

Pridell Care Limited

Care at Parkside

Inspection report

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22 August 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care at Parkside is a residential care home providing accommodation and personal care for up to 24 people. At the time of our inspection there were 16 people living at the home.

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

Improvements were needed in the governance of the service to ensure the premises were properly maintained. Checks and audits had not picked up the concerns we found during our inspection. Oversight of the service has been found to be poor on five different Care Quality Commission (CQC) inspections over the last six years.

Improvements were needed in the maintenance and decoration of the building. Some areas of the home were poorly maintained and dirty. Staff did not always wear personal protective equipment (PPE) in line with current government guidance.

People told us they were happy living at Care at Parkside and with the care provided by staff, who knew them well. Staff understood safeguarding procedures. Risks to people's health had been assessed and were well managed. There were sufficient numbers of staff on duty to provide care promptly. The necessary employment checks had been completed, to ensure new staff were suitable to work with vulnerable people. Since our last inspection there had been an improvement in the management of medicines and this was now carried out safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had care plans and risk assessments in place and these had been regularly reviewed. The provision of meaningful activities was poor. People told us they did not have enough to do or to occupy themselves. We have made a recommendation about the provision of activities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 September 2021).

At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement.

Why we inspected

We undertook this inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which

contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care at Parkside on our website at www.cqc.org.uk.

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

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the maintenance and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Care at Parkside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a focussed inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to review the key questions of Safe, Responsive and Well-Led.

Inspection team

The inspection was carried out by an inspector, a medicines 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.

Service and service type

Care at Parkside is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Care at Parkside is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 17 August 2022 and finished on 24 August

2022. We visited the service on 17 and 22 August 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed feedback we had received from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We also spoke with the deputy manager and two care assistants.

We reviewed a range of records. This included three people's care records, ten medicine administration records and two staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection. These included audits, training and supervision records, health and safety checks and minutes of meetings.

We used all this information to plan our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We looked at infection control processes and procedures and observed staff practice. PPE was available throughout the home. However, we saw several staff not wearing face masks. Current government guidance is for staff working in care homes to wear face masks at all times. Some staff we spoke with were not aware of the current guidance.
- Some areas of the home were dirty, particularly skirting boards. The toilet frame in the downstairs toilet was rusty and dirty. The flooring was of poor quality, making it difficult to clean. We found a dirty hairbrush, a basket of toiletries and a razor in the downstairs shower room. The wall tiles were dirty and chipped and the radiator was dirty.

This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service followed current government guidance in relation to COVID-19 testing of staff and facilitating visits for people living at the home.

Assessing risk, safety monitoring and management

- Some areas of the home needed repair and redecoration. For example, several radiator covers were not adequately secured to the wall. Some wall lights were missing light bulbs as the fittings were old and replacement bulbs were not available. These were to be replaced. Some bedrooms did not have bedside lamps. Wallpaper was peeling off the walls in several places. There was a broken electricity socket in the hallway outside one of the lounges.
- Regular maintenance and fire safety checks had been completed. Annual bacterial water sampling for legionella bacteria had been completed. However, weekly flushing of taps in vacant rooms had not been completed. This should be done to prevent legionella bacteria developing in the water system. We have asked for this to be done in future.

This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was in the process of working through an action plan drawn up with the local authority following their own monitoring visit. This had identified some improvements were needed to ensure furniture and fittings were safe, including to ensure free standing wardrobes were secured to the walls. This

action plan has now been completed.

- Annual servicing of equipment was up to date.
- There were systems in place to minimise risks to people's safety and well-being. Care records included a range of risk assessments which identified potential risks and how these should be managed.

Using medicines safely

At our last inspection the provider had failed to maintain accurate medicines records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation, in relation to medicines records.

