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Park Lodge Residential Care Home

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 

Overall summary

Park Lodge Care Home can accommodate up to 17 older people with a variety of care needs. At the time of inspection, there were 16 people living at the home.

This was an unannounced, comprehensive inspection carried out over three days on 22, 27 and 29 July 2015.

There was a registered manager at the home at the time of the inspection. 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.

People told us care workers were kind and understood how best to help and support them. The inspection findings showed that staff knew people well and

Summary of findings

understood their likes, dislikes and what was important to them. Relatives were very positive about the quality of care their family members received at Park Lodge. The home had a family atmosphere and an open and transparent culture. A member of staff told us, “It’s a home from home; we treat our patients how we would expect our relative to be treated”.

Staff were knew how to safeguard vulnerable adults and raised any concerns they had with the manager. The manager understood how and when to raise alerts with the local authority if they were worried about someone who lived at the home.

There were systems in place to reduce the risk of harm to people using the service. Risks to people were assessed and plans put in place to ensure staff safely supported people.

Recruitment systems were robust and made sure that the right staff were recruited to keep people safe. New staff did not commence employment until satisfactory employment checks such as Disclosure and Barring Service (DBS) certificates and references had been obtained.

Most of the people living at the home were able to tell us about their experiences and about the help or support they needed. We saw examples throughout the inspection where staff asked people about how they wished to be supported and followed people’s instructions.

People’s nutritional needs were met and everybody we spoke with told us they enjoyed the meals.

The home had activities people could participate in. Some people felt there was enough going on at the home whilst other people felt that activities could be improved by providing different choices that people might enjoy. The manager was investigating how people could engage in things they wanted to more often at the time of the inspection.

Park Lodge had an effective system for listening to, recording and acting on people’s feedback to drive improvements to the quality and safety of the service.

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 had been trained in adult safeguarding and were aware of how to respond to and report concerns about abuse.

There was an effective system in place to ensure medicines were managed safely.

There were generally enough staff to meet people's needs and the manager was considering recruiting an additional member of staff. Staff were recruited safely.

Good



Is the service effective?

The service was effective.

Staff we spoke with were knowledgeable about people living at the home. They were able to tell us about people's likes and dislikes as well as their personal care needs. People told they liked the care workers who supported them.

People accessed the services of healthcare professionals promptly and staff followed the guidance given.

People's nutritional needs were met and everybody we spoke with told us they enjoyed the meals.

Good



Is the service caring?

The service was caring.

People were involved in decisions about the support they received and their independence was promoted.

People had good relationships with care workers and staff supported people in a way that protected their dignity and privacy.

Health care professionals told us that the staff approach was caring and that the care workers knew their patients and understood how to best support them.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs.

There was an effective complaints system in place and people we were able to speak with, and relatives told us they understood how to make a complaint.

Good



Is the service well-led?

The service was well led.

Observations and feedback from people, staff and professionals showed us the service had an open culture.

Good



Summary of findings

Feedback was regularly sought from people, staff and relatives. Actions were taken in response to any feedback received.

Park Lodge Residential Care 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 was planned to check 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 unannounced, comprehensive inspection took place on 22, 27 and 29 July 2015. One inspector carried out the inspection.

There were 16 people living at Park Lodge at the time of the inspection and we spoke with ten people to learn about their experience of living at the home. We spoke with four relatives who were largely complimentary about the care and support provided to their family member. We also spoke with three healthcare professionals and seven members of staff including the manager and the owner.

We looked at three people's care and support records in full and sampled aspects of two other people's care and support records. These included daily monitoring records, Medicine Administration Records (MAR) and care plans. We also looked at documents relating to the overall management of the home including staffing rotas and four recruitment records, audits and maintenance records.

Before our inspection, we reviewed the information we held about the service including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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. We also looked at information about incidents the provider had notified us of, and information sent to us by the local authority.

Is the service safe?

Our findings

People said they enjoyed living at the home. No one had any concerns about their safety. The manager told us it was important to, "Know our residents feel safe and protected and know we will take the right action if there is a problem". We saw that people freely approached and sought out staff. They smiled and responded positively when staff spoke with them.

The service had a safeguarding vulnerable adult's policy and staff were aware of how to report concerns about abuse. There were also posters about safeguarding procedures displayed in the home. We attended a handover and staff raised a concern about one person they were worried about. This showed staff had good insight into safeguarding and were aware of the importance of their role in detecting abuse, and of reporting their concerns. The home had a whistleblowing policy and those staff we spoke to about this said they were confident any concerns they raised would be acted upon by the manager.

