

Liberty Healthcare Solutions Limited

Park Farm Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Park Farm Lodge is a care home providing personal and nursing care to up to 84 people. The service provides support to older people, people living with dementia and people with physical disabilities. At the time of our inspection there were 79 people using the service. Park Farm Lodge can accommodate 84 people in one adapted building.

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

People were safeguarded from abuse, the providers systems meant staff understood what signs to look for and reported any incidents for investigation.

Risks to people were assessed and plans put in place to mitigate them. Staff had knowledge of how to support people safely when providing their care.

The provider had safe recruitment processes in place and people were supported by enough staff who were suitably skilled and trained.

Medicines were managed safely, and people had the support they needed from trained staff to receive their medicines as prescribed.

Where incidents had occurred, these were investigated, and steps taken to prevent them from happening again.

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 systems in place to have oversight of the care people received and they carried out regular checks of the quality of the service.

People were engaged and involved in the service and their views were sought regularly. Relatives and staff also had opportunities to share their views.

There was a learning culture in place and the provider engaged with external agencies as required to ensure people had the right support.

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 August 2021).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Park Farm 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 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 carried out by one inspector and a Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Park Farm Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park Farm Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 17 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, operational manager, nurses, unit managers, deputy unit managers, senior care and care staff. We reviewed eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection risks to people's safety were not always managed. At this inspection we found the provider had made and sustained the required improvements. We saw risks relating to the building had been assessed and actions taken to mitigate them, for example with fire safety and ensuring items requiring locked storage were secured.
- People had risks to their safety assessed and plans put in place to manage them which were reviewed on a regular basis and after any incidents. One relative told us, "I have never had any worries about safety. [Person's name] rolled out of bed when they first went in the home, and they discussed bedrails with me and now they use them."
- Staff understood how to support people with managing risks to their safety, they could describe the actions they took to keep people safe. One staff member told us, "[Person's name] has to have a modified diet." They went on to describe in detail how the person's meals were modified and how to support the person safely whilst eating.

Preventing and controlling infection

- At our last inspection the provider was not following at safe practices to minimise the risk of infection. At this inspection the provider had made the required improvements.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- 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.

Visiting in care homes

People were able to receive visitors at any time without restriction. Relatives were asked to avoid mealtimes where possible.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. People and relatives felt the staff in the service kept them safe. One person told us, "I feel safe here, there are no issues with the home or the staff they are all lovely."
- Staff understood how to recognise abuse and could describe the actions they took to report any concerns. Staff had received training in recognising abuse.
- There were processes in place to ensure any incidents were reported to the appropriate body.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People told us they did not have to wait for staff to come and help them when they needed it because staff were always around. One relative told us, "Plenty of staff around, staff always pop in to see if [Person's name] is okay, needs clothing changing or wants a drink."
- Staff told us there were enough staff to support people safely. We saw people were supported promptly and did not have to wait for their support.
- The registered manager told us, "Dependency tools are available and we complete individual dependency but the familiarity of the home helps us decide what staff are needed, we look at levels of dependency and balance with new admissions to make sure we have enough staff."
- Staff were recruited safely. We saw checks were carried out which included using the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us they received support with their medicines from staff. One relative told us, "[Person's name] is has eye drops and two different inhalers and they manage that well. They encourage [Person's name] to take this."
- People had their medicines as prescribed. We saw medicines were stored safely, there were lockable facilities in place to secure all medicines. Temperatures in refrigerators and clinic rooms were checked daily.

- Staff were trained in administering medicine and their competency was regularly checked.
- The medicines management system was electronic which monitored stock levels, this was recently introduced and there were some issues with stock counts when we checked. However, this was a known problem which had not impacted on people receiving their medicine and the provider was working to correct the situation through changes with the system operator and Wi-Fi provider.

Learning lessons when things go wrong

- There was a system in place to review incidents when they occurred. We saw if an accident happened there were reviews of risk assessments, care plans and other health professionals involved as required.
- Incidents were analysed, and this enabled the management team to look for trends and patterns and make changes if required.

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 requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection the providers oversight of their systems were not effective in improving the quality of the service. At this inspection we found the provider had made and sustained improvements.
- The provider had oversight to check on the care people were receiving. We saw there was a system to ensure peoples care needs were met, their care plans were reviewed at the right time and their medicines were administered as prescribed.
- There were systems to ensure buildings and equipment were safe. The provider carried out weekly environmental audits and checks on equipment such as hoists and slings.
- The audits were driving improvement and there was an improvement plan in place for making sure any areas requiring improvement were addressed.

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

- One relative told us, "They keep us informed, for example they send letter. There are no meetings but every month they speak to me to ask if I have any concerns. I think it is really good. The atmosphere is homely, and the staff are friendly."
- Staff were very positive about the home and most had worked there for a considerable amount of time. One staff member told us, "I love it here it's a nice place to work, I come in and do peoples hair on my day off, I previously trained as a hairdresser."

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 was acting on their responsibilities for duty of candour. We saw incidents had been notified to the appropriate people including to the CQC as required.
- Ratings were on display at the home and on the providers website.

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

- People told us they were asked for their feedback regularly. One person told us, "I have a form to fill in now, I am waiting for my relative to come and we will do it together." Relatives told us they had regular

opportunities to hear what was happening in the home and share their views.

- Staff told us they were engaged in the home and could make suggestions for changes which were always well received. One staff member said, "Our feedback gets acted on all the time, we can escalate things without any problems."

Continuous learning and improving care; Working in partnership with others

- The provider sought opportunities to learn and make changes to the service to improve quality. The operations manager told us they now took the lead on an overarching audit program and improvement plan to enable the registered manager to manage the day to day running of the home.
- The home shared examples of how they had responded to feedback. For example, staff communication had been highlighted as requiring improvement and this had been addressed.
- The provider told us how they had been involved in research proposals including one during the pandemic about the use of technology.
- The provider had worked in partnership with a range of health professionals when supporting people with their individual health care needs.
- There were relationships in place with other agencies including the local infection prevention control team. The provider welcomed external audits to help identify areas for improvement.