

# Community Integrated Care Parkside

## Inspection report

24 Parkside  
West Moor  
Newcastle Upon Tyne  
Tyne and Wear  
NE12 7EQ

Tel: 01912560482  
Website: [www.c-i-c.co.uk](http://www.c-i-c.co.uk)

Date of inspection visit:  
10 July 2017

Date of publication:  
24 August 2017

### 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

This inspection took place on 10 July 2017 and was unannounced. This meant the staff and provider did not know we would be visiting.

Parkside provides care and accommodation for up to four people with learning and physical disabilities. On the day of our inspection there were three people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in July 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

At the previous inspection we identified that staff did not always receive regular supervisions, and appraisals were overdue. During this inspection we found staff were suitably appraised and regular supervisions took place. Staff were suitably trained.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following legal requirements in respect of Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at

Parkside.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place and staff told us they enjoyed their role, and felt supported by the management team.

## 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 remains Good.

### Is the service effective?

Good ●

The service was Effective.

Staff were suitably trained, supervised and appraised in their role.

People were supported with their dietary needs.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 inspection took place on 10 July 2017 and was unannounced. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

People who used the service didn't use words to communicate, however, we observed interactions and gestures that people made. We contacted two family members and two advocates who had been involved with the service to gather feedback on behalf of people. We also spoke with the registered manager, the previous registered manager for the service, a team leader and two care staff.

We looked at the care records of the three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

# Is the service safe?

## Our findings

Family members we spoke with told us their relatives were safe at Parkside. They told us, "Yes, [name] is safe. So far everything has worked out fine" and "Perfectly safe."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Agency staff had been used by the service in the past, however, the registered manager told us agency staff had not been used for a long time. Staff we spoke with confirmed this and told us any absences were covered by the service's own permanent staff.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

The provider had an appropriate procedure in place for recording accidents and incidents, and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Electrical testing, gas servicing, portable appliance testing (PAT) and servicing of equipment in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) were all up to date. Weekly health and safety checks were carried out, which included hot water temperature testing, wheelchairs maintenance checks, and checks to identify any risks from infection. Records we saw were up to date.

Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, fire drills and fire alarm tests took place regularly, and people had Personal Emergency Evacuation Plans (PEEPs) in place.

The provider had a safeguarding adults policy, which included the definition of abuse, and the responsibilities of staff in the event of any incidents or allegations of abuse. We found the registered manager understood safeguarding procedures and staff had been trained in how to protect vulnerable people. The provider had a whistleblowing policy that was made available to all staff and a copy was posted on the service's noticeboard.

We found appropriate arrangements were in place for the safe administration and storage of medicines. The provider had a medication policy in place. Weekly medication audits were carried out, which included checks of administration procedures, ordering and receipt of medicines, storage, and recording. Any actions

identified during the audit were recorded. For example, the registered manager had ordered new thermometers to monitor the temperature of medicines stored in people's own bedrooms. Staff received annual competency checks, and staff training in the administration of medicines was up to date.

## Is the service effective?

### Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "[Name] has come on a treat since they've been there", "The care workers are really good" and "I find it's a great place for [name] to be." Advocates told us, "I was always really impressed" and "It has a very nice, homely feel to it."

At the previous inspection we identified that staff did not always receive regular supervisions, and appraisals were overdue. During this inspection we found staff were suitably appraised and regular supervisions took place. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff supervision sessions included a review of work objectives, training needs, personal development and comments from their supervisor and colleagues.

The majority of staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. Where training was due, we saw it had been identified and planned. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Staff we spoke with told us, "The training is very good" and their training was "up to date".

People were given choices about their food and drink and were asked if they were happy with the planned meal before staff began preparing it. Support plans described people's individual dietary needs. For example, one person had difficulty swallowing and chewing. A speech and language therapist (SALT) had been consulted about the person's dietary needs and their guidance was included in the person's support plan. Staff were directed to contact SALT if there were any changes to the person's dietary needs and the support plan would be reviewed. This meant people were supported with their dietary needs.

Staff were provided with information on people's communication needs and abilities, and these were clearly documented in the care records. For example, "[Name] needs to be given information clearly and slowly", "[Name] needs to be asked if they have understood" and "If [name] has not understood, explain the information again or in a different way."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the



principles of the MCA. DoLS applications had been submitted appropriately, mental capacity assessments had been completed for people and best interest decisions made for their care and treatment where applicable.

People who used the service had 'Hospital passports' in place, had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Care records contained evidence of visits to and from external specialists including GPs, community nurses, opticians, dentists, physiotherapists and speech and language therapists. A family member told us, "If they need doctors, anything like that, they don't hesitate."

# Is the service caring?

## Our findings

Family members we spoke with told us staff at Parkside were caring. They told us, "The quality of the care is good", "[Name] has three really good carers" and "Very caring."

We were given a tour of the home by the previous registered manager of the service, who still worked for the provider and was visiting the home at the time of our inspection. They asked people's permission for us to look in their bedrooms and people indicated that they were happy for us to do that. Bedrooms were individually decorated and designed based on the person's individual needs and likes, and we saw many photographs of relatives and social occasions in the bedrooms.

