

Pridell Care Limited

# Care at Parkside

## Inspection report

6-8 Edward Street  
Oldham  
Lancashire  
OL9 7QW

Tel: 01616246113

Date of inspection visit:  
06 February 2018  
07 February 2018

Date of publication:  
26 March 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Care at Parkside is a care home that provides 24-hour residential care for up to 24 people. At the time of our inspection there were 18 people living at the 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 home is situated approximately one mile from the centre of Oldham. It is a large detached building which has been extended to the rear of the property and provides accommodation over two floors. It has a garden to the front and rear of the property and a small car park.

This was an unannounced inspection which took place on 6 and 7 February 2018. We last inspected the service in October 2016. At that inspection we rated the service 'Requires Improvement' overall. We identified two regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. These were in relation to risk assessments, poor staff induction and lack of nutritional and diabetes care plans.

At this inspection we found that staff now received an adequate induction programme. However, we found that improvements had not been made in the other areas, as we again identified concerns in relation to risk assessments and lack of up-to-date nutritional and diabetes care plans. At this inspection we also identified concerns in relation to medicines, infection control, maintenance of the premises and fire safety. This meant there was a continued breach Regulations 12 and 17 of the Health and Social Care Act (2008) Regulated Activities 2014 and a breach of Regulation 15 of the Health and Social Care Act (2008) Regulated Activities 2014. Where regulations have been breached information regarding these breaches is at the back of this report. Where we have identified a breach of regulation which is more serious we will make sure action is taken. We will report on this when it is complete. Where providers are not meeting the fundamental standards we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service. When we propose to take enforcement action our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

We have made one recommendation. This is in relation to the accurate documentation of people's food intake.

The service did not have a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left the service in February 2017. The deputy manager had recently started the process of applying to become the registered manager. We are dealing with this matter outside of the inspection process.

There were systems in place to help safeguard people from abuse. Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. At the time of our inspection, although there were sufficient staff to respond to people's needs during the day, we found there were occasions when no staff trained in medicines administration were available during the night.

We found concerns around fire safety. Following our inspection we referred the service to Great Manchester Fire and Rescue Service, who carried out their own inspection of the property.

Although the communal areas were clean and the furnishings and decoration were in good condition, we found some areas, such as the bathroom and downstairs toilet, and some bedrooms, where maintenance and cleaning was needed. Infection prevention and control measures were not fully implemented in order to protect people from the risk of infection. Checks on services and equipment were not all up-to-date.

Medicines were stored safely. We found that some medicines administration records did not have photographs of the person. These can help minimise the possibility of a medicines administration error. Medicines records did not contain information to guide staff when administering 'when required' medicines. This could increase the risk that such medicines were not administered in response to a person's need for them.

Although some risk assessments were in place, we found that some people did not have risk assessments for specific risks, such as for smoking or for the use of oxygen. This meant the service had not considered measures that might be needed to keep people safe in these circumstances.

New staff received an induction and staff received regular training and supervision. This ensured they had the skills and training to carry out their roles.

Staff encouraged people to make choices where they were able. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

We received a mixed response when we asked people about the quality of food. However, we found there was a choice of food on offer. People had their weight monitored regularly.

People had care and support plans in place to guide staff on the care people required. However, we found some people lacked care plans for specific conditions, such as for diabetes and for the use of oxygen. This meant there was no guidance available for staff on these matters.

There were some quality assurance processes in place, such as annual, biannual and monthly audits. However, these had failed to identify the concerns we found at this inspection.

The service had failed to notify the Care Quality Commission (CQC) about DoLS which had been authorised and a police incident. This is a requirement of their registration with the CQC. We are dealing with this matter outside of the inspection process.

The home had failed to display the rating from our previous inspection so that it was visible to the public. We are dealing with this matter outside of the inspection process.

## 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 not consistently safe.

Arrangements were in place to safeguard people from harm and staff had received training in safeguarding matters.

Although communal areas were clean and appropriately decorated, some parts of the home were in need of maintenance. Good infection control practices had not always been followed.

We identified concerns around fire safety.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had received training and regular supervision.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of food. People had their weight monitored regularly.

**Good** ●

### Is the service caring?

The service was caring.

People's dignity and privacy were respected.

We saw positive and caring interactions between staff and people who used the service.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

People were supported by staff to take part in some activities.

