

# Villa Care Limited

# Park Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Park Lodge operates a care home and a domiciliary care service.

The care home provides personal and nursing care mainly to people aged 65 and over. The care home can accommodate up to 40 people, at the time of our inspection there were 37 people using the service.

The domiciliary care agency provides personal care to people living in their own houses and flats in the community. At the time of our inspection the domiciliary care service was supporting 10 people with personal care.

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

People told us the service was safe and there were enough staff to meet their needs. People were confident the staff team had the right skills and knowledge to meet their needs. Staff received regular training and told us they felt supported in their roles.

People told us, and we observed staff were kind and caring. People's privacy and dignity were respected, and people were supported to be as independent as possible.

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

People were supported to share their views of the service. People were given feedback on the actions taken in response to their comments.

Risks to people's safety and welfare were identified and managed. Staff were safely recruited. People's medicines were managed safely. The home was clean and there were systems in place to prevent and control infection. Equipment and installations were maintained.

Feedback about the food was good. People's dietary needs and preferences were catered for and people's oral health care was considered.

People's needs were assessed, and their care records had improved to ensure staff had clear information about people's current needs.

Improvements had been made to the systems and processes in place to monitor the safety and quality of the service. There was a positive, open and supportive culture at the service.

The service worked with external professionals for the benefit of people who used 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 last rating for this service was requires improvement (published 14 November 2018) and there was one breach of regulation. 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 and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **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 well-led.

Details are in our well-led findings below.

**Good** ●

# Park 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and a specialist advisor whose area of expertise was nursing.

#### Service and service type

Park Lodge operates a care home and a domiciliary care agency.

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 domiciliary care agency provides personal care to people living in their own homes and flats

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 on both days.

#### 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 contacted Healthwatch which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including care and support workers, team leaders, nurses, the chef, the registered manager and service managers. We observed people being supported in the communal rooms to help us understand their experiences.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three files in relation to recruitment and staff supervision. 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding and whistleblowing policy in place, and people were protected from harm and abuse.
- Staff spoken with confirmed they had completed safeguarding training and were confident any worries or concerns would be dealt with by the management.
- People living at the home told us they felt safe and their comments included, "Yes I feel safe. I have established a routine here and I feel secure." And "I feel safe here there are always staff around if you need them."

Assessing risk, safety monitoring and management

- Staff were skilled in working with people and identified risks. People had been comprehensively assessed and action had been taken to reduce the risk of harm.
- Records were kept of accidents and incidents. These were kept under review to check appropriate action had been taken and if any trends or patterns had developed, which required further intervention.
- People had personal emergency evacuation plans which provided information about the support people would need should an emergency arise.
- Environmental audits were carried out to check the premises and equipment were safe to use. Records showed regular internal checks as well as external servicing were undertaken regarding fire safety, gas, electrical supplies and portable appliance testing on small electrical equipment.

Staffing and recruitment

- There were enough suitably skilled and experienced staff deployed to meet people's needs.
- People and staff told us there were enough staff to ensure people experienced safe and effective care.
- Staff had been recruited safely and all the required checks had been done to make sure they were suitable to work with vulnerable people.

Using medicines safely

- People's medicines were managed safely.
- People told us, "I get my medication every morning and they [staff] tell me what it is for."
- Medicines were stored securely and administered by staff who had received suitable training.

Preventing and controlling infection

- The home was clean and well maintained. People's comments included, "My room is always kept clean and tidy."

- Staff had completed training in infection and prevention control and had access to personal protective equipment such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which could help to prevent a reoccurrence. Where appropriate changes were made to reduce the risk of the same thing happening again.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. People who used the service, their relatives and other professionals were involved in the assessments to ensure they fully reflected people's needs.
- Protected characteristics under the Equality Act 2010, such as religion, culture and sexual orientation were considered during the assessment process. This helped to ensure the service had the right resources to meet the person's needs.
- People were welcome to visit Park Lodge to see if they thought it would be suitable for them. One person told us their relative had looked around the home on their behalf and said they had made a good choice.

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their roles effectively and people felt staff were skilled and competent to meet their needs.
- Staff told us they felt supported and their training was kept up to date. Staff were supported to undertake nationally recognised vocational qualifications.
- New staff had comprehensive induction training which included equality and diversity. This helped to ensure they understood the importance of respecting people's diverse needs.
- Staff said they had regular opportunities to review their individual work and development needs in one to one supervision sessions and appraisals. The records we saw confirmed this.

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

- People were offered a choice of meals and the chef was very knowledgeable about people's dietary needs and preferences including specific cultural needs.
- People's food and fluid intake was monitored when necessary to make sure their dietary and hydration needs were met. When necessary referrals had been made to dietitians and speech and language therapists.
- People told us the meals were good and said the chef would cater for any specific requests they made. Their comments included, "You can ask for different foods, I've asked for salads and got them."
- Staff were patient when helping people with their meals. Meal times were calm and relaxed.

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

- The service worked well with other agencies, such as the GPs, specialist nurses, speech and language therapists and the Clinical Commissioning Group.
- The service supported people with healthcare appointments if relatives were unable to do this. People told us their health needs were met. Their comments included, "The nurse practitioner comes every week. I talk to one of the nurses here and they make arrangements for me to see them."
- There was a system in place to ensure relevant care information, medication records, medication and personal items went with people in the event of a hospital admission. The aim was to reduce the length of stay by speeding up the discharge process and improving communication between the hospital and the care home.

