Heatherwood Nursing Home Ltd

Lloyd Park Nursing Home

Inspection report

84 Coombe Road
Croydon
Surrey
CR0 5RA

Date of inspection visit:
09 February 2018

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16 March 2018

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

We inspected Lloyd Park on 9 February 2018. The inspection was unannounced. At the last inspection in 2017, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Lloyd Park 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.

Lloyd Park is registered to accommodate up to 18 elderly adults. At the time of our inspection there were 18 people living at the home, many of whom had a diagnosis of dementia. Lloyd Park is located in a residential road in South Croydon, close to good transport links.

The premises were well maintained. The environment was clean and the home was well stocked with hand sanitisers and personal protective equipment such as, gloves and aprons. Staff followed good practice in relation to infection control and maintained a good standard of hygiene and cleanliness. This helped to protect people from the risk and spread of infection. The equipment staff used to support people, such as hoists, was regularly serviced to ensure they were safe and in good working order.

People told us they felt safe living in the home. Staff had received training in safeguarding adults; they knew how to recognise and report abuse. There was information displayed on a notice board in a communal area of the home which gave people, staff and visitors information on how to report any concerns. People and relatives knew how to make a complaint and told us any issues raised had been dealt with to their satisfaction.

People had the opportunity to be involved in planning their care. Staff had good knowledge about people, including their backgrounds, family relationships and preferences. Care plans were in the process of being updated to better reflect a more person centred approach in line with staff knowledge of people's individual needs. Staff adhered to the principles of the Mental Capacity Act (MCA) 2005. People were involved in decisions about their care and how it was provided such as, what time they woke up and went to bed, what they wore and where they ate.

Staff regularly reviewed people's health. Staff responded to changes in people's needs by making appropriate referrals to their GP or other healthcare professionals. People were assisted to attend appointments with external health care professionals to ensure they received treatment and support for their specific needs. People received their medicines when they were due, in the correct dosage and the medicines they were taking were regularly reviewed. Medicines were well managed and stored in line with national guidance.

People's privacy and diversity was respected, enabling people to be supported in the way they wanted to be. Staff supported people to keep in touch with their family and friends. Visitors were made to feel welcome

and staff encouraged people to go out with their relatives.

People were very complimentary about the quality of their meals. They told us they had sufficient to eat and drink and that their meals were always well presented and enjoyable. Everybody we spoke to was satisfied with the quality of care they received. However, two people told us and we observed that the quality and frequency of organised activities could be improved.

Staff supported people at the end of their life to have a comfortable, pain free and dignified death. They worked with local health professionals ensuring people received individualised palliative care, and prompt pain relief.

The provider had a thorough recruitment process which was adhered to by the management and included conducting appropriate checks on staff before they began to work with people. Staff were well trained. People had confidence in the staff and told us the staff were competent and had the skills required to do their job. Staff told us they enjoyed working at the home and felt well supported by the registered manager and provider. There was a sufficient number of suitably qualified staff to meet people's needs and help keep them safe.

The provider had quality assurance processes in place to monitor and improve the care people received. There were systems in place to share information and seek people's views about the running of the home. People's views were acted upon to improve the quality of care they received.

Further information is in the detailed findings below.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Lloyd Park Nursing Home

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 inspection took place on 9 February 2018 and was unannounced. The inspection was conducted by a single inspector.

Before the inspection we reviewed the information we held about the service including the Provider Information Return. This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection, some people were unable to share their experiences with us due to their complex communication needs. In order to understand their experiences of using the service we observed staff carrying out care and support and the way they interacted with people. We spoke with five people using the service, two relatives as well as the provider, the registered manager and three members of staff. We looked at six people's care records, three staff files, medicines administration records (MAR) for three people and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Care and support continued to be provided in a way which protected people from abuse and avoidable harm. People told us they felt safe. They commented, "They [staff] make me feel safe", "I am very well looked after and safe here" and "I feel safe". Relatives commented, "The person is happy and safe living there" and "I feel confident that the carers are looking after [the person] properly. [The person] is happy and would tell us if they weren't. I visit all the time and I've never seen anything wrong."