People had risk assessments and management plans in place for falls, moving and handling, anxiety and isolation, pressure areas and nutrition. These were reviewed when people's needs changed to ensure staff had the correct guidance to safely support people. The home had a system in place to monitor accidents and incidents. This meant that accidents and incidents were reviewed, analysed and action taken where necessary.

Medicines were managed safely. The home had appropriate storage facilities and a small fridge for storing medicines that required refrigeration. Staff maintained records of the fridge temperature to make sure that medicines were kept within the correct temperature range. Medication Administration Records (MAR) were well maintained. Any allergies and a photo of the individual concerned was at the front of their records so that staff could identify people correctly and make sure they were not given any medicine to which they could have an

adverse reaction. Everybody who lived at the home was able to express pain; however the manager was aware of pain assessment tools that they could use if they were concerned that somebody became unable to tell staff they were in pain.

We discussed staffing levels with people who lived at the home, members of the staff team and the manager and the owner. People said in general there was enough staff on duty to meet their needs. A few people commented that sometime staff were sometimes slow to respond, and one person said, "I think they are overworked". Staff confirmed that there was enough staff on duty to ensure people were safely cared for. We talked with the manager and the owner about staffing. They told us they were considering an additional member of staff to make sure people received the highest quality of service.

We looked at the recruitment records for four staff members. Robust procedures had been followed before people started work at the home. Prospective staff completed an application form in which they were asked to give a full employment history, explaining gaps and giving reasons for why they ceased working in care positions. Staff were interviewed with records of interviews maintained. Employment references were taken up, a health declaration signed by the applicant and a Disclosure and Barring check completed.

The home had plans in place for responding to foreseen emergencies. These including plans for individuals, and building related plans such as what to do in the event of electrical failure or a gas leak. The home undertook audits to check the environment was safe. However, the audits had not identified some environmental issues we saw in a first floor bathroom or identified that some hot water taps were too hot. The manager immediately arranged repairs to the hot water taps to make sure people were safe, and agreed they would address the bathroom issues as quickly as possible. We saw records showing that most staff were trained in first aid and received regular refresher training.

Is the service effective?

Our findings

People and their relatives told us staff were well trained and had sufficient knowledge and skills to meet people's needs. One person told us, "I don't think they could be better", and another person said in relation to the quality of staff skills, "I am very satisfied".

Most of the people living at the home had capacity to make day to day decisions and told us they made their own choices about what help or support they wanted. We saw examples throughout the inspection where staff asked people about how they wished to be supported and followed people's instructions. Relatives confirmed people made their own decisions and one family member commented that their relative had, "Total choice over what [the person] wants to do".

We saw examples of people signing documents such as their care plan to indicate they agreed with its contents. Other examples of consent included people providing written consent for their photograph to be held on file and consenting to influenza vaccinations. The manager told us they had sought consent from one person before they contacted a social care professional to check that the person was happy for them to seek some advice.

Park Lodge had a locked front door that was operated with a keypad system. The manager told us that most of the people living at the home knew the keypad number. We saw people leaving the home freely during the inspection.

Mental capacity assessments had been carried out for most people living at the home including those people who had capacity. The home had made a decision in one person's best interests because they did not have mental capacity to make that decision. However, the best interest decision was not made fully in accordance with the statutory checklist. We drew this to the manager attention during the inspection. The manager told us they would seek further training on implementing the Mental Capacity Act 2005 to make sure people had their rights protected.

Deprivation of Liberty Safeguards (DoLS) are part of The Mental Capacity Act 2005 and ensure that where someone may need to be deprived of their liberty it is the least restrictive option and in their best interests. The manager knew when and how to make applications to deprive someone of their liberty. At the time of the inspection one person who lived at Park Lodge was deprived of their

liberty. The manager understood what action they needed to take when the authorisation needed to be reviewed, and had notified the Commission in accordance with their statutory obligations.

People told us they enjoyed the meals and that if they didn't want something there was always another choice. One person said, "The meals are wonderful", and another person told us, "The food is very good". A relative spoke about the food and explained that their family member thought the food was, "Brilliant". They said the home was very responsive to people's likes and dislikes and choices such as portion sizes. One person needed some different choices because of a health condition. We drew this to the attention of the manager during the inspection.