- Medicines were stored safely in a clean and tidy environment. Room and fridge temperatures were recorded daily. However, only actual temperatures were recorded for the fridge, and not the minimum and maximum temperatures as stated in national guidance. The provider has agreed to purchase a new thermometer for the fridge.
- Staff completed medicines training. Medicines were administered and recorded safely and at the correct times.
- Information was in place to allow staff to safely administer medicines that were given 'when required.'
- Body maps were in place for staff to know where on the body to apply people's creams and ointments. Staff completed records when these were applied.
- Thickening agents (powder added to people's drinks when at risk of choking) were stored safely and information about their use was included in people's care plans.
- Staff carried out medicines audits and took action when issues were found.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they were happy with the care provided at the home. People spoke positively about the staff and we observed kind and caring interactions between staff and people living at Care at Parkside.
- Staff had completed training in safeguarding adults and children and knew how to recognise signs of abuse and report their concerns.
- There was a system in place to document, report and investigate safeguarding incidents. This included reporting to local authority safeguarding teams and the CQC.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Staff were recruited safely as the provider had a robust recruitment process in place. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions.
- The majority of staff were up to date with their mandatory training.
- Everyone we spoke with felt there were enough staff to help them appropriately. One person said, "When I press my button, they come...there is always someone there at night."
- During our inspection we saw staff responded promptly to people's requests for assistance.

Learning lessons when things go wrong

- There was a system in place for reporting incidents, accidents and complaints so that any trends could be established. Lessons learned from these events were shared with the team to prevent recurrence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were bored and there was not enough to do and occupy their time.
- Some activities were provided. However, there was a lack of imagination in the activity schedule. We saw minimal activities taking place during our inspection.

We recommend the provider looks at best practice guidance for the provision of meaningful activities in care homes.

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

- Observations during our inspection showed that staff knew people well.
- Staff respected people's choices and decisions. For example, people could get up when they wished to. Some people chose to stay in their bedrooms for most of the day, and this decision was respected.
- People who used the service had up to date care plans which described how they wished to be supported. These were person-centred and included information about what was important to them. However, this information had not been used to devise meaningful activities.
- Some bedrooms lacked personalisation.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and assessed through the admission assessment process and ongoing reviews.
- People had care plans which described any communication needs, such as poor hearing, eyesight or understanding.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process to follow if a complaint was received.
- People we spoke with were happy with the care provided at the home. Apart from the lack of activities, they did not have any concerns. The service had not received any recent complaints.

End of life care and support

- The service was able to support people approaching the end of their lives, with the help of the community nursing services and other health care professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to provide sufficient oversight of the service. Some records were poorly completed and governance checks to ensure the quality of the service had not been completed accurately. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although we found some improvements had been made, notably in the completion of medicines documentation, there continued to be insufficient oversight of the maintenance of service. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Some aspects of the oversight of the service were poor. The service has been in breach of Regulation 17 (Good governance) on five occasions between 2016 and 2022.
- Some areas of the home were poorly maintained, and parts of the home were dirty.
- Although regular monthly audits of the service had been completed, they had not identified the concerns found on inspection. For example, the bedroom audit for August 2022 asked the question, 'Is there adequate overhead/bedside lighting present and working?' This had been answered 'yes'. However, we found several rooms where light bulbs and bedside lights were missing. Similarly, the health and safety audit for August 2022 stated that all lighting in the home was in good repair.
- Regularly flushing of infrequently used taps had not been completed. Flushing infrequently used taps can significantly reduce the risk of legionella bacteria in water systems.

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

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

- People we spoke with were happy living at Care at Parkside. Comments included, "I really like living here, it's brilliant."
- From our observations on inspection we found the home provided a calm and relaxed environment for people. However, the provision of meaningful activities was poor and people told us they did not have much

to occupy their time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff meetings were held regularly. This ensured vital information about the service was communicated to staff. For example, during a recent meeting staff had been provided with information about how to support people through a heat wave, including details about how to recognise signs of dehydration.
- The service had good working relationships with local GPs, district nurses and other health professionals. Records were kept of communication between health professionals and staff and advice provided by them was followed.
- Feedback was collected regularly from people who lived at the home, relatives and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care or treatment.
- The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

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 The provider had failed to ensure the premises were adequately maintained and cleaned.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have adequate oversight of the service.