

Your Care Provider Ltd

# Parkside Care Home

## Inspection report

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### 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

### About the service

Parkside Care Home is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

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

Overall, people, relatives and staff gave us positive feedback about the caring nature of the service. There was a strong, visible person-centred culture. Staff spoken with made very positive comments about the staff team and registered manager.

The registered manager had been working with the local authority to improve the service. We have made a recommendation that the provider continues to seek and act on feedback from external professionals on the services provided, for the purposes of continually evaluating and improving the service.

There were enough staff to ensure people's care and support needs were met on the day of the inspection. However, the providers dependency tool was not effective. We have made a recommendation that the provider review their dependency tool to ensure there are sufficient suitably qualified and competent staff to meet the needs of people using the service and keep them safe at all times. Following the inspection, the manager contacted us to say they would reassess every person's needs against an effective dependency tool.

The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. People had individual risk assessments in place so staff could identify and manage any risks appropriately. However, we found some people's care records needed more information about specific health conditions. We spoke to the manager about this and following the inspection they contacted us to say they had updated all care plans to reflect people's specific health conditions.

Safeguarding procedures were robust, and staff understood how to safeguard people. Systems were in place to make sure managers and staff learned from events such as incidents, concerns and investigations. Staff told us they had training to enable them to perform their roles and were able to improve and develop new skills.

Staff felt supported and told us they received regular supervision. Medicines were managed safely at the service. We saw infection control audits were undertaken which showed any issues were identified and acted upon.

Respect for privacy and dignity was at the heart of the service's culture and values. People and staff felt respected and listened to. The service promoted people's wellbeing by taking account of their needs including activities within the service and community. People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated.

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.

Complaints were recorded and dealt with in line with organisational policy. There were planned and regular checks completed at the service to check the quality and safety of the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 31 January 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Parkside Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors 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

Parkside is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with five people who used the service and four relatives about their experience of the care

provided. We spoke with eleven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At the last inspection we found care was planned and risks to people's health and welfare were well managed, although this was not always reflected in people's care documentation. At this inspection we found improvements had been made.
- We found care plans contained individualised risk assessments to help manage risks appropriately and keep people safe. However, some people required individual risk assessments for specific health needs. For example, where people were living with diabetes risk assessments were not always in place about how to support people and reduce the risk of avoidable harm. We discussed this with the registered manager, and they took immediate and responsive action. Following the inspection, the manager confirmed where people had specific health care needs, risk assessments were now in place.
- People also had personal emergency Evacuation Plans [PEEPs] in place. These were to ensure people were supported appropriately in an emergency.
- Risks in relation to the environment and building had also been identified and managed appropriately.

### Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to ensure people were protected from the risk of abuse.
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the manager would address any concerns they raised.
- People were supported to raise any concerns with staff. People told us they felt safe. Comments included, "I find things here are quite pleasant. I do feel very safe. I tend to be a nervous person so it's good for me here" and "I do like it here, I feel safe."

### Staffing and recruitment

- Staff had been recruited safely and all the required checks had been done to make sure they were suitable to work with vulnerable people.
- People, relatives and staff told us there had been issues with staffing levels. However, the provider had increased the staffing levels in the last few months. Staff told us they felt there were now generally enough staff on duty to meet people's needs, and agency staff were rarely used.
- The provider used a safe staffing assessment tool to calculate the number of staff needed for each shift. The assessment tool did not consider the layout of the care home, the needs of people and the deployment of staff to ensure people's treatment and care needs were met in a safe and timely manner. We spoke with the manager; they assured us they would review the dependency tool to ensure people received appropriate support and supervision and that the approach they used reflected current legislation and guidance.

We recommend the providers should have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times.

#### Using medicines safely

- People received their medicines safely and on time.
- Medicines were administered safely and stored in line with requirements.
- Records were accurate and completed post administration. PRN, or 'as required' medicines had appropriate guidance in place. Body maps and clear dosages were evident for topical medication.
- Staff were trained in medicines management and had competency checks to ensure ongoing safe practice.

#### Preventing and controlling infection

- People were protected from the risk of infection
- Staff had access to aprons and gloves to use when supporting people with personal care.
- Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

#### Learning lessons when things go wrong

- Incidents and accidents were logged and analysed monthly to look for any themes and trends. Detailed investigations were carried out of more serious incidents
- Staff said they felt comfortable speaking up when things may have gone wrong and this would be discussed with how they could learn from it.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people moving into the home, a needs assessment was carried out. This was done in consultation with people, their advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to meet people's needs. For example, moving and handling, food hygiene, health and safety and person-centred care. Staff told us they were happy with the training they were provided with.
- Staff received regular supervision and annual appraisals to review their competence and discuss areas of good practice or any improvements that were needed.

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

- People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. People were provided with a choice of meals. We observed staff offering people different options to the food being served, to tempt their appetite.
- There was oversight of people at risk of malnutrition or dehydration. Staff recorded the food and fluid intake of people assessed to be at nutritional risk. Where people were not consuming enough food and fluid, this was closely monitored, and advice sought from relevant community health professionals.
- People were happy with the food provided. Comments included, "I find the food excellent" and "The food is good. We get plenty of cups of tea and plenty of food for that matter as well."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of healthcare professionals such as GPs, opticians, dentists and chiropodists.
- Where healthcare professionals had been involved, staff followed their advice

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

- The design of the home met the needs of people living with dementia and frailty due to old age. Suitable signage, such as for toilets, helped people find their way around.
- People had been supported to personalise their own rooms with items that were familiar to them.