People who were identified as at risk of malnutrition or weight loss were weighed regularly and some people had their food and fluid intake monitored. This made sure staff had a way of monitoring whether the person was having enough to eat or drink to maintain or increase their weight.

People's health needs were met and they were supported to access healthcare. People told us they saw their GP and other healthcare professionals whenever they needed to. We spoke with three healthcare professionals. They said that the home sought their advice appropriately and followed their instructions. One GP added, "I think it is a really nice place for people to live".

Records showed people saw other healthcare professionals when they needed such as the district nurse, physiotherapist or audiologists.

Some people who were at risk of developing pressure sores had a specialist air mattress or cushion. Records showed that there were daily checks to make sure air mattresses were working. We asked the manager to make sure the monitoring forms contained all the information staff required. The records were amended during the inspection to ensure the correct setting for the mattresses was checked.

The provider had a refurbishment programme in place and there was signage in the home so people could identify and recognise their bedrooms, toilets and bathrooms.

Staff told us and records confirmed staff had completed an induction when they started working at the home; and a range of on-going training including first aid, safeguarding people, mental capacity, medicines management and

Is the service effective?

infection control. Staff said they had undertaken some courses recently such as understanding dementia and diabetes that had been particularly helpful. There was a plan in place to make sure the manager knew when training refreshers were required.

Staff received regular supervision and annual appraisals and told us these were helpful. Staff confirmed they could get help or advice from each other or the manager at any time. One said the manager was, "Amazing". The manager told us, "Staff need to know if there is a problem they can come to me, and I will find a solution".

The manager made sure staff had up to date guidance on best practice on areas of care such as manual handling, different health conditions, hydration and nutrition. Aspects of the guidance had been laminated to be shared with staff in supervision or informal chats before going in the file. This meant that staff had easy access to guidance to inform their practice.

Is the service caring?

Our findings

People provided us with a range of positive feedback about the care workers which included, “They are all so kind”, “They are looking after me very well”, “They try to be very helpful” and, “They’re wonderful, absolutely wonderful”. Relatives and healthcare professionals also told us that that staff cared about the well-being of the people who lived at the home. A relative told us, “It’s wonderful it’s an absolute lifeline”, and a healthcare professional said, “They are very caring and offer a personalised approach”.

Our observations showed staff were thoughtful and sensitive in their communication; and interested in the person and how they were. A relative confirmed staff had a thoughtful approach saying, “They are ‘in tune’ with Mum”. Staff approached people in an individualised way, by taking time to talk with them and sitting with them to indicate they were not hurried. Staff asked lots of questions to make sure people had the food and drink that they wanted; find out what people wanted to do, and to check people were feeling well. The manager confirmed that their approach to equality and diversity started by making sure staff understood about the individuality of people and were clear about people’s rights.

People were supported to maintain their family relationships and see friends. All the relatives we spoke with told us they were made to feel very welcome and could visit whenever they wanted and for as long as they chose to.

People were involved in their care and support and told us that staff always asked them what they needed or wanted help with. The home had taken steps to make sure people maintained their independence so far as possible. For example, one person had a handrail fitted in their toilet to

enable them to use the toilet without staff assistance. We saw that when people were in their bedrooms they had items to hand to ensure they could remain independent. People looked clean and smartly dressed with attention to detail such as the colours they had chosen to wear and jewellery. People had the aids they needed including glasses and hearing aids, and their mobility equipment including walking sticks or zimmer frames were close to hand.

Care plans were confidentiality stored in a staff area ensuring that staff could easily understand how people needed to be supported whilst protecting their dignity and privacy. Two sets of records did not uphold people’s dignity because of the way they had been written. The manager immediately removed these and replaced them with records that were appropriate. All the people we spoke with said staff supported them in a way that upheld their dignity and that staff were always polite and respectful. Relatives confirmed this, one commented, “Staff are very polite and attentive”. During the inspection we saw staff responded to people respectfully and promoted people’s right to privacy for example, by knocking on people’s bedroom doors before they went into the room. A GP confirmed this and commented, “They take a lot of care over respecting privacy”.

One person had become very poorly during the inspection. We saw staff had requested medical support and were following the instructions given. They had made sure the person was comfortable, and set up monitoring systems to ensure the person received the right care. Records also showed that people were given support when making decisions about their preferences for end of life care to make sure staff understood how the person wanted to be supported and what they wanted to happen.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs.

