

Pridell Care Limited

Care at Parkside

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Care at Parkside is a residential care home providing personal care for up to 24 people. At the time of our inspection there were 14 people living at the home.

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

We found continued problems with the management of medicines. This was not always carried out safely. There were systems in place to ensure only staff who were suitable to work with vulnerable people were recruited. There were enough staff to provide the appropriate level of support to people.

Some recent refurbishment, including the laying of new flooring, had been completed. The communal areas were nicely decorated. Infection control practices had improved. Regular checks had been completed to ensure the safety of equipment and the premises.

Staff received the training, support and supervision they needed to carry out their roles effectively. 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.

Risk assessments had been completed. These helped identify if people were at risk from everyday harms, such as falls or poor nutrition. Care plans contained enough information to guide staff with how people wished to be supported.

People were supported to eat a well-balanced diet and were offered a choice of meals. People told us they were happy with the staff.

People were not provided with enough opportunities to take part in activities to occupy their time and provide enjoyment and stimulation. We have made a recommendation about the provision of meaningful activities.

Since our last inspection the management and oversight of the home had improved. The registered manager had a clearer understanding of her managerial role and responsibilities.

Rating at last inspection:

At the last inspection the service was rated inadequate (report published 18 December 2018).

This was a planned inspection based on the rating at the last inspection. At the last inspection, the provider was in breach of regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

However, we have identified a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is in relation to the safe management of medicines.

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

Follow up:

We will request an action plan for 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 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

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Care at 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 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 this evidence to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff; the registered manager, administrator, two senior care assistants, two care assistants and the chef.

We reviewed a range of records. These included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment, supervision and training. We looked at a variety of records relating to the management of the service, including policies and audits.

After the inspection

We spoke on the telephone with a relative of a person living at the home, who regularly visits 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 inadequate. At this inspection this key question has improved to 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.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remains in breach of this regulation.

- On several occasions the keys to the medicines trolley were left in the trolley door and on top of the medicines trolley, by the member of staff administering medicines. This potentially allowed anyone to access the medicines inside it. There were no other staff in the room to ensure residents did not go near the trolley.
- One PRN (as and when required) protocol for paracetamol had the wrong dose recorded on it.
- Two entries, which had been hand written on the medicines administration records (MARs), had not been checked and countersigned by another member of staff to ensure they were correct. This meant that guidance from the National Institute for Health and Care Excellence (NICE) 'Managing medicines in care homes' had not been followed.
- Although night staff had undertaken medicines training, they had not been assessed by the registered manager to ensure they were competent to give medicines. Although staff at night did not give people their regular medicines, they sometimes gave people paracetamol for pain relief. We asked the registered manager to ensure all night staff were assessed as competent to give out medicines.

We found no evidence that people had been harmed. However, these failings placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- At our last inspection the provider had failed to adequately manage risks to people's health and safety. At this inspection we found improvements had been made.
- Risks to people's health and well-being, such as from poor nutrition and falls had been identified and the appropriate action taken. Risk assessments were regularly reviewed.
- At our last inspection we found that risk assessments dealing with the environment and premises were not in place. At this inspection we found these had been carried out.

- There were appropriate servicing and maintenance checks for equipment, including lifting and hoisting equipment, electrical, gas and water checks and fire alarms and emergency equipment. These ensured the building and equipment were safe.

Staffing and recruitment

- At our last inspection the provider had failed to carry out adequate recruitment checks. At this inspection we found improvements had been made.
- The provider carried out recruitment checks to ensure staff were safe to work with vulnerable people. Records we reviewed confirmed that disclosure and barring service (DBS) checks had been completed and references obtained from previous employers. However, we found one person's employment history had not been explored fully when they had been recruited.
- During our inspection there were enough staff to meet people's needs and staff responded quickly to people's requests for help.
- Staff told us they felt they had enough time to support people, although one care worker commented that their cleaning duties sometimes took them away from spending time with people.

