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Parkside Lodge Residential Home

Inspection report

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Date of inspection visit:
15 May 2018
16 May 2018

Date of publication:
19 July 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Parkside Lodge residential home is a residential home for up to 20 people, at the time of our inspection there were 16 people living in the home. Accommodation is provided over three floors and communal areas include a sitting room and a dining room.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

People were protected by staff who received regular safeguarding training and knew how to recognise and report and concerns. Staff felt confident that the manager would respond to any concerns raised.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines.

Safe recruitment practices were followed. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. There were sufficient numbers of staff on duty to keep people safe and meet their needs.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of liberty Safeguards (DoLs) which apply to care homes. People's rights were upheld as the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards had been adhered to.

People spoke positively of the quality of the food. People's nutritional needs were assessed and those at risk were weighed on a monthly or weekly basis and referrals or advice was sought when needed. People's hydration needs were met.

Staff encouraged people to remain as independent as possible. Staff knew people well and they were treated in a dignified and respectful way.

People received responsive care which was personalised to their individual preferences. Staff knew the importance of ensuring that people were involved in the decisions regarding their care.

There were a range of audits and quality assurance systems in place to ensure people received quality care.

The homes had recently recruited a new manager. Currently the manager was fulfilling all the responsibilities of a registered manager while awaiting the outcome of their application.

Staff told us the home was well led and spoke positively of the manager. People and relatives also told us that the atmosphere within the home was more positive and relaxed since they started in post. The provider ensured that the necessary support was in place for the manager. The manager had submitted an application to the Care Quality Commission to become the registered manager.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Parkside Lodge Residential Home

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 comprehensive inspection took place on 15 and 16 May 2018 and was unannounced. The inspection team was made up of one inspector 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.

Prior to the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events that the provider is required to tell us about by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 13 people who lived at the home and one relative. We spoke with the acting manager and four care staff. We reviewed a range of records relating to people's care and how the home was managed. These included four care records and medicines records. We looked at staff training, support and employment records, audits, minutes of meetings with staff, complaints, policies and procedures and accident and incident reports.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us "I would tell any member of staff because I know they will tell the manager". People were cared for by staff who knew how to recognise the signs of possible abuse. Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe. Staff felt that internally reported signs of suspected abuse would be taken seriously and knew who to contact externally, should they feel their concerns had not been dealt with appropriately.

We spoke with people about staffing levels and one person told us "I have no concerns. All I have to do is press my bell and somebody comes to help me". People were not left waiting for assistance, staff were available and responded to people's needs in a timely way. For example there was a member of staff in the lounge area, when they saw someone wanted to get up from their chair they supported the person to do this and ensured that they used their walking aid. We reviewed this person's care plan and saw this contained information about them needing to be supported to use this mobility aid. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and checked. There were sufficient numbers of staff on duty to keep people safe and meet their needs. Staff told us they felt there were enough staff on duty. Shifts had been arranged to ensure that known absences were covered. The manager told us that they did not use agency staff as they liked to ensure that staff had a good understanding of people's needs and the care they needed.

Where risks to people were identified these had been assessed and actions were in place to mitigate them. For example, there were risk assessments regarding falls and for the moving and handling of people. These assessments detailed what equipment should be used and how to make the person more comfortable whilst being safely supported to move. We observed staff assisting people with their moving and handling need. Staff were careful to support people safely and explained to people what they were doing. Where people had experienced a fall an accident report was completed, which included a review of the incident and action to prevent a reoccurrence. The manager spoke with us about an example where a risk of falling had been identified and a sensor mat had been put in place to mitigate this risk. The risk assessment was reviewed as it was no longer effectively managing the risk of falls. On review the decision was made that the sensor mat would now be moved to a different location in the person's bedroom, this reduce the risk of further falls.

Medicines were stored appropriately. Medicines were locked away as appropriate; medicines were locked to reduce the risks of theft and misuse. Where refrigeration was required; temperatures had been logged and fell within guidelines that ensured the effectiveness of the medicines. Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed medicines being administered and staff doing this safely. The administration of medicines was recorded via Medicine Administration Records (MAR). We saw these and they had been correctly completed. The manager completed an observation of staff to ensure they were competent in the administration of medicines. We carried out a random check of the medicines stock and this matched the records kept.