People's care needs were assessed before they moved into the home and were used to develop care plans to meet those needs. Care plans and records contained sufficiently detailed information so staff knew how to support people. They were regularly reviewed and updated when people's needs changed. However the method of updating the plans meant they could become less easy to read for staff. We drew this to the managers attention and they told us they would amend their system of updating care plans to ensure the records were easy for staff to follow. Some care plans such as those for night care were very detailed for example, giving staff guidance on people's preferred time to get up and go to bed, what sort of drink they wanted and how many pillows they found comfortable.

People had detailed life histories recorded that enabled staff to understand about their life and what was important to them. Staff knew people well, and spoke knowledgeably about what was important to them.

Staff had handover meetings three times a day. This made sure that staff were kept updated about people's changing needs to enable them to provide the right support. We attended a handover meeting. Staff were knowledgeable about the people they had been supporting and provided a detailed summary of people's care needs to the staff starting their duties. However, the handover documentation required attention. For example, the handover identified that people were offered a bath or a shower once a week on a specific day. The manager told us

that this was not correct and that people could choose how often and on what days they wanted support to bath or shower. We discussed with the manager the importance of amending the handover document to make sure staff were provided with accurate guidance on how people were supported in a way that ensured choice.

The home had activities people could participate in. Some people went out into the local town independently and others chose to spend time in their rooms or in communal areas.

There were indoor games most days which some people told us they enjoyed. We observed an afternoon activity where some people were playing a card game. People were engaged and appeared happy to participate. Staff made sure everyone had an opportunity to join in and made sure quieter members of the group were involved. Some people felt there was enough going on at the home, whilst other people felt that activities could be improved by providing different choices that people might enjoy. The manager was investigating how people could engage in things they wanted to more often at the time of the inspection.

People and their relatives knew how to make a complaint and felt confident that any concerns or complaints would be listened to and acted upon. The home had received one complaint in 2015 which they had investigated and resolved. We saw that the complaints policy was explained to people both individually and through forums such as resident meetings. This enabled the manager to be sure that people understood how to raise a comment, concern or complaint if they were not happy about something.

Is the service well-led?

Our findings

People told us they liked the manager and that they were listened to.

People told us they attended regular resident meetings where they discussed what was happening at Park Lodge. Records confirmed a variety of topics were discussed including activities, meals, the environment and any ideas or suggestions.

The home had formally sought people's feedback through a questionnaire about the home that had been completed in September 2014. This had led to a development plan that the home was working to achieve. The manager showed us more recent feedback they had sought which was generally a positive reflection of the service people received. They were also considering other ways they could learn about people's experiences in order to drive improvements.

Staff had six monthly meeting where they discussed a range of topics including people's specific care needs and good practice guidance. The agenda was developed by the manager and staff together which ensured staff had the opportunity to raise issues or talk about anything that they were interested in or that they were concerned about.

The home had a visible open and inclusive culture. Their values statement said they aspired to be caring, observant, supportive, conscientious and knowledgeable. The manager said, "I will do all I can to make sure everybody is supported and included". People, relatives and staff commented on the homely atmosphere. One relative said, "Its friendly and more like a family. It's more like [the person's] home; I wouldn't want her to be anywhere else".

People said they knew the manager and could talk about any concerns or worries they had. One person described

the manager as, "Second to none". Relatives felt the manager supported them and their family member well. One told us, "She's brilliant, very friendly and very approachable, you're not fobbed off". Staff confirmed the manager was approachable and always available if they needed support or guidance. One said, "I know the residents are happy and the manager is top class". The manager told us, "I think it is important to set a good example and always do my best".

The service was developing community links. They participated in local school work experience schemes and felt this benefitted both the young person and people living at the home. They had been involved in the local care home open day and described this as a good experience that people had really enjoyed. One person had requested a meeting with their member of parliament to discuss the recent election. The manager arranged this earlier in 2015. They told us that people had appreciated the visit and were looking forward to a further visit later this year.

The manager walked around the home every day to see how people were and check the environment. There were a few environmental issues as previously described that we drew to their attention during the inspection.

The home completed a range of audits to check they were providing a safe, effective and responsive service. These included weekly checks of cleanliness, medicines, and fire safety. Each month the service also audited care plans and other records and the overall safety of the building. On an annual basis the home checked their electrical equipment, infection control, and services items such as hoists, bath seats and the lift.

Peoples records were maintained and kept securely although they were easily accessible to staff.