There was a sufficient number of experienced staff to support people safely. This was confirmed by people who told us, "There is usually a carer close by" and "I never have to wait long for someone when I call". On the day of our visit there was a nurse and four care assistants on duty. We observed that there were always at least two members of staff interacting with people in the communal lounge where the majority of people were for most of the day. People who required the support of two staff did not have to wait. People who required one-to-one support to stay safe received constant one-to-one support from an allocated staff member.

The provider's recruitment procedures ensured only suitable staff worked at the service. Appropriate checks were undertaken before staff began to work with people. These included criminal record checks through the Disclosure and Barring Service (DBS), obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role.

Risks people faced were assessed and management plans were in place to minimise the risk of avoidable harm. The risk assessments were individualised; they covered areas such as the risk of falls; abuse and choking. Care plans gave staff sufficient information on how to manage the risks identified. Staff knew the risks people faced and the staff team shared information regarding risks to individuals, including any incidents or increase in risk during shift handovers.

The provider had policies and procedures in place to guide staff on how to protect people from abuse which staff were familiar with. Staff had been trained in safeguarding adults and knew how to recognise abuse and report any concerns. People also knew how to report any concerns. There was information displayed on a noticeboard in the entrance area of the home which gave people, staff and visitors information on how to report any concerns.

Accidents and incidents were recorded and monitored by the registered manager. Where appropriate, care plans were reviewed and updated to help minimise the risk of the incident reoccurring. Staff knew what to do in the event of a fire or emergency. Emergency contingency plans were in place in case of evacuation and each person had an individualised Personal Emergency Evacuation Plan (PEEP) in place to assist in the event of the service having to be evacuated.

There were appropriate arrangements in place to help ensure people received their medicines safely. Nurses were responsible for managing, administering and recording people's medicines. Medicines were securely

stored inside a locked trolley in a locked room which was clean and well-organised. Medicines were stored at the correct temperature and disposed of safely when no longer required. Nurses were required to complete medicine administration records (MAR). The MAR we looked at were fully completed, accurate and up to date. This indicated that the provider's systems in relation to medicines management were effective and that people received their medicines as prescribed. The nurses worked well with the local GP surgery to help ensure people's medicines were reviewed regularly.

People were protected from the risk and spread of infection because staff followed the provider's infection control procedures. On the day of our inspection all areas of the home were clean, tidy and free from unpleasant odours. People and their relatives were satisfied with the standard of hygiene and cleanliness. People commented, "They keep the place clean" and "It's clean enough for me and it doesn't smell". A relative told us, One of the things that was important to us when we were looking for a home for [the person] was that a smell didn't hit you when you walked in. I've never had that here." There were hand sanitiser dispensers in all the communal areas and staff had an ample supply of personal protective equipment. The provider had appropriate systems for disposing of clinical and non-clinical waste safely.

People lived in a safe, secure, well-maintained environment. The utilities were regularly inspected and fire equipment tested to ensure they were in good working order.

Good

Is the service effective?

Our findings

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 told us that staff respected their wishes and they could make their own decisions. We saw that people chose what they wanted to wear and what they wanted to eat. We discussed with staff what needed to happen if a person could not make certain decisions for themselves. What they told us demonstrated they had good knowledge of the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited relevant people for example, family members to be involved in best interests meetings. These meetings had been documented and the records confirmed that people were involved in this process.

People's needs were assessed before they began to use the service; sometimes (when needed) with their relatives input. The assessments considered people's physical, mental and social needs in line with national guidance such as the Department of Health guidance on care and support planning. People's pre-admission assessments formed the basis of their care plans. Staff had regular discussions about people's needs and effective handovers which meant that changes in people's needs were immediately communicated and met.

The provider ensured that people were not discriminated against by making reasonable adjustments to how their care was provided. People had access to the equipment they required which helped to promote their independence. For example, people with mobility difficulties had appropriate walking aids to enable them to be as independent as people without these difficulties.