Lessons were learned from accidents to ensure that the home continually improved. The manager reviewed the reports on accidents and incidents. There was also an audit of accidents and incidents which identified trends and patterns and action plans were put in place when needed. Staff also discussed incidents and concerns at supervision and at daily handover meetings. The manager spoke with us about incidents that they had learned from and which had brought about positive changes. For example, quality assurance systems had identified an issue around the maladministration of pain patches. Changes were made to this system which ensured that people received their medication as needed. These lessons were shared with staff at team meetings, supervision and staff handovers. There were emergency procedures in place for emergencies such as fire. Guidance was available for staff on how to manage these emergencies. Staff were aware of how they should respond in an emergency and took part in regular fire drills to maintain their knowledge. Fire safety equipment was regularly checked and serviced.

People are protected from the risk of infection. There were supplies of personal protective equipment such as gloves and aprons and staff wore personal protective equipment when needed. Hand wash was available throughout the home and we saw staff use this at various points throughout the day. The home was clean and there was a cleaning process in place to ensure the standard of cleanliness was maintained.

Good

Is the service effective?

Our findings

People and their families were involved in the assessment of people's physical, emotional and social needs which took place before someone moved into the home. Care records also included copies of assessments completed by referring health care professionals and these were used to inform care plans. This ensured that staff knew how people liked their care to be provided. Staff told us they also spent time building a good relationship with people's family to ensure that people and their loved ones felt valued and included.

Staff had undertaken appropriate training to ensure that they had to skills and competencies to meet people's needs. Staff spoke with us about the range of training they received which included safeguarding, food hygiene and equality and diversity training. They felt that they received the training they need to carry out their role effectively. New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. Staff had completed the provider's induction checklist which involved familiarisation with the layout of the building, policies and procedures and the call bell system. Staff confirmed that they had regular supervision and found this supportive. Staff were given supervision minutes which highlighted concerns or additional training which was required.

People's dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately on a monthly basis to monitor any changes in people's weight. The Malnutrition Universal Screening Tool (MUST) tool was used to promote best practice and identified if a person was malnourished or at risk of becoming malnourished. We reviewed care records and identified one person who was at risk of malnutrition, the desired outcome was to prevent further weight loss and promote weight gain. We saw that a record was kept of what they ate and how much they ate. This ensured that staff knew how much they were eating. Their weight was recorded each month and they were gaining a small amount of weight. The chef had information about people's dietary needs, including those who required special diets such as soft, pureed or diabetic. Full fat milk and cream were used to increase the calorific value of food so people had adequate nutrition if needed. We spoke with the chef and were told that the manager passed on information relating to dietary requirements when people moved to the home and this was updated with any changes. People could request smaller or larger portions depending on their appetite. The chef spent time speaking with people about their likes and sought feedback on the quality of meals at residents meetings. People's hydration needs were met and we saw people were offered regular hot and cold drinks throughout both days of our inspection.

People spoke positively about the food. We observed a lunchtime experience and saw that people were supported to have enough to eat, drink and maintain a balanced diet. People were offered a choice of drinks and the choice of where they preferred to eat their meal. Some chose to eat in the lounge, others in the dining area or in their room. Staff encouraged people to be as independent as possible with throughout their meal. Staff spoke with people through the lunchtime meal and had conversations about the food and also people's day to day lives.

People's health care needs were monitored and each person had a support plan regarding their health care, which was reviewed each month. People told us they saw healthcare professionals, such as a doctor or

dentist, when they needed. Staff worked in collaboration with professionals such as doctors and the district nurse teams to ensure advice was taken when needed and people's needs were met. People's healthcare appointments were recorded in a diary which acted as a reminder to staff when appointments were due.

The Mental Capacity Act (MCA) 2005 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there had been no applications made for people. The manager spoke with us about how they would respond if an application needed to be made. They also told us that if they needed any additional advice or guidance they would contact the group manager of the local authority to ensure they followed the correct process.

Good

Is the service caring?

Our findings

People spoke positively of the caring manner of staff and the homely atmosphere. People told us, "I would like to be at home, but I can't manage, and this is now home for me and I am very happy here" and I have a nice room, good food, kind staff and am very happy here", "This is a very nice home" and "The staff are very kind, and nobody loses their temper".

We spent time observing care practices in the communal area of the home. People's privacy was promoted by the staff. We observed staff knocking and waiting before entering people's bedrooms.
We saw staff kneeling down when talking to people so that they were at the same eye level. Staff told us they focused on ensuring people were treated in a respectful and dignified way. Throughout our inspection we observed people's hair was brushed, that they were wearing glasses as needed, hearing aids were in place and watches were set at the correct time.