**Requires Improvement** ●

Although people had care and support plans in place, some of these were not always accurate. There were no care plans for specific things, such as to guide staff on supporting someone with diabetes and the use of oxygen.

### **Is the service well-led?**

The service was not consistently well-led.

The service had not made the improvements required since our previous inspection. Quality assurance processes had not identified areas of concern we found during this inspection.

The rating from our previous inspection was not displayed in the home and we had not been notified about DoLS which had been approved and a police incident. This is a requirement of the providers registration with the CQC

**Requires Improvement**



# Care at Parkside

## 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 was an unannounced inspection which took place on 6 and 7 January 2018. The first day of the inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service or caring for someone who uses this type of care service. On the second day one adult social care inspector returned to the service to complete the inspection.

Before the inspection we reviewed information we held about the service. We looked at the Provider Information Return (PIR), although this had been completed in April 2016 and we had not requested a more up-to-date one since. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

Prior to the inspection we contacted the local authority to ask if they had any concerns about the service, which they did not. We also reviewed a recent infection control audit which had been carried out by the public health department of Oldham Council.

During our visit we spoke with the owner, two care assistants, six people who used the service and two relatives. We looked around the home checking on the condition of the communal areas, toilets and bathrooms, kitchen and laundry. We also looked in several bedrooms after we had received permission to enter them. We spent time observing a lunchtime meal and the administration of medicines.

As part of the inspection we reviewed the care records of three people living at the home. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision records, weight records, three staff personnel files, medicine administration records, audits, meeting minutes and maintenance and servicing records.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt safe living at Care at Parkside. One person who lived at the home commented, "I'm very safe here, they look after me well." A relative said, "I like my Mum being here because I know she's safe." The service had a safeguarding policy to guide staff on best practice and all staff had received training in safeguarding. All safeguarding incidents were investigated internally and reported to the local authority safeguarding team so that they could carry out any necessary investigations themselves.

We looked at the systems in place to protect staff and people who used the service from the risk of fire. We found some concerns in this area. During our tour of the building we found the fire exit from the smoking room was locked. We were told this door was normally locked at night when the room was not used, but opened first thing in the morning. However, on the first day of our inspection it had not been unlocked. We asked for the door to be unlocked immediately, which it was. Another fire exit was locked by a bolt which we found to be seized up. We were unable to open it. We requested that the owner attend to the bolt so that it could be easily pulled back and the door opened. This was done during our inspection. Since our inspection this door has been re-classified by Greater Manchester Fire and Rescue Service, and is no longer a fire exit. One fire exit had wheelchairs stored in front of it and another had plastic garden chairs immediately outside the exit. These would hinder any evacuation of the building in the event of a fire. We asked for these to be removed, which they were. The service had a fire risk assessment. However, this had not been reviewed since September 2015. Since our inspection the fire risk assessment has been renewed. There were no risk assessments in relation to people using the smoking room.

Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency, and contain information about their mobility.

The electrical fixed wiring check, which should be carried out every five years, was last completed in September 2012. Fire fighting equipment, such as extinguishers and the alarm system were regularly checked. However, the annual servicing of the fire alarm was out-of-date. Following our inspection we received confirmation that both the electrical fixed wiring check and the servicing of the fire alarm had been completed. Staff had received recent training in fire safety and regular fire drills were carried out.

Because of our concerns about fire safety in the home we contacted the Greater Manchester Fire and Rescue Service to request a visit. They carried out their own inspection of the service on 8 February 2018. They have issued the service with an action plan.

The issues we found in relation to fire safety demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We looked round all areas of the home to check on the maintenance and cleanliness of the building. We found the communal rooms were clean, free from unpleasant odours and suitably furnished with good

quality chairs and tables. The walls were nicely decorated and photographs and pictures were displayed. Radiators were covered, which minimised the risk people could burn or scald themselves if they touched or fell against them. However, there were some areas of the home where maintenance and cleaning were required and furnishings were outdated and needed replacing. For example, the tiling in the downstairs bathroom was mouldy around the shower area and the side of the bath was loose. In one bedroom the curtain pole was coming off the wall and in a downstairs toilet there was a hole in the wall behind the toilet bowl. The toilet bowl in one bedroom was heavily stained, despite previous attempts to remove the stains with bleach. Some carpets were stained and the lino covering a ramp in the dining room was peeling off at the edges. The carpet in one bedroom was very malodorous. This was scheduled to be replaced with slip-free flooring during March/April 2018. We found that in two bedrooms there were exposed electrical wires covered with insulating tape protruding out of the wall where light fittings had been removed. This was unsightly.

