

Monarch Consultants Limited

# Parkside Nursing Home

## Inspection report

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Date of inspection visit:  
07 April 2021

Date of publication:  
06 May 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Parkside Nursing Home is a care home that provides nursing and personal care for up to 50 people in one purpose-built building. At the time of the inspection 25 people lived at the home, including people living with dementia.

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

People were protected from the risk of abuse by staff who knew how to report safeguarding issues appropriately. The care home environment was safe, people's individual risks were assessed, and action taken to reduce them. There were enough staff to meet people's assessed care needs.

People's prescribed medicines were managed in a safe manner and the provider's infection prevention and control measures reduced the risk of the spread of health infections. When things occasionally went wrong, lessons were learned, and the learning was shared openly.

People's individual care plans were informative, concise, and accessible to the staff who used them as a guide. Individuals, or their families, were involved in decisions about their care where possible. Referrals were made to community health services when needed and the care staff worked well with other agencies.

People enjoyed the food and there were always drinks and snacks available. Staff were appropriately trained to meet people's care needs. The care home environment met people's needs and was being further refurbished. Where people lacked the mental capacity to make certain decisions, appropriate best interest processes had been undertaken.

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.

People received personalised support and staff were creative when they supported people's communication needs. Staff had helped people to maintain contact with their loved ones during the COVID-19 pandemic and the care home had followed government guidance on safe visiting. Compassionate end of life care was provided by staff.

People were supported to achieve good outcomes. Staff were well supported by the registered manager, who had an open approach to people. When serious incidents occurred, the registered manager investigated them thoroughly and shared the findings with relevant people.

The provider's quality assurance processes were effective and well embedded. Improvements had been made as a result of the provider's quality audits of the service. The service had a continuous improvement plan in place. Staff told us they enjoyed working at the care home and that morale was high.

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 28 September 2020).

This service has been in Special Measures since 26 November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned focussed inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection, for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkside Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Parkside Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, a Specialist Nurse Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The site visit was carried out by the inspector and the Specialist Nurse Advisor. The Expert by Experience contacted relatives and friends of the people, who lived at the care home, to obtain their feedback on the service.

#### Service and service type

Parkside Nursing 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 the inspection

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.

We reviewed information we had received about the service since the last inspection. We reviewed feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

### During the inspection

We spoke with three people who used the service and observed the general interactions between staff and the people they were supporting. We spoke with eight members of staff including registered manager, regional manager, nurse, nurse support, care assistant, administrative worker and maintenance worker. We reviewed medicine records and looked at the infection prevention and control measures which the provider had in place.

### After the inspection

We reviewed five people's care plans and risk assessments, in whole or in part. We received feedback, by email, from five staff members and three external community professionals. The Expert by Experience spoke on the telephone with ten relatives of people who used the service.

A variety of records relating to the management of the service, including policies and procedures, were also reviewed. We looked at training and quality assurance data and continued to seek clarification from the provider to validate evidence 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. For example, following an incident, the provider had acted to support a person to move into a more suitable area of the care home. That had been positive for the person, and the other people who lived at the care home.
- Care staff had received safeguarding training, were aware of the safeguarding procedure, and knew how to use it. There were safeguarding adults' policies in place, which care staff accessed.
- People told us they felt safe. For example, a relative told us, "I think [relative] is safe. I am governed by what they say. They are not going to come to harm."
- The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. These arrangements ensured people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- People's individual risks were regularly assessed, and measures put in place to reduce risks where possible. Assessments were carried out using nationally recognised assessment tools. This helped to ensure people were protected from avoidable risks.
- People were referred to specialist healthcare support teams when required and advice received was followed by care staff. For example, advice on the dietary needs of people who may be at risk of choking. This helped to reduce potential risks to people.
- People who had mobility support needs were safely supported by staff. We observed staff moving people safely using appropriate equipment.
- The care home environment was safe. Since the last inspection the provider had completed improvement work in respect of fire safety and the prevention of potential legionella infections.
- Routine safety checks were regularly carried out. This helped to ensure the care home environment remained safe.
- Staff knew how to support people in an emergency. Care staff had received fire safety training and personal emergency evacuation plans were in place, so people could be supported to safely exit the care home in an emergency.