- People had access to a garden with tables and chairs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity.
- The service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- Overall people's care records contained information on mental capacity and records were clear where people did not have capacity and required support with making some decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and they felt well treated by staff. Comments included, "They are caring people who work here" and "The staff are lovely they are kind and very helpful."
- We observed staff interacting with people in a kind and caring way. They were patient and considerate, addressing people by their name and showing respect.
- The majority of people were complimentary about the attitude and kindness of the staff. They said most staff knew how they liked things done. Comments from people included, "The staff are lovely." and "They are caring people who work here."
- People's care records included information about their background, life history, family, friends and interests. This helped staff to get to know people and understand their individual needs. One relative told us, I've no complaints about the care. The staff are wonderful."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care and treatment.
- People made choices about their daily lives. For example, they decided where and how to spend their time and at meal times we saw staff offered people choices.
- People and their relatives were supported to share their views in individual care reviews and at meetings. The service had a 'you say, we did' section where a lot of what people had suggested was implemented.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- People told us staff respected their privacy and dignity. We observed staff respected people's privacy and dignity, for example by knocking on doors before entering people's bedrooms.
- People told us they were encouraged to be as independent as they could be. At lunchtime we saw people were encouraged to eat independently and adapted crockery and cutlery was provided to help with this.
- People's confidential information was managed safely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care needs were assessed, and this information was used to develop plans of care. Some people's care plans were more detailed than others. For example, one person who was staying at the service for a short-term break. The information in their care records was not always as detailed as other care records. We discussed this with the manager. Following our visit, they confirmed the care plans for people having short breaks had been rewritten to provide staff with clear information about the persons current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood the importance of supporting people living with dementia in communicating their needs and wishes and staff were tactile and knew people well. They made eye contact and listened to what people were saying.
- Information was provided in an accessible format.

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 were supported to take part in a range of activities.
- Staff understood how feeling socially isolated could have an effect on people's wellbeing. The activities co-ordinator explained how they developed personalised activities to meet people's needs and interests and to give them choice and control. They told us, "We try to develop bespoke activities that recognise peoples interests and passions and that help to create happy new memories as well as remember the old ones."
- People told us the service offered a wide variety of activities. One person said, "I think they do some good activities." Another person said, "That gentleman (pointed to coordinator) comes in and we play skittles and knock balloons about. There are exercises and we get up and have a dance too!"
- People were supported to take part in activities outside the home. One person said, ""We go out once a month. "We have a lot of interest in the Goldthorpe Unity club dance and then they have fish and chips on the way home, it's a lovely day."

Improving care quality in response to complaints or concerns

- There was a complaints system in place. Information about the complaint's procedure was available in the entrance area.
- The provider had a complaints policy and procedure which had been made available to people. Records showed complaints had been responded to within an appropriate timescale.
- The manager was proactive in seeking people's feedback and viewed concerns and complaints as an opportunity for improvement and learning. People and relatives told us they knew the manager and would not hesitate to talk to them if they had any concerns. Comments included, "I've no complaints about the care. The staff are wonderful" and "If I've approached [registered manager] about any problems she has always listened and done her best by us."

#### End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. These plans described the care and support people wanted to receive from staff, the level of involvement people wanted from their families and any cultural or religious guidance they wanted staff to adhere to.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- The registered manager had been working with the local authority to improve the service. The local authority action plans showed that improvements had been achieved.

We recommend the provider continues to seek and act on feedback from relevant professionals on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

- Staff meetings took place to review the quality of the service provided and to identify where improvements could be made.

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

- The manager promoted an open, inclusive and person-centred approach. They were visible in the home, directing care and providing a positive role model for staff. Everyone knew the manager by name and spoke very positively about them.
- The service had an open culture. Staff were committed to providing person-centred care and learning from any incidents.
- Regular checks were completed at the service by senior staff to identify any areas for improvements and to ensure it provided high-quality care and support.

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 manager was open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people an explanation if things went wrong.

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

- The manager understood their regulatory responsibilities. They spoke openly and honestly about the challenges the service had faced and their plans for implementing and sustaining improvements. They responded positively to suggestions for improvements discussed during the inspection.
- There were systems in place to monitor the safety and quality of the service. These included audits of areas such as medicines, care plans and health and safety.

- Notification of accidents, incidents and significant events were submitted to the CQC as required by law.

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

- In addition to meetings and individual care reviews the provider sent surveys to people who used the service and their relatives once a year. A small number of people who lived at the home had completed survey questionnaires with support from staff. The feedback was mainly positive. A notice was displayed in reception which showed what the service had done in response to people's comments.
- Staff engagement took place through staff meetings and individual supervisions and appraisals. Feedback from staff was positive, they said they felt listened to and valued.
- We saw evidence that the registered manager actively sought people's by holding residents' meetings with the activities coordinator. These meetings included a discussion on activities and trips, quality of care and food provided. The service also produced a monthly newsletter which was available in reception. Relatives meetings were also undertaken.