Failure to adequately maintain areas of the home was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

The home was secure. The entrance was kept locked and people could not enter the building without being let in by a member of staff. There was a 'signing in' book for visitors. This ensured staff were aware of who was in the building at any one time. On the first day of our inspection we noticed that the padlock used to secure the 'COSHH' (control of substances hazardous to health) room was not locked. This meant there was the possibility people had access to chemicals or other substances which could put their health at risk.

We looked at what systems were in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels and posters were displayed which showed the correct hand washing technique. However, during our observation of medicines administration we saw a care assistant administer eye drops to a person without washing their hands before or after the task, or without using hand gel to decontaminate their hands. This put the person at risk of acquiring an infection. The downstairs shower room and downstairs toilet did not have pedal bins. This meant people could not dispose of soiled items without the risk of contaminating their hands. We asked for these to be provided. There was an adequate supply of personal protective equipment such as disposable aprons and gloves. However, during our observation of the lunchtime meal on the first day of our inspection we saw that two of the staff helped serve food without wearing aprons. This is contrary to good infection control practice.

Cleaning equipment such as mops and buckets were colour-coded to minimise the risk of germs being spread across different areas during routine cleaning. However, we found mops were not stored correctly, as they were left in the cleaning buckets and not hung on the wall to dry. Wet mops encourage bacterial growth. We found toiletries and a plastic jug containing used disposable razors in the shower room. These should be locked away. We asked for them to be removed and stored securely. There was no separate hand washing facility in the laundry. Since our inspection a hand washing sink has been installed.

The issues we found in relation to infection prevention and control demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The kitchen had achieved a rating of five stars at the last food standards agency inspection in February 2017. This meant food ordering, storage and preparation were classed as 'very good'. At this inspection we found that the records of fridge and freezer temperatures were up-to-date and that cleaning schedules had been completed. However, we found the stove was not clean.



We checked to see if equipment and services, such as of the gas boiler, passenger lift, portable appliance testing (PAT) and hoists had been serviced. The lifts, hoists, gas and PAT testing had up-to-date service certificates. However, we found the legionella test certificate was out-of-date. Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. Since our inspection this check has been carried out.

We looked at how the service managed risks to people's health and safety. We checked three care files and found that risks, such as risk of falls and pressure sores had been assessed and reviewed regularly. However, we found that some specific risks had not been identified. For example, there were no risk assessments in place for people who smoked. Smoking risk assessments help a service identify that adequate precautions are in place to ensure people who smoke do so without putting themselves or others at risk. One person living at the home was receiving oxygen therapy. There was no risk assessment, or care plan, in place around the safe use of oxygen. We asked one member of staff what dose of oxygen the person should be receiving. We were told the dose, but when we checked the oxygen cylinder we found that the person was receiving a higher dose than they were prescribed. We immediately asked for the correct dose to be given. We have made a referral to the local safeguarding team about this matter.

Failure to adequately manage risks to people health and safety is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We looked at what staff were employed by the service. Day-to-day management of the home was carried out by the owner and his wife. There was also a deputy manager, senior care assistants, care assistants and a maintenance person. The cook had recently left the service. Cleaning and laundry were carried out by the care team. Normal staffing was one senior care assistant and two care assistants working during the day and two care assistants working during the night.

From our observations at the time of our inspection we found there to be sufficient staff to meet people's needs. However, we have commented about the lack of a senior care assistant working at night, and its implication for the safe administration of medicines, in the section about medicines management in this report.

We reviewed three staff files to check the recruitment process. The records we checked contained the appropriate documents, including photographic identification and Disclosure and Barring Service (DBS) checks. A DBS check helps a service to make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable adults and children.

We inspected the systems in place for the storage and management of medicines. Medicines were stored securely in a locked trolley within in a locked medicine's room. Some prescription medicines are controlled under the Misuse of Drugs legislation e.g. morphine, which means that stricter controls need to be applied to prevent them from being misused, obtained illegally and causing harm. We saw controlled drugs were appropriately and securely stored. We checked the stock balance of one controlled drug and saw that this was correct and that the controlled drugs book had been signed and witnessed after the administration of each controlled drug, which is the correct practice. The drug's fridge and medicine's room temperatures were recorded daily to ensure medicines were stored at the correct temperature to maintain their efficacy.