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

- Good signage and pictures helped people find their way around the building.
- Adaptations were in place to assist people with bathing and moving freely around the home.
- Gardens and communal areas were very well maintained and accessed with support by people who enjoyed observing and feeding squirrels and birds. This provided a shared interest and supported people's wellbeing.

#### 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 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.

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Appropriate DoLS applications had been made for people who lacked capacity and the service considered to be deprived of their liberty.
- There was no one using the service who had an authorised DoLS or Court of Protection order in place.
- The registered manager ensured when someone lacked capacity the best interest process had been followed when a specific decision had needed to be made.
- Unless relatives had the appropriate legal authority to be involved in the decision-making process, the best interest decision making process had been used.
- Staff spoke with people before any care and support was delivered to get their consent.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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 who used the service told us they were treated well. Comments included, "I am well looked after, and the staff are really nice." And "The staff are nice and very kind."
- In a recent survey carried out by the provider a relative commented, "What is good is that my [family member] is always telling me how kind and nice the staff are."
- The service promoted a culture of inclusiveness. For example, information about EDHR (Equality, Diversity and Human Rights) was clearly displayed in the reception area.
- Staff completed 'Dignity in Care' competencies which helped to make sure they understood the importance of promoting people's dignity.

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

- People were supported to express their views and make decisions about their care and treatment.
- People who used the service and where appropriate their relatives were involved in planning their care and support. One person told us, "I have had a lot of discussion about my care plan and I have a copy of it."
- Residents meetings provided people living at Park Lodge with an opportunity to share their views about the service and make suggestions for improvements. Action was taken in response to people's feedback. For example, people had said improvements were needed to the meal time experience and this had been addressed.

Respecting and promoting people's privacy, dignity and independence

- The promotion of privacy, dignity and independence was at the heart of the service's culture and values.
- One person told us how much their independence had improved since moving to Park Lodge.
- Staff provided good quality care for people and they respected people's privacy and dignity. For example, there were signs on bedroom doors to inform people when care was being given so they did not enter the room.
- Peoples confidential information was managed safely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection the provider had failed to maintain accurate and up to date records about people's care needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Feedback from people about the service was positive. One person said, "I wouldn't want to be anywhere else but here."
- Comprehensive assessments were in place which reflected individuals needs and preferences. Care plans were person centred and provided staff with information about how people wished to be cared for.
- Care plans and risk assessments had been regularly reviewed and updated to reflect people's changing needs.
- Cultural and religious preferences were recorded and responded to. One person told us the Priest visited them regularly and another person went out to worship at the temple. The registered manager told us Ministers from any denomination could be organised to support people with their faith.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand.
- People's individual communication needs were addressed through the care planning process. Information could also be provided in large print and different languages.

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 told us their visitors were made to feel welcome and they could visit at any time. Two people told us they were very pleased dogs could also visit as they were great animal lovers.

- One person told us they had made a new friend at the home and liked to spend time with them watching television.
- A range of activities were on offer and these were also made available to people who spent time in their bedrooms.

#### Improving care quality in response to complaints or concerns

- The registered manager had systems in place to deal with and respond to complaints.
- People told us they would feel able to raise any concerns or complaints. Their comments included, "I have read the complaints procedure and I would broach any concerns with staff."

#### End of life care and support

- No one was receiving end of life care at the time of inspection
- The registered manager had received several compliments about end of life care. Comments included, "[Name] was well looked after by everyone at Park Lodge, [name] spent the last two years of his life in a quiet and content way. Thank you all."
- The service worked closely with local hospices to ensure people received the best possible end of life care and support.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved 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 provider did not have effective systems in place to assess and monitor risks to people's health and safety. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a clearly defined management structure in place. Managers and staff understood their roles and responsibilities and were committed to making sure people experienced good outcomes.
- There were systems in place to monitor the safety and quality of the service. These included a range of audits, governance meetings and quality monitoring visits carried out by senior managers who were not involved in the day to day running of the service. Reports were completed, and any actions identified were addressed.
- There was a risk register in place which identified potential risks to people's safety and welfare and the continuity of the business. This included information about actions being taken to manage these risks. For example, the service had raised concerns about a shortage of NHS dental services with the local commissioners.
- The registered manager had submitted notifications of significant events to the CQC as required by law.

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

- The management team promoted an open, inclusive and person-centred approach. They were visible in the home, directing care and providing a positive role model for staff.
- People and staff spoke highly of the registered manager. Their comments included, "It's a very well managed home. The registered manager comes around to check I'm okay." And "[Name of registered manager] is a very nice person. They listen and try to help you with what you need."
- People told us they would recommend the service as a place to live and to work.

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 registered manager understood their duty of candour responsibilities. This was confirmed in the records we looked at for example in relation to complaints and accidents.

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

- In addition to meetings and individual care reviews the provider sent surveys to people who used the service and their relatives once a year. The results of the most recent surveys showed a high level of satisfaction with the service. For example, one person commented, "The care is consistently kind and attentive, great effort is made to satisfy my [family members] personal requests." Information was displayed to let people know what action had been taken in response to their feedback.
- Staff engagement took place through staff meetings and individual supervisions and appraisals. Feedback from staff was positive, they said they felt listened to and valued.

Continuous learning and improving care; Working in partnership with others

- The management team worked with external organisations and professionals to support continuous improvement. For example, they were involved with the Leeds Palliative Care Network and the Leeds Institute for Quality Healthcare. This enabled them to keep up to date with current best practice and take part in initiatives to improve services for people.