Equipment including call bells and hoists were regularly serviced and well maintained. Staff had been trained in how to use the equipment people needed and appeared confident in doing so. We saw that the right number of staff were involved in using equipment such as hoists and that they were used correctly. People's diverse needs were respected as their bedrooms were personalised with their own family photographs and ornaments. This helped people to feel comfortable in their surroundings.

The provider continued to support people to maintain their health. People were weighed and had their vital signs monitored monthly. People's healthcare needs were clearly recorded including evidence of staff interventions and the outcomes of healthcare appointments. Staff proactively engaged with external healthcare professionals and acted on their recommendations and guidance to maintain people's health. Staff had a good working relationship with a local GP surgery with which everybody was registered. Staff planned people's care to prevent common complaints such as the flu; people who consented were given flu vaccinations.

Each person had their nutritional needs assessed and met. Care plans included a nationally recognised nutritional assessment tool to ensure staff knew who was at risk of poor nutrition and dehydration and the action to take to avoid this. Everyone we spoke with was very complimentary about the food and drink provided in the home. People commented, "I love the food. We get so much of it and it's always really tasty", "I enjoy the food", "I get three good meals a day" and "The food always looks very nice and it tastes nice too." Staff knew people's preferences. We observed that one person was eating something which was not on the lunch menu and they told us that it was their favourite food. People from other cultures had the opportunity to eat the type of food they preferred. We observed that during lunchtime people were not rushed by staff and were able to eat at a pace that suited them. This not only made mealtimes enjoyable but also encouraged good nutritional intake. One person commented, "Lunch is my favourite time of day."

The provider continued to support staff through induction, relevant training, supervision and annual appraisal. People commented, "The staff are very good and I rely on them a lot" and "I think the staff are well trained." As part of their induction, staff received training in topics relevant to their role such as, manual handling, infection control and safeguarding adults. Training was refreshed annually and reinforced during discussions at staff meetings. The registered manager held supervision meetings with staff during which staff performance was reviewed, they were reminded of their responsibilities in relation to keeping people safe and received guidance on good practice. These measures helped to ensure that staff had the knowledge and skills to support people safely and effectively.

Good

Is the service caring?

Our findings

People continued to be supported by staff who were compassionate and caring. People commented, "They are very nice", "They're considerate", "They are very good" and "I like all the carers". Relatives told us, "The carers are very friendly and willing" and "I like the way the carers are with [the person]."

We observed that staff had developed a good rapport with people. Staff spent time with and talking to people about the things that mattered to them. For example, we saw a staff member having a conversation with a person about the food they ate growing up and how it was prepared. The person clearly enjoyed reminiscing and was fully engaged. Another person proudly showed us their nails which they told us a staff member had painted for them.

We observed relaxed interactions with people and staff. Staff knew people's routines and preferences. For example, we saw that the seating was re-arranged when a person came into the lounge so that they could sit in their "favourite spot". Staff knew the type of cup individuals needed to be able to enjoy a hot drink safely. They understood people's different communication needs and how to communicate with them effectively. For example, we observed that staff adjusted the pace and tone of their speech when speaking with people who had communication difficulties.

People told us their personal care was provided in a way which maintained their privacy and dignity. For example, staff ensured the door was closed and that people were not unnecessarily exposed whilst being assisted with personal care. People were well-dressed and well-groomed which helped to maintain their dignity. People told us staff respected their privacy. People commented, "After lunch I like to spend time in my room alone" and "They try to get me involved if there is an activity but if I don't want to they'll leave me alone."

Staff encouraged people to maintain their independence. Care plans stated the tasks people were able to do for themselves and the tasks that people needed support with. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. We observed that staff supported people who needed walking aids in a way which meant people were being independent but staff remained at a close distance in case their assistance was required.

Staff supported people to maintain relationships with relatives and friends which helped to avoid people becoming socially isolated. People commented, "[My relative] comes to see me all the time and tomorrow we are going out", "[My relative] comes to visit me often and they don't have a problem with it" and "I keep in contact with my family".

Good

Is the service responsive?

