

Inspection Report on

Park Lodge Residential Care Home

M J S Care Ltd Llannerch Park St. Asaph LL17 0BD

Date Inspection Completed

03/10/2022

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About Park Lodge Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	MJS CARE LTD
Registered places	17
Language of the service	English
Previous Care Inspectorate Wales inspection	14 June 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

The focus of this inspection was to establish whether the service provider and Responsible Individual (RI) have made the required improvements to the service. We therefore did not look at all inspection themes in detail.

This is a homely and welcoming home with caring staff who provide kind, respectful and personalised care to people living there. People like living there and enjoy choice over their day to day lives and how the service is run. Care staff use detailed personal plans, written with input from people and their relatives, to support people to achieve their desired outcomes. People are well supported to access health care when required and visitors are encouraged.

Improvements have been made to the environment and to procedures that ensure safe recruitment of staff and adequate oversight of the service by the RI. The RI and manager have agreed clearly defined roles and responsibilities that support the smooth running of the service. The RI has appointed two senior care staff to support the manager in her role and is advertising for a permanent deputy manager.

Well-being

People continue to have control over their day-to-day life. We saw people enjoying time in the lounge watching television or chatting together or spending time in their rooms. Their bedrooms are comfortable, and personalised with family photographs, ornaments, and other items important to them on display. Regular resident meetings with the RI provide a forum for people to express their wishes on how the home should be run, and the management and service provider act on the feedback provided.

People have timely and appropriate access to health professionals outside the home. Staff accompany people to hospital appointments where required and work closely with the local GP practice and district nurses to help people access the medical care they need. Visitors are encouraged, and people have good relationships with care staff. People are supported to develop friendships within the home through communal dining and group activities. On the day we visited people were enjoying a performance from a local musician in the lounge. The manager told us some people prefer to have peace and be in their rooms during such events.

Policies and procedures are in place to ensure people are kept safe from harm and abuse and are living in a home that meets their needs. Staff are trained and have the skills required to meet people's needs safely and competently. The home has undergone some refurbishment, which is ongoing, and people have access to the equipment they need.

Care and Support

This was a focussed inspection and therefore we did not look at this inspection theme in detail.

People are care for by kind, caring and attentive staff. Staff are trained and skilled and know people well. Records show staff have completed training in a range of subject areas to meet the needs of people living there. Procedures are in place for the manager to assess people's needs and preferences and whether the home can meet their needs before they enter the home. This is done using information from people, their relatives, their representatives, and health professionals. Once it is agreed for someone to move into the home, long-term personal plans are drawn up and communicated to staff to ensure they know people's care and support needs well when they arrive. We saw plans are personalised with good levels of detail. Updates to these plans are made as changes arise in people's needs; plans are regularly reviewed by management to ensure they are accurate and complete.

People are well cared for and told us they like living in the home. Daily care records show staff provide care following people's personal plans. Care is personalised and dignified, and people told us they like the staff and living there.

Designated cleaning staff are in the home nearly every day and policies and procedures are followed by staff to keep the home clean and hygienic. We found the home was very clean and good stocks of personal protective equipment were available for staff and visitors to use. There are procedures in place for staff and visitors to follow that ensure minimised risks to people from infections such as COVID-19.

Environment

This was a focussed inspection and therefore we did not look at this theme in full.

The home is welcoming, warm and has a homely feel to it. People's bedrooms are comfortable and personalised and contain the furniture and equipment they need. There are two lounge areas and a dining area and adequate numbers of bathrooms and toilets for people to use.

Since the last inspection the service provider has invested in redecoration and upgrading of multiple areas of the home including kitchen equipment, bathroom fittings, refurbishment of the laundry, and new seating in the lounge areas. Flooring has been replaced in multiple areas, and the outside of the building has been repainted. Specialised equipment to meets people's needs has been upgraded in the bathroom, and a new boiler fitted. Whilst there is still some ongoing refurbishment required, good progress has been made since the last inspection.

There are policies and procedures in place to ensure health and safety risks are identified and reduced or removed. We saw evidence of ongoing maintenance and safety checks of equipment and the internal and external environment as part of health and safety monitoring in the home. Fires safety checks are completed and fire systems regularly checked and certified. The latest fire risk assessment was successfully completed just prior to our inspection visit and included recommendations which the service provider is following up on.

Leadership and Management

This was a focussed inspection and therefore we did not look at this theme in full.

The service provider has governance arrangements in place to ensure the home runs smoothly and people are receiving the care and support they require. The service provider ensures the home is financially sustainable even with the ongoing refurbishment works. We saw evidence that adequate numbers of care staff are present in the home day to day, and the senior care staff are drawn from both day and night staff. Agency care staff are used where permanent care staff are unable to cover staff absences, and the manager confirms she no longer works regular care shifts in the home now and has time to complete her managerial duties.

Since the last inspection safe recruitment procedures have been used to ensure new staff are fit and competent for their role. We saw records demonstrating the manager ensures appropriate induction and training of new staff, which has improved since the last inspection. Training records show that all staff have the training, skills and competence required by their roles in the home.

The Responsible Individual (RI) is in the home most days and supports the manager in their role through management meetings and supervision meetings. We saw evidence of clearly defined responsibilities for the manager and RI to ensure the efficient and safe running of the service. Two senior care staff have been appointed to deputise in the manager's absence, and a deputy manager post is being advertised.

The RI has produced reports demonstrating they regularly visit and monitor how the service is run, including gathering feedback from residents and staff. This information, combined with audits of the home and service, forms part of the RI's quality of care reporting twice a year. These reports show people are happy living there and with the care they receive. The RI has made improvements to the monitoring and audit systems in place for his oversight of the service, however evidence of management audits of medicines administration in the home was not available. This was discussed with the manager during the inspection, and we will follow up on audits, including medicines management, at the next routine inspection.

Summary of Non-Compliance			
Status	What each means		
New	This non-compliance was identified at this inspection.		
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.		
Not Achieved	Compliance was tested at this inspection and was not achieved.		
Achieved	Compliance was tested at this inspection and was achieved.		

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)			
Regulation	Summary	Status	
N/A	No non-compliance of this type was identified at this inspection	N/A	

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement				
Regulation	Summary	Status		

N/A	No non-compliance of this type was identified at this	N/A
	inspection	

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