People appeared comfortable with staff and enjoyed interacting with them. We saw staff hold people's hands when reassurance was needed. People were gently and kindly encouraged when walking from one room to another. One person told us "The staff are all very kind from the cleaner to the manager". Staff knew which people needed equipment such as walking frames to support their independence and ensured this was provided when they needed it. We saw that staff were gentle and friendly when they spoke with people and were quick to respond to requests in a kind and pleasant manner. We saw that people's care plans contained guidance which reminded staff to promote people's independence. People's care plans detailed daily living tasks and whether people could carry these out independently or if support was needed. The manager spoke with us about their plans to introduce a snack station on each floor. Each station would have a selection of snack such as fruit and biscuits to encourage people to feel as though they were at home and able to select a snack for themselves without support from staff.

Relatives told us that they felt involved in the care their family member received and that they had regular reviews with the manager. There was information in people's care plans about their background and preferences in their daily lives so staff had information about people's individual lifestyle. The manager spoke with us about her focus on ensuring that people did not experience discrimination in relation to the Equality and Human Rights Act 2010. They ensured that through the assessment process they gathered information which related to people's backgrounds and cultural needs. The manager told us that she planned to expand on the life history information they gathered to ensure the care they provided was as personalised as possible. The manager told us their aim was to provide "outstanding care" for people and that this life history information was central to providing this standard of care.
Family and friends could visit people without restriction. Relatives told us that staff were always welcoming and happy to spend time speaking with them about their family members. Staff told us it was important for people's spiritual needs to be met and people could attend local religious services. The manager told us that this was an area they were focusing on and were making links for a local minister to visit the home. This was to ensure that people religious and spiritual needs were met.

Good

Is the service responsive?

Our findings

People told us they received care which was personalised to them and that staff knew how they liked to be supported. One person told us, "They know me so well" and another said, "I have a nice room, good food, kind staff and am very happy here". People's care plans contained information about their individual preferences, needs and health concerns. Care plans also contained information on people's life history which gave staff information about the person's life before they moved into the home. Care plans also included information on people's key relationships, preferences, social and physical needs. Where appropriate people had a Do Not Attempt Resuscitation (DNAR) orders in place at the front of their care plan. A DNAR is a legal order which tells medical professionals not to perform cardiopulmonary resuscitation on a person. Care plans were reviewed monthly or more often if needed. The new manager in post told us she plans to review and update everyone's care plans to ensure that information is easy for care staff to access. Staff told us they found care plans helpful and that any change to the support people needed was discussed at the daily staff handover.

Some people had come to the home for a short stay and then decided that they would prefer to stay permanently rather than return home. One person told us "it's the best thing I have done, and my family are very happy I decided to stay". Staff knew people well and understood how they liked to be supported. Life history information allowed staff to have a good understanding of people which enhanced the personalised care which people received. The manager spoke with us about the importance of life history information and her focus on ensuring they have as full as history as people are comfortable sharing with them. She felt that this would improve the level of personalised care which they offered people particularly in relation to end of life care.

We saw that daily records were kept in individual diaries for each person. These recorded what the person had to eat, what support had been offered and accepted. The diaries also recorded changes to medicine, any concerns and what action had been taken by staff. This ensured the person's needs could be monitored for any changes. The manager spoke with us about her plans to move people daily notes into their rooms to ensure that staff had easy access to them when supporting people and to allow people or relatives to read through these if needed.

People could make choices about the care they received. People's care plans reminded staff that people were to be encouraged to make choices in their daily life. A member of staff spoke with us and told us they try to encourage people to make choices about their daily routines. We saw that people were offered a choice of where they would like to spend their time and most people chose to spend their time in the lounge.

People said they had opportunities to give their views on the service and the provider actively sought people's views to improve the service so that it met people's needs and wishes. Relatives also said they felt able to raise concerns. Resident meetings took place and people enjoyed this opportunity to give feedback on areas such as menu choices. One person told us that they had feedback that they would like more pasta

and salad choices at meal times. We reviewed the menu and saw that on the day of our inspection one of the choices was a pasta dish.

Records were maintained of any complaints made along with details of any investigation, the outcome of this and any meetings with complainant. There were records of any learning and action plans to address any identified areas of improvement. Staff demonstrated an understanding of how to deal with a complaint. Staff told us they would pass a complaint on to the manager.

