

Parkside (St.Helens) Limited

Parkside (St Helens) Limited

Inspection report

Parkside Care Home
280 Prescott Road
St Helens
Merseyside
WA10 3AB

Tel: 01744452160

Date of inspection visit:
14 April 2016

Date of publication:
06 June 2016

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 was an unannounced inspection, carried out on 14 April 2016.

Parkside Care Home is a residential care home in St. Helens. The service offers accommodation and support for up to 30 older people. There were 26 people living at the service on the day we visited. The building is arranged across two floors with lift, staircase and stair lift access to the upper floor. There are 24 single rooms and three shared rooms. Twenty one rooms have ensuite facilities. Car parking is available at the front of the building.

The registered manager had been registered with the Care Quality Commission (CQC) since January 2011. 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.

The last inspection of Parkside Care Home was carried out in November 2015 and we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not met the requirements of Regulation 9 Person centred care and Regulation 12 Safe care and treatment and had been served a warning notice for Regulation 17 Good governance. The registered provider developed action plans to address all areas highlighted and these had all been actioned by the day we visited.

People who used the service said they felt safe. Staff knew about the systems in place to protect people from the risk of harm and they also knew how to recognise and respond to allegations of abuse appropriately.

There were sufficient staff on duty to ensure the needs of people were met. Effective recruitment processes were in place and were followed by the service. Staff received on-going training and support to ensure they carried out their role effectively.

Medicines were managed safely and processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. People received care and support from staff that knew them well, and had the knowledge and skills to meet people's individual needs. People told us staff always treated them well and promoted their choices regarding their care and support. People spoke positively about staff, their comments included, "Staff are supportive and helpful" and "Staff are excellent".

People's risks were anticipated, identified and monitored. Staff managed risk effectively and supported people's decisions, so they had as much control and independence as possible.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and DoLS to ensure that people who could not make decisions for themselves were

protected.

People had enough to eat and drink. People were offered drinks and snacks throughout the day. People who were at risk of poor nourishment were regularly weighed. This ensured people's health and well-being was closely monitored and any changes were responded to.

Staff were patient and friendly and knew people well. Staff interacted well with people and engaged in conversation about things of interest to them.

People's care and support needs were up to date and reviewed on a regular basis with the person or other appropriate people. Individualised care plans had been developed since the last inspection in November 2015. Staff provided people with person centred care and support.

People were aware of how to make a complaint if required and they told us they would not be worried about complaining if they needed to. People were confident that their complaints would be listened to and acted upon. Complaints reviewed had been followed in accordance with the registered providers policy and procedure.

Systems were in place to regularly check the quality of the service provided and to ensure improvements to the service were made. The registered manager and staff established good working relationships with family members and visiting professionals to the benefit of people who used the service.

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.

Staff knew how to recognise and report abuse and potential abuse.

There were sufficient staff on duty to meet people's needs.

Medication was safely managed and people received their prescribed medication at the correct time.

Is the service effective?

Good ●

The service was effective.

Staff received training and support which enabled them to carry out their role effectively.

People were provided with a choice of regular food and refreshments and they received the support they needed to eat and drink.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act 2005. People were involved in decisions about their care and support.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and patient in their approach.

People's wishes were listened to and acted upon.

People were respected and treated with dignity. Staff took time to speak with people and they understood people's needs.

Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and support,

and they received person centred care and support.

People's care and support needs were well documented and their needs were met.

People were aware of how to make complaints and voice concerns about the service.

Is the service well-led?

The service was well-led.

The service had quality assurance systems in place, which ensured that all areas of the service are assessed, monitored and kept up to date.

Incidents and accidents were appropriately recorded and the information was used to facilitate learning and minimise reoccurrences.

We observed a culture of openness and a friendly and warm atmosphere amongst the people who were living at Parkside Care Home.

Good ●

Parkside (St Helens) Limited

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 14 April 2016 and was unannounced. Our inspection team consisted of one social care inspector.

We spent time observing the interaction between people who lived at the home and staff.

We looked at areas of the home, including some bedrooms, all communal areas, and office accommodation.

