Rotherham Metropolitan Borough Council

Parkhill Lodge

Inspection report

Larch Road
Maltby
Rotherham
South Yorkshire
S66 8AZ
Tel: 01709 813040
Website: www.rotherham.gov.uk

Date of inspection visit: 10 & 13 November 2015
Date of publication: 21/12/2015

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

Overall summary

This inspection took place on 10 and 13 November 2015 and was unannounced on the first day. The home was previously inspected in January 2014 and the service was meeting the regulations we looked at.

Parkhill Lodge is a care home for people with learning disabilities. It can accommodate up to 22 people. The service is situated in Maltby, near Rotherham. At the time of our inspection there were 20 people living at the service and one person receiving respite care.

The home 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.

Summary of findings

People we spoke with told us the service provided good care and support. They told us they felt safe, the staff were caring, kind and respected their choices and decisions.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely. Although some minor issues had been identified due to a change in systems and pharmacy.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this and the registered manager was in the process of assessing people who used the service to determine if an application for a DoLS was required.

People were involved in menu planning and meal preparation. We saw people we able to choose what they wanted to eat and who they sat with. There was plenty of choice. People had access to drinks and snacks as they wanted them.

Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect.

People's needs had been identified, and from talking to people and observing staff supporting people, we found people's needs were met by staff who knew them well. Care records we saw detailed people's needs and people had been involved in their care planning.

There was a robust recruitment system and all staff had completed an induction. Staff had received formal supervision and annual appraisals of their work performance.

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The service had not received any complaints since our last inspection, however, the registered manager was aware of how to respond to complaints. Information on how to report complaints was clearly displayed in the service.

Staff and people who used the service who we spoke with told us that all staff were approachable, the registered manager operated an 'open door' policy and the service was well led.

Summary of findings

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 safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people.

People's risks were assessed appropriately and care plans provided guidance on supporting people in ways that minimised risks and promoted independence.

Medicines were received and stored safely. However due to a change in supplier some minor errors had been identified by staff.

There was enough skilled and experienced staff to meet people's care needs.

Good

Is the service effective?
The service was effective.

People's care was delivered effectively. Staff and people were confident that the staff had the skills and knowledge they needed to meet people's needs. Staff worked in partnership with health and social care professionals to ensure people's needs were met.

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and acted in their best interests when necessary.

People were supported with their dietary requirements and had choice and involvement in meal planning.

Each member of staff had a programme of training and was trained to care and support people who used the service safely.

Good

Is the service caring?
The service was caring

People received kind and compassionate care. Staff communicated with people in a friendly and warm manner that reflected their communication needs. People and visiting professionals spoke highly of the staff.

People were treated with dignity and respect and their privacy was protected.

We saw people who were able were involved in discussions about their care and we saw evidence of this in care files.

Good

Is the service responsive?
The service was responsive

Care plans provided staff with guidance on how to meet people's needs and staff involved people in activities that reflected their preferences.

People regularly accessed the community and took part in a variety of activities.

Good

Summary of findings

There was a complaints system in place. The complaints procedure was available to people who used the service and visitors. We found people were listened to.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

There were systems in place for monitoring quality of the service provided. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Meetings were held for staff and people who used the service. These ensured good communication and sharing of information. The meetings also gave staff and people opportunity to raise any issues.

Parkhill Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 13 November 2015 and was unannounced on the first day. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service, This included notifications the home had sent us about information that could affect people's care and the Provider Information Record (PIR).This 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.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with fifteen people who used the service.

During our inspection we spoke with four care staff, the cook and the registered manager. We also spoke with a visiting health care professional. Then following the visit we also contacted two further health care professionals to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at Parkhill Lodge. One person said, when we asked, "I feel safe here, I am happy. Staff are lovely." Another person told us, "I wasn't safe where I last lived on my own, now I feel very safe, the staff are lovely."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to ensure people were safe.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Applicants were required to complete an application form which detailed their employment history and experience. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people's needs. Staff we spoke with confirmed that there was enough staff on duty. People we spoke with told us they were able to go out when they wanted and staff were available to support this.

