

Mr Kevin Arjoon Heeroo and Mrs Vimla Heeroo

Park Lodge Residential Care Home

Inspection report

18 Ridgeway
Broadstone
Dorset
BH18 8EA

Tel: 01202694232

Date of inspection visit:
02 March 2020
06 March 2020

Date of publication:
30 March 2020

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 Residential Care Home provides personal but not nursing care to up to 17 people aged 65 and over in one adapted building. There were 14 people living or staying there at the time of the inspection.

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

People felt safe. Risks were assessed and managed. Medicines were handled safely. The premises and equipment were clean and well maintained. There were enough staff to provide the care people needed. Staff knew how to recognise and report abuse.

People were happy with their care and looked comfortable and relaxed. They liked the food and said their dietary requirements and preferences were respected. People were supported to manage their health, including accessing healthcare services. Staff were well supported through training, supervision and day-to-day contact with their managers and colleagues.

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.

Staff treated people kindly and respectfully and encouraged their independence. This was reflected in how staff interacted with people throughout the inspection. Staff knew people well and understood how they preferred to be supported. The registered manager fostered an inclusive culture, where people's diverse characteristics, for example in relation to disability and sexual orientation, were respected and valued.

Care plans were personalised and up to date, reflecting each person's individual needs and preferences as regards their care. Staff had a good understanding of people's care needs. There were organised activities two days a week, and people followed their hobbies and pastimes. The service's complaints process was readily available to people and their visitors.

People and staff remarked on the service's "family feel". Staff morale was good and there was a strong ethos of team work. The registered manager and staff were clear about their responsibilities. People and staff found the registered manager approachable and supportive. There were regular audits to provide oversight of the service and the quality of the care provided. People's views about the service were welcomed and acted upon as appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 18 August 2017).

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 Residential Care Home

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 one inspector.

Service and service type

Park Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with a care assistant, the deputy manager, the registered manager and the provider.

We reviewed a range of records. These included three people's care records, multiple medication records and three staff files. We also reviewed a variety of records relating to the management of the service, including accident records and policies and procedures.

After the inspection

The provider sent us copies of certification requested during the inspection. They also confirmed they had addressed the minor issues we found.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and trusted the staff who supported them.
- Staff had training in safeguarding. They understood their responsibilities in relation to safeguarding people from abuse. They knew about signs to be alert to and how to respond to these, including informing the registered or deputy manager.
- Staff knew how to raise concerns about abuse with outside agencies concerned with safeguarding people, including CQC.
- Posters about safeguarding adults and how to report concerns were displayed in the hallway for people who used the service, visitors and staff.

Assessing risk, safety monitoring and management

- Risks in relation to all aspects of people's care were assessed and were addressed in care plans. Risk assessments were reviewed and updated regularly, and in response to any change in a person's circumstances.
- Risks were managed in consultation with people, in the least restrictive way possible. For example, someone's care plan identified they had a normal diet because they found it hard to stick to the safe swallow plan, which had affected their appetite and caused a dip in mood.
- There were regular checks and maintenance of the premises and equipment. Current certification was in place for gas, electrical, lifting equipment and fire safety.
- The registered manager had already identified that an electrical heater in the conservatory needed to be replaced, as it had very warm sides when it was on. They told us all wardrobes were secured to the wall and that this was checked as part of the routine health and safety audits, although the audit documentation did not specify this. Some wardrobes did not feel secure, and the registered manager undertook to rectify this.
- People had personalised plans that set out the assistance they would need to leave the building in event of a fire or similar emergency.

Staffing and recruitment

- There were pre-employment checks before new staff started work, to ensure their suitability for their role. These included obtaining references and criminal records checks to make sure people were not barred from working in a care setting.
- There were enough staff on duty to provide the care people needed. Call bells were answered promptly and people said staff came quickly if they asked for assistance. A member of staff commented that afternoons, when there were fewer staff on duty, could be particularly busy, although it was not during the inspection.