We met all the people who lived at the service and spoke in detail with three people. We also spoke with two visiting family members, the registered manager and two members of support staff. We looked at the care records for four people, recruitment and training records for four members of staff and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted the local authority safeguarding and quality monitoring teams who did not identify any areas of concern.

Is the service safe?

Our findings

People told us they felt safe. People's comments included; "The home is lovely and I feel very safe". A family member told us they felt very secure knowing their relative was safe.

Following our previous inspection in November 2015 where a breach of Regulation 12 was made with regard to the registered provider ensuring they were doing all that was practicable to mitigate risks to people, we found that significant improvements had been made. Falls risk assessments were regularly reviewed and updated to ensure people remained safe.

Staff supported people to remain safe in accordance with their risk assessments and they were aware of their responsibility to keep people safe. Staff knew the importance of reporting any changes which they felt would impact on a person's safety and to keep risk assessments up to date. Environmental risk assessments had been completed and individual risks people faced in relation to their care and support formed part of their care plan. This included risks associated with moving and handling, prevention of falls and nutrition; as well as those which related to the individual person.

Assessments were in place to ensure people were safe within the home. These included a fire risk assessment and a fire safety policy. Staff had received training in fire safety awareness. Personal emergency evacuation plans (PEEPS) were in place for each person which included details of their GP, mobility and significant health issues. These were reviewed and updated regularly to ensure information remained up to date and appropriate.

All staff had completed up to date safeguarding training and they had access to the registered provider's safeguarding policy and procedure and the requirements set out by the local authority. All staff had signed to confirm they had read the safeguarding policy and procedure. Staff were knowledgeable about the different signs, indicators and types of abuse and they were confident about reporting abuse or potential abuse. They told us they would not hesitate to report any concerns they had. Their comments included; "I would report any concerns immediately". The registered manager had not raised any safeguarding concerns since the last inspection in November 2015 but described clearly how to report to the local authority in a timely way.

Staff spoken with were aware of the whistleblowing policy and records reviewed showed all staff had signed to say they had read this. Whistleblowing is the term used when someone who works for an employer raises a concern about malpractice to people who use the service, colleagues or the wider public. Staff spoken with stated the registered provider created an atmosphere where staff felt able to report concerns within the service and knew they would be thoroughly investigated.

People and relatives told us that staff were available to assist them when they needed it. They said that call bells were answered in a timely manner. During our inspection we saw there were staff available to meet people's needs. People received care and support from skilled and experienced staff. Staffing rosters for a period of four weeks showed there had been a consistent amount of staff on duty throughout the day and

night. When staff had taken annual leave or had been absent through sickness these shifts were covered by other members of the team. Four care staff were available throughout the day and evening and two waking staff were available during the night. The team was supported by cooks and housekeepers who worked throughout seven days.

The registered provider had a recruitment and selection policy and procedure. We viewed recruitment records for four members of staff and this showed that the process for recruiting staff was thorough and safe. Applicants had completed an application form which required them to provide details of their previous employment history, training and experience. The files showed they had attended an interview. A range of checks had been carried out prior to a job offer, which included two references and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records were clearly written and they demonstrated that appropriate actions had been taken. The records were analysed monthly by the registered provider to look for any trends and patterns and to explore ways of learning. This minimised future risk and reduced the likelihood of reoccurrence.

People told us they had received their medicines on time and that staff were careful when administering medication. Medication was stored securely and administered to people safely. Relevant staff had completed medication training and had had their competency checked regularly to ensure they were suitably skilled to administer medication. A policy and procedure for the safe handling of medicines was accessible to staff along with other related information and guidance. Care plans detailed the support people needed with their medication. Medication administration records (MAR) were maintained appropriately and they detailed the medicines that people were prescribed and instructions for use. We reviewed the storage and stock of controlled drugs. These were stored appropriately and checks showed that stock was appropriately recorded. A weekly check of all controlled drug stock was undertaken. We saw that temperature checks were recorded twice daily for the medication fridge and room.