Staffing and recruitment

- People were supported by enough staff to meet their assessed needs, and in line with the provider's dependency assessment tool. A staff member told us, "We are always staffed well and if any sickness comes up, we have a member of staff that is on call."
- The provider had an effective recruitment policy and procedure in place. The provider's pre-employment

checks helped ensure people were supported by suitable staff.

- People were generally supported by staff they knew. The provider had developed a stable staff team and had reduced the use of agency care staff. Agency nurses were still sometimes used, but the provider aimed to use the same agency nurses, so they became familiar with people's care needs.
- Agency staff were safely recruited. The provider ensured appropriate pre-employment checks had been carried out by the agency. Those details were held on file at the care home. That helped to ensure agency care staff were safe to work with vulnerable people.

#### Using medicines safely

- Medicines were managed safely. We observed people's prescribed medicines being administered safely by suitably trained staff. Minor issues identified during the inspection were raised with the registered manager who immediately took action to address them. This helped ensure medicines continued to be stored and managed safely.
- When people's care needs indicated they required their prescribed medicines to be administered covertly, the care plan was clear and concise. Arrangements were regularly reviewed and had been authorised by the individual's GP.
- Medicines audits were carried out. The registered manager identified any errors and formally discussed them with the staff member concerned. Those open discussions helped ensure medicines management was safe and the likelihood for error reduced.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Lessons were learned from incidents. The registered manager reviewed all incidents to identify themes. Those reviews were shared with care staff, and partner organisations.

# 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 Inadequate. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our previous inspection the provider had failed to ensure people were provided with safe care and treatment. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- Risks associated with eating, such as choking, were managed safely. People's weight was regularly monitored, and appropriate action taken when any concerns were identified.
- People told us they liked the food they were offered. One person told us, "I like a nice cup of tea and the cakes we have here." Another person told us, "The food is nicely done, although I don't eat much these days. But the food here is always nice."
- People had choices about what they ate. The provider ensured meal choices were available and there were also drinks and snacks available to people at all times. The provision of appetising meals and snacks encouraged people to eat and drink enough to be healthy.

Staff support: induction, training, skills and experience

At our previous inspection the provider had failed to ensure staff were competent to provide safe and effective care. This was a breach of regulation 18 (Staffing) 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 18.

- Staff were appropriately trained. The provider had a training matrix which demonstrated staff received the training necessary to enable them to fulfil their roles effectively.
- Staff put their training into practice. Staff supported people in a compassionate, caring and effective way. People were seen being well supported by staff who demonstrated they had developed the necessary skills to do so effectively.
- Staff competencies were regularly checked. The provider regularly checked staff members' competencies to carry out key care tasks. Where issues were identified we saw the provider arranged additional training and support to staff to gain competence and confidence.

## Ensuring consent to care and treatment in line with law and guidance

At our previous inspection the provider had failed to respect people's rights under the MCA. This was a breach of regulation 11 (Need for consent)) 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 11.

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. We found they were.

- People had appropriate mental capacity assessments in place within their care notes. They covered various aspects of their care support needs and demonstrated whether the person had the capacity to make decisions about those areas. People were supported to make their own decisions where they were able to.
- The provider had made the necessary applications to the local authority when it had been determined it was in a person's best interests to be deprived of some aspects of their liberty. For example, where it had been identified a person would not be safe if they left the building without being supported.

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

- People's care needs were comprehensively assessed. Nationally recognised assessment tools were used by the staff. This helped to ensure people's care needs were identified.
- People's health needs were supported effectively. People's care plans contained information about their health needs which was used by staff to ensure people received the right support.
- People received care and support at the intervals they required. The provider had a monitoring process in place which identified when any aspect of regular care had not been provided at the right time. The action taken ensured people received the right support.
- People, and their families, were involved in reviewing decisions about care. It was recognised the COVID-19 pandemic had made this more difficult, but we saw the provider had done this where possible.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external healthcare services when required. For example, people had been referred to the specialist nurse teams, opticians and GPs. Advice from those specialists was incorporated into care plans which guided staff on how to support people.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies. Feedback from external professionals was positive about the way the care staff, and registered manager, worked in partnership with them.