People looked comfortable in the presence of staff and were assisted by staff in a patient and friendly way. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. We saw people smiling and laughing, and were obviously enjoying the interactions.

People's care records described how staff were to promote dignity and respect people's privacy. For example, "Please ensure the clothes [name] wears remain presentable" and "[Name] prefers staff to wait outside the door [when using the toilet] and check on him frequently." Family members told us, "I think they are good at that [dignity and respect]" and "They do treat people with respect." We observed staff knocking on a bathroom door before entering and when one person was using the toilet, staff remained outside and knocked to ask the person if they were alright or needed assistance. Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

People who used the service were not able to care for themselves, however, care records described how staff were to support people to be as independent as possible. For example, one person was able to lift their arms up when putting on clothing or when personal care was being carried out, and staff were to encourage them to do this. Another person could mobilise around the home but needed staff support to do this.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us one of the people using the service at the time of our inspection had an independent advocate who was a regular visitor to the service.

We discussed end of life care with the registered manager. They told us people did not have end of life support plans in place as it was not appropriate to discuss this sensitive issue with people. However, the registered manager told us it would be discussed with family members if there was a need.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

## Is the service responsive?

### Our findings

People's needs were assessed before they started using the service and care records were regularly reviewed and evaluated. Review documentation included information on how the person had been involved in the review. For example, deciding when and where the review was to take place, who had been involved in the review, and whether they wanted to be the first person in the room before the meeting.

Care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. For example, each person's care record included important information about the person and documented what was important to them and how they wanted to be supported. Support plans were in place and included health, personal care, food and drink, personal safety, social participation and involvement, control over daily life, dignity, and finances.

Support plans included information on what the person wanted staff to know, what they wanted staff to do and whether any risks had been identified. For example, one person had a very specific routine in the morning and it was important to the person that they had a "positive start to the day". Staff we spoke with were aware of people's needs and preferences and were able to describe people's individual routines in detail.

Care records showed that people were offered choices about their daily lives and activities and documented what people had enjoyed doing and what was important to them. For example, "I love going to new places and meeting new people. My favourite places to visit are the theatre, hydropool, shopping centres and musical places such as the sound room" and "Music is very important to me."

Daily records were maintained for each person who used the service. These included information about which staff had supported the person that day, details of any appointments and a 'learning log', that recorded what had worked well or not so well during the day. For example, "[Name] really enjoyed the cinema." Records we saw were up to date.

We found the provider protected people from social isolation. The service had its own minibus so people could attend external events and activities. People's activities were planned based on their likes and needs, and people's 'Things I like' record described what people enjoyed. For example, musical shows, discos, nail painting, walking in the park, aromatherapy, and sensory equipment. We saw an aromatherapist was visiting the service later on the day of our inspection visit and a 'music man' visited on a Friday. The registered manager told us this entertainer knew the likes of each of the people who used the service so it was very personalised. Staff told us people enjoyed helping in the kitchen and we saw kitchen benches had been lowered so people could take part in activities such as cooking and baking.

The provider had a 'Comments, compliments and complaints' procedure in place. This described the procedure for making a complaint and how long the complainant would expect to wait for a response. There had not been any formal complaints recorded at the service but family members we spoke with told

us they were aware of how to make a complaint. A family member told us, "I've got no complaints."

# Is the service well-led?

## Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager was new in post and had recently registered with CQC. They told us as they were new to the service, their main aim was to ensure stability within the service and get to know their staff properly. They told us they attended the local network for registered managers, which they found informative, and plans were in place to establish a similar network for other senior staff. The registered manager told us they also attended the local care alliance meetings and were involved in the transforming care programme for people with learning disabilities.

The service had a positive culture that was person centred and inclusive. Staff told us they enjoyed their role and felt supported by the management team. They told us, "I love it", "They [management] are really good" and "They [management] are always there at the end of the phone." Family members expressed some concerns regarding recent changes in management and the lack of communication about the change with family members, but on the whole were positive about the service. They told us, "I'm very pleased with the service", "Communication is good, just not about the management situation" and "I'm reasonably happy. I've got good hopes for it."

Staff meetings took place regularly and the registered manager told us they were in the process of developing a new feedback tool for staff that would be carried out every six months to obtain feedback on the organisation, teamwork, support plans, and health and welfare.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The registered manager completed a monthly audit of the service, which included a review of staffing, health and safety, care records, medicines, mental capacity/DoLS records, finances, wellbeing, the environment, and events and incidents. Any identified issues were recorded on an action plan and were reviewed by the regional manager during their monthly visits to the service. The registered manager or team leader also completed daily checks during a walk around of the home.

An annual survey was sent out to staff and family members to gauge their opinions on the quality of the service. The most recent survey had just been completed. The registered manager told us family members had been invited to attend an afternoon tea party at the service later in the month and was going to arrange regular events where family members would be invited.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.

The service had good links with the local community. These included the local leisure centre and swimming pool, a local disco, and a local education centre where people took part in activities and could meet friends.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to

the Commission by law.