People told us that the home was clean. People said "The home is homely and always clean" and "Everywhere is lovely and clean". We visited all communal areas and a selection of bedrooms. We found the home was clean and hygienic and had a good standard of décor. Staff told us that spills are always cleaned up promptly and carpets are shampooed regularly. Cleaning schedules for the environment were in place and records of these were kept. Staff had received health and safety training, including infection prevention and control, emergency first aid and food hygiene. Staff had access to a range of policies and procedures relating to health and safety matters. There was a good stock of personal protective equipment (PPE) including, disposable gloves and aprons and staff used them appropriately. For example, whilst assisting people with personal care. All waste was disposed of and removed appropriately from the service.

We saw that safety checks were in place for the gas and electrical safety and that other environmental checks had been undertaken and were up to date. The fire alarm and nurse call systems were regularly checked and serviced. This meant that good systems were in place to ensure that the home was safe and adequately maintained.

Is the service effective?

Our findings

People told us they thought staff were well trained and good at their job. Everyone spoke positively about the food and said they got plenty to eat. People's comments included; "The food is always very good", "The hotpot is beautiful" and "All the sweets are lovely".

People who used the service told us that they received the right care and support from staff who knew what they were doing. People's comments included; "All the staff are lovely and do everything I need" and "I can't grumble over anything". Family members told us; "[Name] is well cared for here", "We are always made very welcome" and "If there are any problems, staff ring us straight away to ensure we are kept fully informed".

Following our previous inspection in November 2015 where a breach of Regulation 12 was made with regard to the registered provider ensuring they were doing all that was practicable to mitigate risks to people following changes to people's health. We found all care plans had been reviewed and were up to date. Documentation reviewed showed changes were accurately recorded and responded to in a timely manner.

Staff received appropriate training and support relevant to their roles and responsibilities and people's needs. All new staff completed an induction programme and ongoing training specific to their roles and the needs of people who used the service. As part of their induction new staff completed training in key topics such as person centred support, safeguarding, dignity, health and safety, and dementia awareness. Ongoing training included topics which the registered provider considered mandatory and it was delivered in a number of different ways, including internal courses and those run by external training providers. Staff comments included; "I always enjoy the training as I like learning" and "The registered manager always stresses the importance of attending training".

Staff received appropriate support and supervision and they felt well supported in their role. One member of staff said "The team leaders offer excellent support and knowledge". The registered manager had introduced one to one formal supervision sessions and an annual performance and development review since the last inspection in November 2015. These sessions provided staff with an opportunity to reflect on their work and plan any future training and development needs.

People made decisions and were given choices about their care and support. People's preferences and wishes about how their care and support was to be provided, were included in their care plans and people told us that staff took notice of this. Staff demonstrated a good understanding of people's preferences throughout the inspection.

Following our previous inspection in November 2015 we recommended the registered provider improved their procedures, documentation and recording systems to ensure that the Mental Capacity Act 2005 was fully implemented. We found significant improvements had been made in this area.

We checked how the service followed the principles of the Mental Capacity Act 2005 and its associated code of practice (MCA). 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 2005. People who normally live in a care home can only be deprived of their liberty through a Deprivation of Liberty Safeguards (DoLS) authorisation.

We checked whether the service was working within the principles of the MCA 2005 and DoLS, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. All care files held mental capacity assessments as well as mental capacity and cognition documentation which was up to date and regularly reviewed. All staff had attended training on the Mental Capacity Act (2005).

Staff had a good understanding of people's nutritional needs. People who were at risk of poor nourishment had been referred to dieticians and appropriate care plans were in place. Special diets were catered for including gluten free and diabetic. Mealtimes were observed as relaxed and unhurried. People received the support they needed to eat and drink. Most people ate their meals in the dining room. People told us that if they did not want what was on offer, they were offered alternatives. People spoke very positively about the food and were observed enjoying social interaction with other people living at the home and staff. Throughout the lunchtime meal staff were observed speaking to everyone by name and offering choices and explanations of foods available. People were actively encouraged to eat and offered alternatives when appropriate. The teatime meal was soup and sandwiches which was again served individually with time taken to offer choice and explanation.