People's care and support plans contained clear information about identified risks and how risks should be managed. For example supporting people to access the community. We saw that a plan of care had been developed to manage any identified risks in the least restrictive way. This meant that people could be supported with activities with reduced risks to themselves or to the people who supported them.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received, administered and returned. The provider had recently changed the supplying pharmacy and as a result documentation had changed. Staff told us due to this a number of errors had been identified. This had been identified by staff and had not had a negitive impact on people who used the service. The errors we found included the amount carried over from the previous month's supply was not always recorded on the MAR. Hand written entries had not been checked by a second member of staff and one medication had been signed as given for a number of days but had not been administered. When we discussed this with the staff member they explained this had changed form being given regularly to now only being given as and when required. They explained the person had not required the medication and staff should not have signed as given when it was not administered. The error had been addressed with the relevant staff who had signed the MAR and an incident record had been completed to ensure lessons were learnt.

Staff told us that medication audits as a result of the errors were to be carried out weekly to ensure staff were following correct procedures and administering medication safely and as prescribed. We were told these would remain weekly until they felt staff were competent with the new systems.

Staff were able to explain how they supported people appropriately to take their medication that was prescribed as and when required. For example pain relief and were aware of signs when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required. However there were no protocols in place for people who were unable to verbally communicate when they were in pain or discomfort. The registered manager agreed to devise these to ensure any new staff would have the information to be able to determine when people require medication that was prescribed for as and when required.

We also checked the controlled drugs, these are drugs currently controlled under the misuse of drugs legislation. There was only one person prescribed these drugs and we

Good

Is the service safe?

found one was dispensed in liquid form in a bottle. The records of administration were accurate and correct. However, the date of opening was not recorded on the bottle and when we checked the records in the register it showed this had been opened in February 2015. This meant it was out of date as it stated on the bottle, 'discard six months after opening'. This had not been dispensed after the six months, but should have been returned. This was returned during our inspection.

Good

Is the service effective?

Our findings

People we spoke with told us staff respected choices and decisions. One person told us, "Staff always knock on my door." Another person said, "Staff respect my decisions." Another said, "The staff respect and support me in my decisions, but won't let me do anything that is not right."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so. The registered manager was in the process of assessing people who lived at the service at the time of our inspection. Following our inspection the registered manager confirmed in writing that 13 people would require a request for a standard authorisation in line with new guidance and was in the process of completing and submitting the applications.

People were supported to maintain good health, have access to healthcare services and received on going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. We spoke with a visiting health care professional who told us, "Staff are really supportive and have allowed the person I have visited to regain their independence and they have made fantastic progress." They also said, "Staff are very patient and flexible they have allowed the person to make decision in their own time."

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included managing behaviours that may challenge, infection control, safeguarding of vulnerable adults, fire safety, and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. We also saw from staff training records that they did additional training to further understand how to meet the needs of people they supported. For example end of life care, epilepsy awareness and dementia awareness.

Staff records we saw showed staff had received supervision in line with policies. Staff we spoke with also confirmed they had received supervisions and support. Staff told us they worked well as a team and were well supported. The registered manager told us that during supervisions he discussed training requirements with staff to ensure they kept their knowledge up to date to meet people's needs.

People's nutritional needs had been assessed and people's needs in relation to nutrition were documented in their plans of care. We saw people's likes, dislikes and any allergies had also been recorded. We saw people choosing what they wanted to eat and people ate at the times they preferred. We saw there was a good choice of food available in the service and there were snacks and fresh fruit available for if required. People told us the food was very good. One person said, "The cook is a good cook, the food is lovely we choose what we want to eat."

Good

Is the service caring?

Our findings

People who used the service we spoke with said they liked living at Parkhill Lodge. One person said, “The staff are lovely.” Another person said, “Staff are always there when you need them and listen to me.”