We reviewed the file containing the Medicines Administration Records (MARs) which contained information necessary for the safe administration of medicines, such as people's allergies and photographs of people receiving medicines. We found that six records did not have a photograph of the person. Some people were prescribed medicines to be given "when required", such as pain-relieving medicines or inhalers for

respiratory problems. When medicines are prescribed in this way special documentation is required which describes how staff recognise symptoms which would indicate if this medicine is needed and what dosage should be given. We found that this documentation was not in place.

Staff who administer medicines should be trained to do so and their competency checked. Senior carers who had received the appropriate training administered medicines during the day at Care at Parkside. However, we found that on two occasions each week there were no staff who were trained to administer medicines working during the night. People received their regular night-time medicines before the day staff went off duty at 22.00. However, if anyone needed 'when required' medicines, such as inhalers, there was no-one trained to administer them. We were told that where a person might be in need of a prescribed dose of paracetamol during the night this was left in a secure place in a medicines pot so that it could be given out if required. The service should refer to 'The handling of medicines in social care' by the Royal Pharmaceutical Society of Great Britain for guidance around this matter.

The concerns identified around the management of medicines demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

### Our findings

We looked at the training and supervision of staff. All new staff received an induction which covered a range of topics and gave them the basic knowledge required to commence working in a caring environment. A period of shadowing more experienced staff, where they gained confidence in their role, ensured new starters were competent before they were allowed to work unsupervised.

From reviewing the training schedule we saw that staff had undertaken training in a range of topics including, moving and handling, fire and safety, safeguarding, hand hygiene and dementia care. Training was provided both face-to-face and through e-learning courses. All staff had recently started an infection control course. All care staff had either completed, or were in the process of undertaking a National Vocational Qualification (NVQ) level two or three, in Health and Social Care.

From looking at the personnel files we saw that staff received formal supervision two or three times a year and an annual appraisal. Supervision meetings provide staff with an opportunity to discuss their progress and any learning and development needs they may have. However, we found that one person who had commenced their employment in August 2017 had not received any formal supervision since they started. We brought this to the attention of the owner.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. From reviewing the medication records we saw that one person, who lacked the mental capacity to choose for themselves, was receiving their medicines covertly; that is, hidden in food or drink. We saw that the correct procedure had been followed to ensure this was done in the person's best interests. During our inspection we saw that staff sought people's consent before undertaking any care or support task.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were two people living at the home with an authorised DoLS in place and one application awaiting authorisation from the local authority. It is a requirement that providers notify the CQC when they receive an authorisation of a DoLS. From reviewing our records we found that the service had not notified us of the two DoLS that had been authorised by the local authority. We have discussed this in the 'well-led' section of this report.

People living at Care at Parkside had access to external healthcare professionals, such as community nurses and GPs. One relative told us; "She gets to see the chiropodist and dentist and she's had her eyes tested and got new spectacles."

Where people were identified as having a poor diet or fluid intake they were commenced on a nutrition

chart to record how much they ate and drank. Although these contained details of what food people had eaten there was no record of the amount. This meant they did not give a clear picture of people's dietary intake.

We recommend that the provider devise food charts which clearly indicate the type and amount of food offered and details of the amount eaten.

We received a mixed response when we asked people what they felt about the quality of the food. Comments included; "The food's very good and we get plenty"; "The food is good, a cooked breakfast, light lunch and a bigger meal at tea. (Name) needs prompting to eat. I'm going to miss it when I go home, I've been waited on hand and foot. We can ask for a drink or a biscuit any time"; " One relative said "I've never seen the food but when they've had the odd do, it's always a very nice buffet. To us, it's like home from home really" and another commented, "I've not seen the food but I'm happy with how she looks. She's doing really well."

We spoke with the cook, who had recently started working full-time in the kitchen, having previously worked part-time as a cook and part-time as the maintenance person. They told us they were keen to provide food that people enjoyed and showed us lists of foods that people liked and disliked and recipe books they used to cook nutritious meals. One person living at the home preferred 'finger foods.' The cook told us how they had used the internet to search for ideas about making this type of diet more varied and nutritious.