- Staff had safety-related training such as moving and handling, first aid, fire awareness and health and safety.

Using medicines safely

- Medicines were stored securely. Medicines cabinets and cupboards were kept locked. An attachment that fixed a portable cabinet in place had broken. A new attachment was ordered during the inspection.
- Quantities of medicines in stock tallied with record books and people's medicines administration records (MAR). There were regular audits of medicines and MAR to check that people had received their medicines as prescribed, that MAR were complete, and that the quantities of medicines in stock could be accounted for.
- Medicines were handled by staff who were trained and had been assessed as competent to do so.
- There was clear guidance for staff about how and when to administer medicines that were prescribed on an as required basis rather than regularly.

Preventing and controlling infection

- The service was clean and well maintained. People commented on the home always being clean. One person said, "[Cleaner] cleans our rooms daily, cleans and hovers. It's always nicely kept."
- Disposable gloves and aprons were readily available for staff.
- Care staff had compulsory training in infection control and food hygiene.
- The service had achieved the highest rating in a Food Standards Agency inspection at the start of 2020.

Learning lessons when things go wrong

- The registered manager or their deputy reviewed accidents and incidents for any immediate action required to keep people safe and well. They analysed accidents and incidents monthly to identify any trends that might be developing.
- Any learning for staff was shared through staff meetings, handovers, the communication book or through discussion with individual staff.

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 good. At this inspection this key question has remained the same. 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 were happy with their care and support and were confident in the abilities of the staff. For example, someone told us, "It's very nice here." People looked comfortable and relaxed.
- People's needs were assessed before they came into Park Lodge Residential Care Home, to be sure the service could meet their needs.
- Care needs were assessed in more detail when people arrived at the home. This formed the basis of people's individualised care plans. Assessments and care plans covered people's physical health, mental health, social and cultural needs, and reflected what was important to people.
- Staff had a good understanding of people's care needs. The care people received followed their care plans and was consistent with current good practice.

Staff support: induction, training, skills and experience

- Staff said they were well supported through training, supervision and day-to-day contact with their managers and colleagues.
- Most training, apart from practical topics, was provided through assessed workbooks. Staff were prompted to keep these up to date. A member of staff commented that although they preferred face-to-face training, the registered manager was always happy to go through things with them. Another member of staff said the workbooks were interesting, and that "they give you enough information to help you every day".
- Staff had regular supervision meetings with the registered manager.

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

- People told us they liked the food, which looked and smelt appetising. They said their dietary requirements and preferences were respected, and that there was plenty to eat.
- There was a choice of supper, but only one main meal option at lunchtime. However, people explained that if they did not like or could not eat what was on offer, such as dishes unsuitable for vegetarians, the cook would prepare something else.
- People looked well hydrated and staff encouraged them to drink. Drinks were provided with meals and during the morning and afternoon. People could request drinks at other times. They also had a jug of water and a glass in their rooms.
- Staff assessed each person's risk of malnutrition using a recognised assessment tool. They acted when the risk was elevated, such as asking the person's GP for a dietitian referral.
- At the time of the inspection, no-one had modified texture food and drink due to swallowing difficulties. Guidance was clearly displayed for staff in relation to seeking professional support to assess swallowing

difficulties and the kinds of foods that should be avoided.

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

- People said staff supported them well to maintain their health.
- Staff were knowledgeable about people's health needs, which were set out in their care plans. People's care records contained information from reliable sources about health conditions they lived with.
- People were supported to access healthcare services such as GPs, medical specialists, community health professionals and dentists. A chiropodist visited the service regularly. Records reflected that instructions from healthcare professionals were carried out.
- The service kept an emergency transfer summary that set out what paramedics and hospital staff should know about them, if the need arose.