People were supported to maintain family relationships and friendships. People’s support plans included information about those who were important to them.

We spent time in the communal areas with people who used the service. From conversations we heard between people and staff it was clear staff understood people’s needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were very good. We also saw the staff and people they supported talking, laughing and joking together. It was very inclusive. There was also banter between people who used the service and people were enjoying themselves.

People were supported to access the community and activities. Some people accessed it on their own and others were supported by staff. People told us they enjoyed the activities and that they were able to choose what they wanted to do and staff facilitated it. We saw people regularly accessing the community during our inspection.

We saw that staff respected people’s dignity and privacy and treated people with respect and patience. For example, we saw care workers knock on doors before they entered and always asked people they were supporting before they did anything to assist with care needs.

We looked at people’s care plans and found they were involved in developing the plans. Information in the plans also told staff about people’s likes, dislikes, choices and preferences. We found that staff spoke to people with understanding, warmth and respect.

Staff were able to explain to us how they met people’s needs. For example staff were able to tell us how they communicated with people who did not have verbal communication and understood their communication methods.

People had access to advocacy services and one person who used the service was allocated an independent mental capacity advocate (IMCA). An IMCA is appointed to seek the views and beliefs of the person and gather and evaluate all relevant information about that person. This information then helps decision-makers, like doctors, reach decisions which are in the best interests of the person concerned.

People’s confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

The people who used the service told us the staff were good and provided support that met their needs. We also observed staff respond to people's needs. Staff we spoke with understood people's needs and explained to us how they met people's needs. Staff were also able to explain to us how each person responded differently and this required different approaches and methods, this evidenced staff were responsive to individual's needs.

One person told us, "The staff always listen, they understand what I need, I love living here."

The service was responsive to people's needs for care, treatment and support. Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Support plans were regularly reviewed and updated to reflect people's changing needs. Staff knew people's individual communication skills, abilities and preferred methods and they were able to communicate effectively by interpreting gestures, signs and body language.

Support was provided to enable people to take part in and follow interests and hobbies. This included regular access to the local community and access to community social activities. We saw people going about their daily lives popping to the shop, out for a walk and going into town to do some clothes shopping.

Daily records contained information about what people had done during the day, what they had eaten and how their mood had been. There were also verbal handover between shifts, when staff teams changed and a communication book to reflect current issues. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

We saw that when people were at risk, health care professional advice was obtained and the relevant advice sought. Health care professionals we spoke with told us the staff were very knowledgeable on how to meet and respond to people's needs. One health care worker told us, "The person I have come to see has not lived here long but has improved considerably in the time they have been here, the staff are fantastic."

The registered manager told us there was a comprehensive complaints policy, which was also in an easy read version. This was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. The service had not received any concerns or complaints. However the registered manager was able to explain the procedure to ensure any raised would be taken seriously and acted on to ensure people were listened to.

We observed staff gave time for people to make decisions and respond to questions. The registered manager told us meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service. People we spoke with said staff talked to them and they were able to tell staff if something was wrong and it would be resolved.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since October 2014.

The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well. One staff member told us, "I have worked here many years and I love my job. We work well as a team to ensure people who live here have a good quality of life."

All staff we spoke with told us they received regular supervision and support. Staff also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "The manager has an open door policy, listens and acts on any issues required. We are a good team."

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and their manager. The reports included any actions required and these were checked each month to determine progress.

The registered manager told us staff completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw that senior meeting were held monthly and full team meeting every other month. Staff told us they felt the meeting were as frequently as required and were well attended. The minutes documented actions required, these were logged as actions to determine who was responsible to follow up the actions and resolve.

We also saw there were meeting for people who used the service. The minutes of the last meetings from September and October 2015 were displayed on the notice board in the entrance area for all people to see. The minutes were available in an easy to read format for people who used the service to understand.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Health care professionals we spoke with also told us the service was well managed. They said, "The manager and staff are committed to ensure the service is run for the people who live there and provide a good quality of care and support."