We observed lunchtime in the dining room on the first day of our inspection. The tables were set out with placemats and cutlery. Throughout the meal there was a calm and relaxed atmosphere. Staff kept a close eye on everyone and prompted people who did not appear to be eating. Only one person required help with their food and this was done at their own pace. Condiments were brought to anyone who asked for them.

During our inspection we looked around the home to see how it had been adapted for the people living there. There was a passenger lift and a stair lift available to help people access the upper floor and downstairs there were ramps so that people in wheelchairs could be moved safely. Some measures had been taken to make the environment 'dementia-friendly'. These included pictures and words on signs for the bathrooms, showers, toilets and communal rooms. Bedrooms we viewed had been personalised with photographs, furniture and other personal effects. The home had two lounges, a dining room and a smoking room, which provided people with suitable spaces to relax. There was a large garden to the front of the property which contained shrubs and a raised enclosed garden which contained shrubs and trees at the rear. However, access to this area would be difficult for people with mobility problems. We were told that the majority of people who wanted to sit outside used the small 'yard' area outside the smoking room.

## Is the service caring?

### Our findings

We received positive comments from people living at the home and relatives about how staff cared for people at Care at Parkside. Comments included; "They really look after her well. In fact, they look after both of us really well even though I'm only here until I can go home again"; "The care staff here are fantastic with [relative], they're brilliant; "Staff are all lovely with them. They're all very nice"; "Staff are alright, they have good and bad days just like the rest of us, but I'm looked after very well if you take the good with the bad"; "Furnishings and décor are a little tired. The care makes up for this we feel"; "We're all well looked after here."

The service had a policy about 'Service Users Rights and Choices', which covered information about protecting people's privacy and dignity and promoting choice and independence. All staff received mandatory training in privacy and dignity. From our observations during the inspection we saw that staff supported and cared for people in a patient and respectful manner and we saw caring interactions between staff and people living at the home. It was noted that staff called all the people they were caring for by their first names or preferred names.

We saw that people in the home looked cared for and we found everyone to be appropriately and warmly dressed. One relative told us "(Relative's) always clean and she's happy."

People were able to choose what they wanted to do, such as the times they got up or went to bed. One person commented; "I've had a lie-in this morning so just having my breakfast. They don't mind at all and I can still have whatever I want to eat". A care assistant told us; "There's no regime here, they can have anything they want when they want. Anything – get up, go to bed, meals. We do have provisional times for meals but that's all they are." However, one person commented; "I like to have a drink when I want one, but it depends on which staff are on. Sometimes they say you'll have to wait until lunchtime or whatever, even though it might be quarter of an hour before."

One person was supported to care for their urinary catheter. We saw that detailed information about what staff should do, for example to change the catheter bag, was displayed on the wardrobe door in the person's room. Although this meant the information was easily available for staff, it could also be read by relatives and visitors. This did not respect the person's privacy and dignity.

We noticed a poster explaining the introduction of new arrangements for people visiting their family or friends. The provider told us that in order to protect the privacy and dignity of people living at the home they had decided to restrict access to the main part of the home. Visitors were asked to see their relative or friend in a designated lounge or in the person's bedroom and not walk through the dining room or go into the main lounge or smoke room. As this had only recently been introduced, we were unable to establish people's views on it, although one person told us they had not been informed of the new visiting arrangements. However, the owner told us they had not received any complaints about it.

A religious service was held every six weeks by a visiting priest, for those people with a Christian faith. There

was no-one living at the home with a non-Christian faith.

## Is the service responsive?

### Our findings

We looked at the care records of three people living at Care at Parkside. A pre-admission assessment was carried out either at the person's home or in hospital and information gathered used to develop care plans and risk assessments. Care records we viewed contained information to show how people were to be supported and cared for and care plans and risk assessments were reviewed monthly. During informal conversations with staff we saw that they spoke about individuals with knowledge of their backgrounds, likes and dislikes, as well as their current individual needs and behaviours

We found that information recorded in care plans was not always accurate. For example, one person's nutritional risk assessment indicated that they were at low risk of malnutrition and the assessment score indicated that they had a good appetite. However, their nutritional care plan stated '(name) does not have a good appetite.' This person had lost weight over the previous few months and there was no information on the nutritional care plan to say how their weight loss was being managed. This same person had a specific medical condition, yet there was no detailed care plan to assist staff in managing their health condition. One person was on continuous oxygen. However they did not have a care plan in place to guide staff on the amount of oxygen prescribed and any precautions necessary for the safe use of oxygen.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From our review of care files we saw that, where appropriate, consideration had been given to planning people's end of life care and information, such as funeral arrangements documented. Where needed, a Do Not Attempt Resuscitation (DNAR) request was on file. Where people were receiving 'end of life' care, the home care team were supported by the district nursing service.