Our findings

People continued to receive care and support which was responsive to their needs. People enjoyed living at the home and were satisfied with the quality of care they received. They commented, "I'm happy here", "I've lived here for a long time. I like it", "I don't like my bed but that's the only thing I don't like about this place. I've got a nice room. It's clean. I go out with [my relative] when I feel like and the food is really good" and "I'm happy living here and getting the support of the staff because I cannot do anything for myself. It's a good home. The staff are excellent". A relative told us, "[The person] is happy there. [The person] has everything they need."

Staff knew people well and people received person-centred care. For example, staff told us that it was important to a person that they saw the hairdresser regularly and had regular manicures. This had been arranged and we could see that the person was very well-groomed. However, the care people received was not always reflected in their care plans. We did not find or observe any impact on people's care but improvements were required to ensure a person's entire care plan included information relating to their specific care needs and the support to be provided by staff. At the time of our inspection the provider was in the process of updating people's care plans. The registered manager assured us that everybody's care plan would be reviewed and re-drafted so that it was more person-centred. Two days after our inspection the registered manager sent us evidence that this had been done.

The provider had arrangements in place which enabled people to engage in organised activities inside and outside the home. However, we received mixed views on whether people were satisfied with the activities on offer. People told us, "I enjoy the activities", "I'm not sure what to do half the time but I join in if I'm in the mood" and "I liked the trip to the garden centre". However two people told us, "I would like to go out more" and "There are activities now and then but not often". During the inspection, a staff member started a game of bingo and encouraged people to join in. People joined in the game but one person commented, "I don't like bingo but it's something to do." The provider and registered manager told us they were trying to recruit an additional member of staff to assist with activities as they were aware that the activities needed to be more stimulating and frequent.

The provider used technology to support people to receive prompt care. There was a call bell system in place at the service which people could use when in their bedrooms to request assistance from staff. We observed call bells were placed within easy reach in people's rooms and people said they knew how to use these to call for assistance from staff when this was needed. To minimise the risk of falls, people at risk of falls had sensor mats next to their beds so that staff were alerted when they were getting out of bed.

People were supported to express their views on the quality of care they received. The registered manager met formally with people as a group every six months. Minutes of these meetings demonstrated that people gave their views on whether they were treated with respect, the quality of food, the standard of cleaning and any concerns. People also felt able to approach staff or the registered manager at any time to raise concerns and told us when they had done so staff were responsive. One person told us, "I told them that the heating in my room wasn't working and they had it fixed very quickly."

The provider had not received any formal complaints since our last inspection in 2017. People knew how to make a complaint. They told us they would speak to staff or the owner if they had any worries or concerns. Staff were aware of the complaints procedure and knew how to record and escalate concerns and complaints.

Staff had received training in end of life care and people received dignified and pain-free care as the approached the end of their life. People's choices for their care were recorded and this information was communicated to all staff involved in their care.

Good

Is the service well-led?

Our findings

The service continued to be well-led which meant that people received safe, effective care which consistently met their needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had worked in the adult social care sector for many years. They understood their responsibilities as a registered manager and what was required to provide good quality care.

There was a clear staff and management structure at the home which people living in the home and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people living in the home.

Staff told us they were well supported by the registered manager who was accessible and approachable. The registered manager and provider worked well together to develop and improve the service. They also worked well with external organisations to introduce training, policies and procedures for staff to follow in order to improve the quality of care people received. One of these initiatives was accreditation using the Gold Standards Framework for end of life care. The registered manager had also established good working relationships with the local GP surgery and pharmacy.

Information was collected and recorded in a variety of ways to regularly assess and monitor the quality of care provided. This included the completion of monthly audits in relation to medicine management and maintenance of the premises. Where issues affecting the quality of the service were identified, action was taken to drive improvement. For example, the registered manager's audits had identified that aspects of people's care plans could be more person-centred; a senior staff member had already started revising people's care plans when our inspection started.

We requested a variety of records relating to people using the service, staff and management of the service. The files we requested were securely stored to protect people's confidentiality, well organised and promptly located. A review of our records indicated that the provider promptly submitted relevant statutory notifications to the CQC. Statutory notifications contain information providers are required to send us about significant events that take place within services. Statutory notifications are important as they allow the CQC to monitor risk within a service.