had failed to assess, monitor and mitigate risks within the environment. Audit templates were not always detailed, and this meant the provider did not have assurances the staff were carrying out thorough checks and audits.
- The provider's systems for assessing the risk of people becoming seriously unwell from COVID-19 were not always operated effectively. The assessments and plans were generic and did not take account of additional risk factors, such as underlying health conditions or ethnicity.
- Records were not always complete or detailed enough. For example, the provider had not always recorded people's consent to aspects of their care, as well as informal agreements about restrictions. Some records used terminology or phrases which were not appropriate or did not show a respect or understanding of people's needs. The provider explained this was because of staff language barriers.

We found no evidence people were being harmed, but failure to effectively operate systems and processes to monitor and improve the quality of the service and to mitigate risks was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had improved their systems of checks and audits since the last inspection. They had introduced new audits and improved the quality of existing checks. For example, checks on medicines and people's finances.
- The provider had plans to improve systems further and was in the process of transferring care and other records to a computerised system. The registered manager explained this would improve their oversight and allowed them to easily identify trends of concern, or when staff used inappropriate language to record information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- There was a positive culture at the service. People living there were generally happy and felt well supported. They had opportunities to discuss concerns and problems with staff and felt listened to when they did this.
- The staff felt well supported and had the information they needed to care for people. The management team were visible and worked closely with the staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities regarding duty of candour. They investigated concerns and incidents and were open with people using the service and their representatives about their findings. They had notified CQC as per their legal responsibilities and had complied with the conditions imposed on their registration.

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

- Managers and staff understood their roles and responsibilities. The registered manager was also the owner of the company. They worked closely with other members of the management team to oversee the service.
- Since the last inspection, the provider had restructured the management team to enable them to work more effectively. Senior staff had updated their training and there were appropriate systems for sharing information with each other and staff.

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

- People using the service were involved in making decisions about their lives and the service. There were weekly house meetings where plans were made and any concerns discussed. People also had an assigned keyworker who they met with to discuss their care.
- People's protected characteristics were identified, and care plans included information about support people needed.
- People using the service, their representatives and staff completed annual satisfaction surveys. The registered manager told us they were in the process of analysing the feedback from the most recent surveys.

Working in partnership with others

- The staff worked in partnership with community and healthcare professionals to make sure people received the right support.
- The management team attended local authority meetings and forums to share information and learn about good practice.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure care and treatment was provided in a safe way for service users.</p> <p>Regulation 12</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always effectively operate systems and processes to monitor and improve the quality of the service and assess, monitor and mitigate risks to the health and wellbeing of service users.</p> <p>Regulation 17</p>