



Inspection Report on

Park Lodge Residential Care Home

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

Date Inspection Completed

05/01/2024

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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	18 September 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort* to promoting the use of the Welsh language and culture.

Summary

The home is warm and welcoming, and improvements have been made to the quality of care and support provided since the last inspection. People told us they like living there and are well looked after. Relatives we spoke to supported this. We saw staff are kind and attentive. The home is well maintained and communal areas have recently been redecorated. The service provider does not always ensure appropriate numbers of staff are in the home to support people effectively.

Information given to people about the service by the provider is inaccurate and does not reflect the service actually delivered in the home. The Responsible Individual (RI) has failed to adequately oversee and drive improvements required to ensure compliance with the Regulations at this inspection.

Well-being

People are able to choose how they live their lives day to day in the home. People told us they can have food and refreshments whenever they want them. We saw people are supported to move around the home and spend time where they wish throughout the day. Records show people's preferences for care and support are respected and followed by care staff. There are multiple menu options available to people for mealtimes. The manager told us alternative meals are made using fresh ingredients if people do not like what is available on a particular day. People's rooms are personalised with pictures, books and furniture belonging to them. Care staff are respectful and kind to people and support them in a way that maintains their dignity at all times. People told us they like living in the home and get the support they need when they want it. Information provided to people about the service is inaccurate and does not reflect the service being delivered currently. This places people at risk of harm to their well-being through being ill-informed when deciding whether to move to the service.

People are supported to do things that make them happy and keep them healthy. People told us they can access medical advice and treatment outside the home in a timely way. Records show health and social care professionals also visit the home regularly to provide support, advice, or treatment. We saw visitors are welcome throughout the day and we saw pictures of Christmas and New Year parties held in the home recently for residents and their families. During our inspection we saw people participating in activities together and going for trips out into the community with their visitors. There is a monthly programme of activities, both group and individual, which care staff provide every morning and afternoon. We saw people are encouraged to participate but can watch if they prefer.

People told us they feel safe in the home and this was supported by relatives we spoke to. However, records in the home indicate that improvements are required in the oversight of management of the home, including ensuring appropriately skilled and competent staff to deputise for the manager when they are not in the home.

Care and Support

Improvements have been made to the assessment and provision of care and support. Records show the manager follows the home's policies and procedures to ensure safe admissions to the home. Plans for people's care are written using information gathered from a variety of sources, including from professionals, people themselves, and their relatives or representatives. The personal plans we saw had adequate detail to instruct staff on how to care for people and were accompanied by appropriate and individualised risk assessments where required. The manager and RI have plans to introduce electronic care planning records later this year. The manager told us there are plans for improving the detail in personal plans. We saw personal plans are currently reviewed regularly and updated when required.

Care staff have a good rapport with people in the home and provide care and support as described in people's plans for their care. We observed care staff chatting with people and supporting them with individual tasks as well as group activities. Care staff were attentive, respectful, kind and engaged with people, who we saw smiling and chatting with care staff and each other; Welsh speaking residents were encouraged to chat together. We found care staff were friendly and approachable during the inspection visit. Relatives of people living in the home told us they feel welcome when they visit and staff know people well. People's preferences for care and support are respected by care staff. Care staff respond in a timely way when people ask for support with something. We saw care staff are also observant and proactively offer support where they see people may need it. The manager has introduced greater flexibility into existing routines in the home to ensure care staff can be flexible to people's needs and preferences for care. We saw people are well dressed and well-presented. People told us they feel well cared for; relatives we spoke to agree with this. People told us about support they have received from the home to attend hospital and dental appointments. A family member we spoke to told us their relative is safe in the home.

The manager monitors medication administration training and practice in the home and supports staff to ensure they are safely supporting people with their medications. The manager has recently completed competence checks for all staff who administer medication and records show all staff who require it have current training for this. There are policies and procedures in place to reduce the risk of infection in the home. Records show there are staff cleaning in the home daily and care staff use Personal Protective Equipment (PPE) appropriately when providing support to people.

Environment

The home is warm and welcoming and communal areas are comfortable with ample seating for people to use. The lounge and dining room have recently been redecorated, are clean, and bright. The manager has rearranged the layout of the dining room to provide more choice for people of where to eat their meals and who to socialise with at mealtimes. We saw this encouraged people to chat and socialise together whilst enjoying their food.