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

- The care home environment met people's needs. The provider had created different areas within the care home to safely and effectively support people with different types of needs.
- Parts of the care home had been refurbished. Some areas were undergoing further work, but we saw significant progress had been made since our previous inspection.

# 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 now improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure people were provided with person centred care and support. This was a breach of regulation 9 (Person centred care) 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 9.

- People's cultural needs and preferences were met. For example, care staff enabled a person to maintain their independence by supporting them to continue making elements of their own culturally important food and drinks. They also spent time learning key words in the person's preferred language to enable them to communicate more effectively with the person.
- People had been supported to maintain contact with their families. It was recognised that the COVID-19 pandemic had made that difficult, but the provider had supported contact through phone calls, video calls, social media posts and safe 'window' visits. The care home followed government guidance on care home visiting arrangements.

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

- People were provided with support that met their needs and preferences. People had personalised care plans in place, which reflected their current care needs. This meant staff knew how to meet people's support needs.
- People received personalised support. An external professional told us, "[Staff] were accommodating with a service user who could not speak English, had cultural and behavioural needs, alongside dementia. The home was the only home to recognise this and personalise the care to meet those needs."
- Care workers were attentive to people's changing needs. A care staff told us, "We have handovers between shifts and, when things change, we are told and it is also in their daily notes." This helped ensure support continued to meet people's needs.

End of life care and support

- People received compassionate care at the end of their lives. Where appropriate, people had end of life care plans in place. This helped to ensure people received the support they preferred at the end of their lives.
- Staff received training in how to support people at the end of their lives. This helped to ensure staff were

competent, and felt confident, when supporting people and their families at that difficult time.

#### 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.

- Peoples communication needs were supported. A community professional told us the staff, "...went above and beyond, working alongside myself and family to ensure the person's needs were met, from food, communication and a TV box in the person's language."
- Information was provided in accessible formats. For example, activity schedules were created using pictures as well as words to help people understand the choices that were on offer.

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

- The registered manager improved care in response to concerns being identified. An external social care professional told us, "They have completed very thorough root cause analysis reports for the safeguarding referrals received, which were very helpful in investigating the concerns raised and clearly highlighted where there had been omissions."
- The provider had an effective complaints procedure in place. When things occasionally went wrong the registered manager had an open and transparent approach to dealing with complaints.

# 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 now 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.

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

- People achieved good outcomes. For example, a person had moved into the care home as an end of life placement. However, the support they received at the care home enabled their health to stabilise and gradually improve.
- The culture of the service was positive. Staff told us the registered manager was approachable and listened. One staff member told us, "I feel I can go to management with any concerns and these would be looked into."
- Staff understood what they needed to do. A staff member told us, "We have a really good team, we all get on through all departments and all work as a team." The registered manager, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care.

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, and acted on, their duty of candour responsibility by contacting relatives, after incidents involving family members occurred. This ensured relatives were notified of the incident and made aware of the causes and outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements in the provider's quality monitoring processes had been sustained since the previous inspection. Quality audits were conducted regularly and had led to improvements being implemented.
- Management checks on the care provided were regularly carried out. The registered manager reviewed care notes each day and carried out regular spot checks to observe how staff provided care for people. That meant the registered manager was assured people received the care they required.
- All the staff we spoke with understood their roles within the service and the registered manager had a good understanding of regulatory requirements.

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

- People were routinely asked for feedback on the service. The provider sent out satisfaction surveys to residents, families and staff. Information from the surveys was reviewed for issues and trends, which were acted on to improve the service where necessary.

- People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This information was available to guide care staff and was supported by staff training.

#### Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure that people received good quality care and support.
- The registered manager was supported by the provider's quality monitoring processes which had resulted in the creation of a continuous improvement plan. We saw evidence of that plan being used.

#### Working in partnership with others

- The registered manager and care staff worked in partnership with other professionals and agencies, such as GPs and community health services to ensure people received the care and support they needed.
- The registered manager worked in partnership with people and their relatives, through regular communication, to ensure that people's views about the care being provided was listened to.