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

- The service was decorated in a homely, non-institutional style. People had personalised their rooms as they wished with personal objects and pictures. Where possible, rooms had been decorated in people's preferred colours. Someone commented, "You can always put pictures up and bring in things that are special to you", and another person said how pleased they were with their new, bright curtains.
- There was a programme of renovation and redecoration under way. The downstairs toilet was being repainted during the inspection. The upstairs toilet was scheduled for redecoration because a person living at the service had told the registered manager the room was starting to look quite tired.
- The main communal area was the lounge-diner and conservatory, which people used freely. When the weather permitted, there was space to sit in the back garden. There were a shared bathroom and a shower room, and two shared toilets. Bedrooms were on the ground and first floors, which were connected by a passenger lift.
- There were steps to the front door, with a ramp for wheelchair access.

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).

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.

- Staff had a clear understanding that care should only be provided with people's consent, if they were able to give this. Consent was recorded in people's care records.
- A person who lived at the service told us, "I can come and go as I want."
- Where there were concerns that cognitive impairment might prevent people understanding the implications of consenting to care, staff recorded a mental capacity assessment in relation to that aspect of care. If the person was found to lack capacity to consent, there was a best interests decision regarding

providing the necessary care in the least restrictive way. This was all in line with MCA requirements.

- The registered manager had identified where people were deprived of their liberty and had applied to the relevant local authority to authorise this under DoLS before existing DoLS authorisations expired.

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 good. At this inspection this key question has remained the same. 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; respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them kindly and respectfully and encouraged their independence. For example, a person described the staff as "brilliant, very caring". This was reflected in how staff interacted with people throughout the inspection.
- Staff knew people well and understood how they preferred to be supported. They noticed when people looked worried or upset and were quick to respond in a supportive way.
- Care plans reflected what people were able to do for themselves and how staff should encourage them to do so.
- Staff were discreet in offering assistance when people needed this and all personal care took place in private.
- The registered manager fostered an inclusive culture, where people's diverse characteristics, for example in relation to disability and sexual orientation, were respected and valued.
- The service had received many compliments about staff's caring approach. Recent ones stated, "She often told me how lovely and caring you all are", "Whenever [cleaner] walked in the room he had the knack of making [person] smile" and, "Thank you so much for all you did yesterday for my birthday, my present and card and the cake with candles but not too many... I have great admiration and affection for the staff, they are what caring is about".

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

- People, and where appropriate their families, felt able to have a say about their care. They were involved in care planning decisions.
- People confirmed they could have visitors whenever they wanted. One person said, "You can have visitors whenever you want, and they always offer visitors tea or coffee."
- The registered and deputy managers recognised where people might need independent support in decision making, for example where they lacked the mental capacity to make the decision and had no close family or friends who could be involved.
- It was compulsory for staff to have training in equality and diversity, and dignity and respect, and to keep this up to date.

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 good. At this inspection this key question has remained the same. 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

- Care plans were personalised, reflecting each person's individual needs and preferences as regards their care. These were reviewed regularly and kept up to date.
- Staff had a good understanding of people's care needs and provided care as specified in their care plans.
- Staff made additional regular checks on people who could not use call bells, to see if they needed assistance.

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.

- People's sensory impairments and communication needs were identified at assessment and were flagged up in their care plans.
- People got the support they needed with communication. For example, staff had arranged for someone with a visual impairment to have talking books. They were careful to place the person's speaker in the right place so the person could hear it easily.
- The service was able to provide documents in alternative formats that were easier for people to understand, such as large print or audio recording.

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

- The service had an enthusiastic volunteer who coordinated a range of activities two days a week. There was a visiting singer during the inspection. Other activities included quizzes, arts and crafts, seated exercises from a qualified tutor and the visiting library. There was a regular coffee morning for people living or staying at the service, their families and friends and relatives of people who used to be at the service.
- The activities coordinator explained that people had said at a residents' meeting that they did not want more activities than what was currently offered.
- A person who used the service described some of the activities on offer: "Tomorrow students [sixth formers from a local secondary school] come and play games for a couple of hours. A couple of singers come, a lady who brings animals in, a pets-as-therapy dog".
- Some people chose to stay in their rooms. Where possible, activities such as the pets-as-therapy dog visited them there as well as spending time in the lounge.
- People occupied themselves independently with hobbies and pastimes, such as reading and art work.