Opinions were mixed about what activities were available to occupy people in a meaningful way. Comments included; "There's not much to do, I do a lot of sitting around. Sometimes we play dominoes which I enjoy or skittles. It just depends on the staff. I stay in here in the quiet lounge until lunchtime and then I sometimes go into the other lounge afterwards"; "We play carpet skittles, cards and dominoes and in the summer, we go across to the park. There was a lovely Christmas Party here, absolutely brilliant, and we had a lovely Christmas lunch at The Bridgewater. It was really good" and "It would be good if they had someone to take me out just once a week or something. There's not much to do. Don't get me wrong they have quizzes and play games but nothing I want to do. No detriment to anyone else here but I'd like to do something more intellectual. We never get a newspaper. I used to get one but I've not had one for a long time."

We were told that the service did not employ anyone specifically to organise activities and that it was the responsibility of all care staff to suggest ideas and encourage people to join in different activities. On the first day of our inspection one care assistant tried to encourage people to take part in a game of skittles, but very few people were interested.

Handover meetings were held so that information about changes to people's health or care needs could be

discussed. These meetings helped to ensure staff were kept informed about changes to people's health and well-being. All information discussed was recorded so that it was available for future reference.

The service had a complaints policy, which was on display in the entrance hallway. However, the service had not received any written complaints during 2017.



## Is the service well-led?

### Our findings

It is a requirement of a service's registration that they have a manager who has registered with the Care Quality Commission to manage the service. The home did not have a registered manager as the previous registered manager had left in February 2017. The owner told us they had tried to recruit to the post but had not been successful. However, the deputy manager had recently started the process of applying to become the registered manager. We are dealing with this matter outside of the inspection process.

We talked to the provider about their auditing schedule. A medication audit was carried out monthly. However, we found that this did not include a review of the MARs sheets to check that they had been completed correctly and to identify any gaps or errors. The provider told us they would add this check to the monthly medicines audit. A number of other audits were carried out either annually or bi-annually. These included checks on the standard of décor and furnishings, health and safety, care documentation and a mattress audit. Last year's mattress audit had identified that some were not in a suitable condition and four new mattresses and two new beds had been purchased by the provider.

At our last inspection in October 2016 we identified a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were insufficient quality assurance processes in place. During this inspection, we again found that quality assurance processes had not been robust and that the concerns we found had not been identified or dealt with by the management team. The concerns have been described in the relevant sections of this report, but include fire safety, infection control, managing risk, medicines management and condition of premises.

These demonstrate a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

Staff meetings were held every few months. These gave the provider opportunities to discuss important issues with staff and to gather feedback from them. Minutes from recent meetings showed discussions around training, cleaning and documentation. Some feedback about the service had been obtained through the use of a questionnaire which had been distributed to people who used the service/relatives and staff during July 2017. This showed the provider was pro-active in obtaining the opinions of people who used the service. The responses we saw were positive.

Registered providers must notify the CQC about certain events, such as serious injuries to people, incidents that are reported to the police, applications to deprive people of their liberty (DoLS) and the death of a person using the service. From reviewing our records we found that although we had been notified when a death had occurred at Care at Parkside, we had not been notified of either of the two DoLS authorisations, or a recent police incident.

This was a breach of Regulation 18 of the Registrations Regulations 2009. Notification of other incidents.

We discussed this matter with the provider, who has assured us they will submit any required notifications in

future.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them.

At this inspection we found that the rating from our last inspection was not on display in the home. We found a copy of the inspection report was kept in a folder in the hall way. However, the rating was not visibly displayed. We brought this to the attention of the home owner. We will deal with this matter outside of the inspection process.

The service had a statement of purpose. This document provided details about the home, including its facilities and philosophy of care. It provided information needed to help people and their relatives make an informed decision about the suitability of the service. However, we found that it needed updating, as it had last been reviewed in April 2016 and the organisation structure had changed since then. The service had a range of policies and procedures. These were kept in file in the dining room, where they were easily accessible to staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Some parts of the building were not adequately maintained.