People's social and recreational needs were assessed. We spoke with a member of staff who told us that while they had an activities schedule in place they also liked to arrange activities around how people felt on the day. On the second day of our inspection we saw people within the lounge area playing a game of skittles. When people preferred to spend time in their rooms, staff would visit and interact with them. People would spend time speaking with staff, reading a book and playing a game together. Events such as garden fetes took place at the home. We saw that an afternoon tea had been arranged to celebrate the royal wedding and each person had received a personalised invitation to attend. People's care plans contained information about their interests before they moved to the home and this ensured that staff could offer activities which they would enjoy. The activities coordinator also kept an activities diary which recorded what activities people had taken part in. Staff spoke with people and their relatives to find out what they enjoyed doing. We spoke with a relative who told us that their family member had able to bring their budgie with them to the home when they moved.

Staff also spent time building friendships between people and encouraging people to enjoy shared interests together. There were two people who enjoyed knitted and they regularly went to one another's rooms and spent time knitting together. We also observed people supporting and helping one another within the lounge area. For example, people would get one another a cold drink from the drinks station.

Good

Is the service well-led?

Our findings

Staff spoke positively of the manager and that she created a positive and motivating atmosphere within the home. Staff told us "She's got some great plans"; another said, "She's very approachable and calm. She knows what she wants for the home, there's a very calm atmosphere". The manager had submitted an application to the Care Quality Commission to become the 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives spoke positively of the new manager and the current atmosphere in the home. One relative told us "As a visitor, it is more relaxed. A lot of things have changed already for the better". Another told us "If I have any concerns, I will speak to the Manager who is very approachable". We reviewed thank you cards that the home had received. Some of the comments read "Thank you all for showing mum such love and affection". Another read "I am very grateful for the care and kindness you showed to mum while she was with you".

Staff told us they felt well supported by colleagues and management. One member of staff told us "It's almost like your extended family". Another said, "It's a good team, if I need help or anything everyone is there, the senior is very good, we get lots of encouragement". Staff said team meetings allowed them to communicate their views about the policies and procedures in the home as well as to discuss arrangements for meeting people's needs. They also said they were consulted about any proposed changes. Staff said they felt valued, that the manager was approachable and they felt able to raise anything which would be acted upon. Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously.

We spoke with the manager about their vision for the home and the focus on treating people as individuals. They told us "I want Parkside to be a place where people really live their lives they don't just exist". We just want them to be happy". She also told us "We want to provide the best quality of life and care. We want people to have choice and independence". Staff spoke with us about the vision and values of the home. We were told "This is their home and we want them to feel at home" and "it's about making it a happy home". These values were demonstrated by staff who told us the importance of treating people well and with respect and dignity. We observed these values when staff interacted with people.

The manager was focused on ensuring staff were positive and motivated, they told us "I'm so passionate about Parkside, the staff hear it constantly. It's all about involving them, for staff it's about being part of a team". The manager spoke with us about their action plan for the home and their plans to provide outstanding personalised care for people. Some of the actions included reviewing people's care records to ensure there were personalised and reflected people life history and developing staff champions within the home who would focus on areas such as medication, dignity and equality, human rights and diversity. She told us about her focus on getting staff involved in the planned improvements and quality assurance of the

home and said, "I want everybody it be involved". Other planned improvements included the use of technology to ensure that people maintain relationships with people who were important to them. For example, buying an IPad to encourage people to skype call their relatives who lived abroad. Links had also been made with the local community including local nurseries and schools to organised social days were children could visit and build relationships with people.

The provider had a quality assurance system in place to check and assess the safety and standard of the service provided to people. These included health safety, fire safety assessments and incident/accident audits. Risk assessments were also carried out of the environment and there were personal evacuation plans for each person so staff knew how to support people should the building need to be evacuated. Audits were also carried out on equipment. Specific incidents were recorded collectively such as falls, changing body weight and pressure areas, so any trends could be identified and appropriate action taken

As the manager was new in post they met weekly with the group manager to ensure that any gaps in knowledge were identified and support provided. They told us that this was a supportive relationship and they felt able to discuss any concerns which they had. A mentor had also been appointed to the manager to ensure they were up to date with best practise and were able to discuss any challenges the home may face. The group manager described the manager as "a positive role model for staff and as being "responsive to new ideas".