Preventing and controlling infection

- At our last inspection the provider had failed to ensure effective infection prevention and control measures were in place. At this inspection we found improvements had been made.
- The home was clean and cleaning products were securely stored.
- Staff had completed online infection control training.
- An infection control notice board provided information for staff, residents and visitors about infection control topics.
- A hand washing audit had been completed in March 2019. This checked that all staff were following the correct hand washing practice.
- Personal protective equipment (PPE), such as disposable gloves and aprons was available and used by staff when carrying out personal care tasks and handling food. Antibacterial hand gel was easily available. However, we saw one member of staff gave out food during lunch without wearing an apron. One member of staff wore a watch while assisting people. Guidance produced by the National Institute for Health and Care Excellence (NICE) states that all health care workers should be bare below the elbow when delivering direct care and should remove wrist and hand jewellery.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe and had completed training in safeguarding adults.
- Staff were aware of their responsibility to pass on any safeguarding concerns. One care worker told us "I feel able to report concerns to [the registered manager] and they would definitely do something about it. If I didn't agree with how it was handled I would escalate it."
- Information about how to report safeguarding concerns was displayed in the entrance hall, so it was clearly visible to everyone.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed following incidents, to reduce the risk of them happening again.

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 requires improvement. At this inspection this key question has improved to good. 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

- The registered manager completed an assessment before people moved into the home. This ensured the service was able to meet their needs and provide the appropriate level of support.
- People's care plans described the support they required.
- The service had recently updated its policies and these were available to guide staff on best practice.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider ensure there was a member of staff qualified to carry out moving and handling assessments and training. The provider had made these improvements. At this inspection we found a senior care worker had completed the 'train the trainers' course in moving and handling.

- All new staff received an induction to the service. One care worker told us, "I feel I had enough time to get to know people; the induction was better than at my previous job."
- Staff had completed training in all the mandatory topics and had either completed or were doing a national vocational qualification. One care worker told us, "There is more training coming up, such as diabetes. They are pretty good at sending us on training."
- Staff received regular supervision.

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

- People told us they were happy with the quality and choice of food. Juice and fruit were available for people to help themselves to. One person said, "The food's alright. They'll make something else if you don't like it."
- People could eat their meals when they wished. When they did not like the menu, an alternative was provided. Those who preferred a quieter environment could eat earlier or later.
- Staff supported those who required assistance with eating and drinking, in a patient and unrushed way. Prompts and encouragement were given.
- Meal time experiences were audited to ensure they were pleasant.

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

- The service liaised with a range of healthcare professionals, such as opticians and dieticians to ensure

people's health needs were met.

- Care records demonstrated that staff asked for professional advice when required, such as contacting the GP when a person became unwell.
- Staff worked closely with district nurses to help people with specific care needs, such as diabetes and pressure care.
- People were weighed regularly and referred to a dietician or their GP if they had lost weight.

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

- Since our last inspection some redecoration had been carried out and the home was clean, light and airy.
- The service had two large communal lounges and a dining room, which were pleasantly decorated. New flooring had been laid throughout the ground floor.
- Where possible, adaptation had been made to ensure uneven surfaces were easily identified.
- There was some use of visual signage to help orientate people. However, this was limited.

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.

- Staff had an understanding of mental capacity and the DoLS process.
- When people did not have the mental capacity to make important decisions for themselves, the best interest decision making process had been followed. For example, we saw that a best interest meeting had been held to discuss if it was appropriate for a person to remain at the home.
- Advocates from Age UK had been involved in helping people make decisions when they did not have a family member to assist them.
- We observed staff obtain consent before they helped people and wherever possible supported people to make their own 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 remained good. 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; Respecting and promoting people's privacy, dignity and independence

- Throughout our inspection we saw people being treated in friendly, supportive ways. One person told us, "I'm happy with the staff." A relative commented, "I'm happy with everything. They [staff] are absolutely smashing."
- Staff knew people well and could explain what each person's specific care needs were.
- Staff understood the importance of maintaining people's privacy and dignity, including knocking on doors before entering and providing clothing protectors at mealtimes.
- People were supported to be independent with their personal care needs, if they were able. Staff talked to us about how they helped people to look after themselves, for example by encouraging or prompting them to wash and change their clothes. One care worker talked to us about a person who was reluctant to take a shower. They said, "It's all in the way you approach them. You have to approach them in a very gentle way. They'll cooperate then."
- At our last inspection we found confidential information on public view. At this inspection we found confidential records were stored securely.
- Staff we spoke with understood about confidentiality. They told us they would not discuss anything about a person in front of others, or in a public space.
- CCTV was installed in the communal areas. Notices informing people of this were displayed in the entrance hall.

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

- Staff had formed good relationships with people who used the service and engaged positively with people.
- Throughout the day we heard staff asking people if they needed anything and waiting for their responses.
- Where people were unable to contribute to their care plan, family members were involved. We read one comment in a recent family questionnaire which confirmed this; "I have read my [relative's] care plan and have signed all the relevant documents."