End of life care and support

- No-one was at the end of their life during the inspection. Through collaboration with people's health professionals when people's health had deteriorated, the service had made the appropriate preparations for end of life care when this became necessary. This included ensuring the appropriate medicines were in stock.
- The service had received compliments from relatives about the care people and their families received while people were approaching the end of their lives and afterwards.
- Some bereaved relatives stayed in touch with the service, for example, through volunteering roles or attending the weekly coffee mornings and other social events.
- People's care records contained details of their preferences for where they wished to be cared for in their final days, and their wishes in event of their death.
- Many people had 'allow a natural death' forms (otherwise known as do not attempt cardio-pulmonary resuscitation forms) signed off by their GP after discussion with them, and their families or professionals, if they lacked the mental capacity to make this decision.

Improving care quality in response to complaints or concerns

- The service's complaints process was readily available to people and their visitors. It was included with the service information in people's rooms and was displayed in the hallway. The registered manager said they would update the complaints policy, so it made correct reference to the Local Government Ombudsman and to CQC, which does not have powers to investigate individual complaints.
- There had been no formal complaints since the last inspection.
- People told us they would feel confident to raise concerns with the registered manager or deputy, but they had not needed to.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff remarked on the service's "family feel". One person described it as "more like a family kind of home".
- Staff said morale at the service was good. This was reflected in the way they spoke with people and with each other, and the way they spoke about others. A member of staff commented, "I feel more valued here" than in their previous care work.
- There was a strong ethos of team work. Staff told us, "We all work as a team" and "We all muck in together".
- The registered and deputy managers were aware of how things were at the service from day to day. They were in frequent contact with people who used the service, and with the staff who were on duty.
- People and staff said the registered manager was approachable and supportive. A member of staff told us, "[Registered manager] will support anyone. That's her way, she's always supportive... the easiest person I could ever approach if I had an issue."

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 the duty to be open and honest with people when something went wrong. They had acted accordingly.
- Annual safeguarding competency assessments for staff included checking their understanding of the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager and staff were clear about their responsibilities. They felt well supported by the provider.
- Staff had regular supervision meetings with the registered manager where they discussed their work and how they were performing.
- The registered manager was experienced in their role. They understood their legal obligations, such as notifying CQC of certain significant events, and ensured these were met. They kept themselves up to date with good practice through information from organisations that support providers and registered managers.
- There were regular audits to enable the registered manager to have oversight of the service and the quality of the care provided. These included areas such as medicines, health and safety, the kitchen,

bedrooms, cleaning and care plans. Any issues arising were included on the registered manager's action plan and were followed up.

- Learning from audits and incidents was shared with staff through staff meetings, supervision or the communication book as appropriate.
- People's care records were stored in a lockable filing cabinet. This was not always locked when there were no staff nearby. The provider was planning to introduce an electronic care recording system, which would make it easier to keep records secure and yet readily available for staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- There were regular meetings for residents and for staff. People and staff felt able to put forward their comments and ideas. Staff were sensitive to those colleagues who might have less confidence to speak up and supported them to have their point of view heard.
- Staff were aware of when and how to blow the whistle on poor practice. The annual safeguarding competency assessment checked their awareness of whistleblowing procedures.
- Regular questionnaires were issued to people, relatives and staff to gather their views on the service provided. The response rate was high. The management team analysed the results and acted where necessary to remedy any issues. However, the results were mostly positive.
- The registered manager and staff were seeking to strengthen links with the local community. This included links with local organisations such as schools and libraries.
- The service had established good working relationships with the local authority, local mental health services and primary healthcare professionals. This helped people maintain a sense of wellbeing.