The kitchen staff undertook daily checks which included equipment safety checks and fridge and freezer temperature monitoring. There were daily and weekly kitchen cleaning schedules which had been fully completed. Records showed the daily food intakes for each person living at the home. Food temperatures probe records were up to date. A food safety check had been completed by the local authority environmental health department and they had rated the service 4* good in February 2016.

The registered manager and staff had worked alongside a range of health and social care professionals to make sure people were provided with the care and support they needed to promote their health and wellbeing. For example, they ensured people attended appointments with their GP, dentist, optician and chiropodist.

The environment was tastefully decorated throughout. The home contained lots of pictures, and sensory objects to help stimulate and interest people. There was a library with seating area as well as a quiet lounge in addition to other lounges which had televisions in them.

Is the service caring?

Our findings

People were positive about the way staff treated them. People's comments included; "Staff are very caring and attentive", "Staff are excellent" and "I am kept clean and presentable". Family members told us that staff always showed care and compassion towards the people who lived at the home and they said they were treated like friends when they visited.

Interactions between the staff and people who lived at the home were positive and relaxed. Staff showed kindness and they were patient in their approach. They were also happy and supportive in their manner. Prior to offering care and support staff explained what they were about to do and they gave people time to respond. People told us staff encouraged them to be independent and helped them only when they needed it with getting up from the bed or chair. We saw staff supporting people with a range of activities in a caring and sensitive way.

We saw that each person had their own bedroom and could personalise it how they wanted, for example, with family photographs, ornaments and their own furniture. Some people chose to spend time in their bedroom rather than in communal areas. Staff respected this and regularly checked on people to make sure they were comfortable and had access to drinks and snacks.

Staff had access to information about people's past lives, life events and their family and this helped to generate discussions of interest with people. People told us that staff always showed interest in what they had to say and that they enjoyed talking to staff about their past.

We observed that visitors were welcomed and offered refreshments. There were quiet private areas where people and their visitors could go, other than the person's own bedroom, to enable them to have conversations without being overheard.

We saw staff treating people with dignity and respect and being discreet in relation to personal care needs. Staff understood the importance of ensuring people's privacy and dignity was respected. Before entering a person's bedroom, staff knocked and waited for a response before they entered. People received personal care in the privacy of their bedroom and bathrooms. A privacy audit had been undertaken by the registered provider and all people living at the home that responded had replied that staff knocked before entering their rooms. This meant people's privacy was upheld by all staff.

People who used the service and their family members were provided with information about the service. It included the aims and objectives of the service and facilities available and details about the registered provider and staff. There was clear information about what people should expect from the service and guidance on how they could raise any concerns should they need to.

Staff told us they had access to a wide range of policies and procedures that were provided by the registered provider and held in the office. Since our last inspection in November 2015 the registered provider had reviewed and updated all the policies and procedures as well as introduced additional policies in line with

regulation requirements. Staff had signed to confirm they had read the policies and procedures. The policies included safeguarding, whistle-blowing, infection control, code of conduct and medication. The registered provider had also introduced some quick introduction guides for Parkinson's disease, food and diabetes and dementia.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. They told us there were activities available for them to participate in. One person said, "I enjoy helping to lay the tables and fold the napkins". Family members told us the service was responsive to the needs of their relative and that staff communicated with them regularly. One family member told us, "[Name] has been very well looked after here, we are very happy".

Following our previous inspection in November 2015 where a breach of Regulation 9 was made with regard to the registered provider ensuring all care plans were up to date. Significant improvements were seen during our visit when records were reviewed. Each person had an individualised care plan which was person centred. All the care plans had been rewritten and contained comprehensive information. The plans provided staff with clear guidance about how to meet people's needs. People's spiritual, cultural and diverse needs, likes, dislikes, wishes and preferences were recorded. Preferences people expressed included; daily routines such as what time people liked to get up each morning and when they liked to retire to bed. Assistance people needed with everyday tasks, their mobility and communication were also included. The care plans gave guidance on what the person could do for themselves and what support was required by staff. This showed people's independence was promoted wherever possible.

Information was available about how staff needed to support people to have as much control over making their own decisions as possible. People's care plans had been reviewed regularly and when a change occurred with their involvement and where appropriate the involvement of relevant others. This helped to ensure the information remained up to date and reflected any changes of people's needs. Records showed that people were asked to give their views on the quality of care and support they received.