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 requires improvement. At this inspection this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had failed to keep accurate and up-to-date care 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 we found enough improvement had been made and the provider was no longer in breach of this regulation.

- Care records contained information about people's care needs and how these should be met. These were regularly reviewed.
- People received care and support based on their individual needs, wishes and preferences.
- From our observations and through talking with staff we found they knew people well and delivered care in line with people's wishes.
- Life story information was recorded, and staff had a good knowledge of people histories and interests.

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

- The home did not employ an activities coordinator. It was part of the role of care workers to support people with activities or spend time with people on a one-to-one basis.
- Although information about people's interests had been gathered as part of the assessment process, this was not always used to develop or inform meaningful activities or opportunities for people.
- We saw very little evidence of activities on either day of our inspection.
- A timetable showed people were offered some opportunities to participate in activities, including board games, skittles, food tasting and chair exercises, and one person was helped to use an ipad to do online shopping. However, staff lacked imagination and provided only a limited range of opportunities for people. On the first morning of our inspection we saw a care worker play the game 'Connect 4' with one person. However, no one else was helped to occupy their time.
- One person told us they liked watching the television, but never knew which programmes were on as no television guide was available.
- Several people were supported to make regular trips out, such as to the shops, cinema or for meals out. One person went to a local rugby club. However, another person told us they were interested in football and had gone to football matches when they lived independently. They had not been given this opportunity while living at the home.

- We asked staff if people were taken on organised group trips out. We were told there had been a trip to a zoo last summer and a meal out early in the year, but nothing since.
- A mobile library visited the home each month, which enabled people who enjoyed reading to borrow books.

We recommend the service seek advice and guidance on providing meaningful activities and opportunities for everyone living at the home.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Information about how to make a complaint was clearly displayed in the entrance hall.
- There had not been any recorded complaints since our last inspection.

End of life care and support

- The service worked with other health professionals to provide care for people who were approaching the end of their life.
- Where it was felt appropriate, staff had held conversations with people or their relatives about their end of life wishes and this was recorded in their care records.

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.

- People's communication needs were recorded in their care records. This provided staff with information on how best to communicate with them.
- The service had used a translator to support an individual who had limited English, when they carried out a review of their care. However, no other steps had been taken to try to help this person hear or speak their first language, for example through accessing people in the local community.

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 inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent.

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

At our last inspection the service was not being well-managed. The registered manager, who was new to their post, had not been given adequate time or supervision to enable them to perform their managerial duties and there was a lack of oversight of the home. We found failings in several key areas; quality assurance monitoring, documentation, monitoring of accidents/incidents, lack of supervision and managerial support and management of confidential information.

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

At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation. However, further improvement is still required in some areas. These have been discussed in the appropriate sections of the report.

- The registered manager had addressed many of the areas of concern raised at the last inspection and had improved the governance systems. We saw a range of audits had been completed monthly. These included audits around infection control, care records and staff records. Any actions identified had been addressed.
- The registered manager had a better understanding of their duties and responsibilities and had worked hard to implement the changes necessary to improve their oversight of the home. They told us, "I know that I am here to make sure this home runs properly."
- There was a clearer understanding of how management and administrative tasks were shared between the registered manager, nominated individual and administrator. This ensured that each person knew their specific role and associated tasks.
- Improvements had been made to the fabric of the building, including the completion of new flooring on the ground floor.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.
- The CQC inspection rating from our last inspection was displayed in the home, as required.

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

- Friends and family, staff and people who used the service had completed questionnaires to give their

opinion about the service.

- The registered manager was easily available for relatives and people who used the service to discuss any issues.
- Staff meetings were held regularly. These provided an opportunity for communicating information about the service, discussing concerns and gathering feedback from staff.
- The registered manager was in the process of creating a staff room. This included a white board so that information about training and other staff matters could be displayed.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with health and social care professionals.
- Since our last inspection the registered manager had started to attend the local authority 'provider meetings'. This is a forum for sharing information and best practice among social care providers in Oldham.
- The registered manager was receptive to feedback throughout the inspection and was keen to further improve the service.

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

- Staff said they enjoyed working at the service and spoke positively about the registered manager and their colleagues. Comments included, "She will try her best to sort things out, even personal things", "She's there to listen" and "We really do get along very well."
- Care staff felt able to make suggestions or raise concerns.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the safe management of medicines.