People told us they like their rooms and the RI showed us various redecoration and refurbishments works which have been underway since our last inspection. We saw people's rooms are personalised and homely and contain the furniture and equipment they require. The RI told us new beds are arriving in the home in the coming weeks. We saw bilingual signage being prepared for display to support Welsh speaking residents orientating themselves in the home.

The home and grounds are well maintained. We saw evidence of checks to fire safety equipment. We saw specialist equipment in the home is well maintained and serviced regularly. The RI visits the home regularly and takes responsibility for maintenance and health and safety audits and oversight of the home and grounds. Records do not reflect all actions identified and completed by the RI and service provider to maintain and improve the environment for people living in the home. Following our feedback, the RI is working to improve this.

Leadership and Management

The provider continues to invest in the service. A new manager and new care staff have been appointed since the last inspection, and we saw evidence of redecoration, new equipment and ongoing maintenance of the property and grounds.

The RI has not demonstrated consistent and robust oversight of the smooth running of the service. Records show the provider continues to gather feedback on people's experiences. We saw information provided to people and commissioners in the Service User Guide and Statement of Purpose remains inaccurate since our previous inspection and does not reflect the service being provided in the home. This is impacting on the RI's ability to effectively monitor the service in relation to the Statement of Purpose, as required by the regulations. It also places people's well-being at risk of harm from making poorly informed decisions in relation to the service available to them in the home. These issues remain areas for improvement and we expect the provider to take action. There is a lack of adequate evidence the RI actively monitors progress with addressing the outcomes of the last inspection and internal audits in a timely way to drive improvement in the home. This has resulted in ongoing non-compliance with the Regulations. Where providers fail to take priority action, we will take enforcement action.

The provider does not consistently ensure adequate numbers of appropriately trained staff are on site for each shift. The RI manages staffing rotas at present and uses permanent staff, bank staff, and the manager to fill gaps in the care staff rotas created through having too many staff on leave at the same time. We saw covering care shifts impacts on the manager's capacity to consistently meet their responsibilities in the home. Improvements have been made to the employment records and checks for new staff. Training records do not adequately demonstrate care staff appointed by the RI to deputise in the absence of the manager have achieved or maintained the skills, knowledge and understanding of the role. This has been raised previously with the RI and provider as requiring priority action. Where providers fail to take priority action, we will take enforcement action.

Staff members told us there is good communication between the manager and staff working in the home. We saw records of staff meetings and evidence of planned one to one supervision for care staff. The manager is approachable and motivated. People and their relatives confirmed this.

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
66	The RI must demonstrate they have a full understanding of the responsibilities of their role in overseeing the management, quality and effectiveness of the service. They must demonstrate their ability to ensure the service complies with the Regulations.	Not Achieved
72	The RI must demonstrate that senior staff appointed to deputise in the absence of the manager are suitably competent, knowledgeable, trained, and fully aware of the provider's policies and procedures to adequately demonstrate they have appropriate systems in place to ensure continuity of effective management in the home.	Not Achieved
35	The service provider has failed to sustain improvements in recruitment processes. The RI must	Achieved

	ensure the manager is involved in recruitment of all new staff at every stage and has a say in their appointment. They must also ensure that all applicants provide full information to support their application and have the skills required for their role.	
14	The service provider has failed to sustain improvements made to pre-assessment processes in the service. The RI must work within the roles and responsibilities previously agreed with the manager that will ensure safe and effective pre-assessment of people before their admission to the service.	Achieved
21	People's well-being is not protected, promoted or enhanced by the care provided in the service. The service provider must ensure care staff follow people's care plans. The service provider must ensure care staff provide care in a respectful, dignified way through meaningful interactions with people.	Achieved

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 inspection	N/A
19	The service provider has failed to provide people with accurate information about the service. The provider must ensure the service guide is accurate, provides all required information, is specific to the service, and reflects the service delivered.	Not Achieved
7	People are not provided with adequate and accurate information about the way the service is delivered. The service provider must ensure the Statement of Purpose is an accurate reflection of the service provided and contains all relevant information	Not Achieved

	required under the Regulations.	
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