Daily progress notes which were completed for each person showed people had received the right care and support. The notes ensured that staff had up to date accurate information which they used to handover to the next shift. They were also used to help monitor, review and plan people's care and support.

Group and one to one activities were offered to people. Activities included sing a longs, hairdresser visits, table top games, cake making and seasonal activities including parties. One person told us they enjoyed the fish and chip supper. Entertainers were regularly invited to perform at the service and people said they particularly enjoyed the singer that visited. People told us family and friends were invited to some activities including individual birthday parties. A relative said "[Name] enjoys Holy Communion every week at the home, they have lovely gifts at Christmas, birthdays are always celebrated and the entertainment is always good. I have no complaints at all".

The registered manager regularly talked to people individually and in small groups. People said they were encouraged to participate in the preparation of house menus, activities to be offered within the service and discussions regarding seasonal events including Christmas and Easter. This meant people were fully included in the future planning of activities.

Details of how to make a complaint was included in the "Service User Guide". We looked at how complaints would be dealt with, and found that appropriate processes were in place in the event of a complaint being made. The policy detailed how a complaint would be investigated and also if people were not satisfied with the outcome from the service then who they could contact. The service had not received any complaints since the last inspection. The Care Quality Commission had not received any complaints regarding this service. People told us they would complain if they needed to and they were confident that they would be listened to.

Is the service well-led?

Our findings

People told us they knew the registered manager. Their comments included; "The manager is lovely, she is always around the home" and "I would go to the manager with any concern or problem". The registered manager had been registered with the Care Quality Commission since January 2011.

Following our previous inspection in November 2015 a breach of Regulation 17 was made regarding insufficient and ineffective systems in place to assess, monitor and improve the service that people received and to protect them from the risk of harm. A warning notice was served for this breach in January 2016. The registered provider had developed systems to ensure people were protected and had met the requirements of the warning notice which stated compliance must be achieved by 12 March 2016. The registered provider had provided action plans following the breaches of Regulation 9 Person-centred care and Regulation 12 Safe care and treatment. They stated all actions would be completed by March 2016 and they had met this. Significant improvements were seen throughout the inspection visit.

Staff were familiar with the management structure of the service and their lines of accountability and they told us they were not afraid to speak up about anything. Comments about the home included "Everyone is lovely including staff and residents" and "I love working here". Their comments about the manager included; "The manager has been flexible when I have needed support" and "I would approach the manager to highlight concerns or discuss any worries". Family members told us that the service was very good. They said the registered manager was very helpful, understanding and always available to listen to them.

Records showed the registered provider actively sought and acted on the views of others and continually strived to improve. All people spoken with praised staff and described the service as good. Recent feedback received from an audit undertaken in January 2016 included "My family can call whenever they want", "The atmosphere is very friendly" and "Food is varied and of good quality".

There were a variety of systems in place to assess the quality of the service, including weekly and monthly audits carried out by the registered manager. Audits covered aspects of the service, including; the environment, care planning, the administration of medication and health and safety. Audit tools clearly identified what was needed to improve the quality of the service provided, who was responsible for any actions and timescales for completion. Checks were undertaken to ensure actions had been completed within the required timescales.

Specific audits had been undertaken since our last inspection on privacy, infection control and celebrations within the home. The information had been collated and analysed. A quality audit had been sent to relatives and responses were yet to be analysed. The registered provider said this information would feed in to the ongoing development of the service.

The registered provider had a business continuity plan in place which covered the types of incidents that would require the plan to be activated and how this might impact on the service provided. A list of people to contact was included and plans for specific disruptions which included heating loss, flood disruption, fire,

missing person and lift and hoist breakdown.

The registered manager facilitated regular staff meetings for all staff. Staff confirmed that regular meetings took place and they stated they valued these. Staff said these meetings assisted with team building. They reported that they all worked together to improve the standards at the service.

The registered provider had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the CQC of certain incidents and events that happen within the service including deaths and injuries. These notifications had been received shortly after the occurrence which meant we had been notified in a timely manner.