Potensial Limited

Parkside Lodge

Inspection report

17-19 Windermere Street
Gateshead
NE8 1TU
Tel: 0191 4770719
Website: www.potens-uk.com

Date of inspection visit: 21 & 23 July 2015
Date of publication: 09/11/2015

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

Overall summary

This was an unannounced inspection which took place over two days, 21 & 23 July 2015. The last full inspection took place in May 2014. At that time, the service was not meeting the regulations inspected and we asked them to take action for assessing and monitoring the quality of service provision. Action was taken by the provider and we checked this outstanding issue in January 2015.

Parkside Lodge provides accommodation and personal care for up to 12 people with mental health needs. It is in a residential area of Gateshead in two joined terraced houses over three floors. There were eight people resident at the time of the inspection.

The service did not have a registered manager; there was a manager who had been in post for the previous eight months who had made an application with us to register. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

We found that people's care was delivered safely and in a way of their choosing. They were supported in a manner that reflected their wishes and supported them to remain as independent as possible.

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed when people's conditions changed.

Staff felt they were well trained and encouraged to look for ways to improve their work. Staff felt valued and this was reflected in the way they talked about the service, the manager and the people they worked with.

Staff were encouraged to access training to meet the needs of people who used the service. Additional external training had been sourced by the manager to support the development of the service.

The building was in the process of being refurbished. People had been involved in decisions about the re-decoration and their rooms were personalised and comfortable.

People, relatives and external professionals were complimentary of the service, and were included and involved by the staff and manager. They felt the service being provided met their needs well.

There were high levels of contact and supervision between the staff and people who used the service, seeking feedback and offering support as people's needs changed over time. People felt able to raise any questions or concerns and felt these would be acted upon.

Staff were seen to be caring and to have a strong relationship with people. Relatives and external professionals said the staff team knew how to care and were innovative in finding ways to improve people's quality of life. People told us the staff team was consistent and staff knew them well.

The service had a manager who was considered approachable and supportive by people, relatives, staff and external professionals. People and their relatives told us the manager helped to bring the person led values of the provider into the services through support and mentoring of the staff.

Summary of findings

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 keep people safe and prevent harm from occurring to them. The staff were confident they could raise any concerns about potential abuse or harm, and that these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns and had regular contact with the manager.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment records demonstrated systems were in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and audited to make sure people received their medicines as required.

Is the service effective?

Good

The service was effective. Staff received on-going support to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their work and identify training needs. Staff attended the provider's induction and training.

Arrangements were in place to request advice and support from health and social care services to help keep people well.

Staff had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say and this was reflected in their care plans.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's rights and choices.

The staff knew the care and support needs of people well and took an interest in people to provide individualised care.

Is the service responsive?

Good

The service was responsive. People had their needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made in response to requests from people using the service and advice from external professionals was followed appropriately.

People could raise any concerns and felt confident these would be addressed promptly through regular meetings with the manager.

Summary of findings

Is the service well-led?

Good

The service was well led. The service has a manager in the process of registering who had regular contact with people and staff. There were systems in place to make sure the staff learnt from events such as accidents and incidents. This helped to reduce the risks to the people who used the service and helped the service to improve and develop.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery. The manager was making changes to the service to suit the needs of the people using the service.

People, relatives and staff we spoke with all felt the manager was caring, approachable and person centred in their approach.

Parkside Lodge

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 21 & 23 July 2015 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Additional information from the local authority safeguarding adult's team and commissioners of care was also reviewed. We also reviewed information the provider had sent to us about their present service provision as well as plans for the services development. This is called a Provider Information Return or PIR.

During the visit we spoke with five staff including the manager, three people who used the service and one relative. A medicines round was observed. We also spoke with the two external professionals who regularly visit the service either on the visit itself or via phone afterwards.

Three care records were reviewed as were two medicines records and the staff training matrix. Other records reviewed included, safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, four staff recruitment/ induction, supervision and training files and staff meeting minutes. The manager's action planning process was discussed with them as was learning from accidents/ incidents records. Other records reviewed also included the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen, laundry and dining areas, office and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. They told us they felt the staff team helped to keep them safe and supported them in a way that did not restrict their choices. One person told us, "They keep me safe, and stop anyone else here from being unsafe." Staff had attended local safeguarding adults training and were aware of the issues and vulnerabilities people may face from themselves and the community due to their complex needs. They were able to tell us how they used the support of external professionals to keep people safe and assist in the development of comprehensive care plans and risk assessments.

Staff had developed comprehensive care plans which highlighted areas of risk for each person. We saw that these risks had been assessed with the involvement of the person concerned and took into account their wishes and choices, where they had capacity. Where people did not have capacity, staff had assessed this, involving the person, family members and external professionals as appropriate. These plans set clear goals, and made contingencies for any untoward events. These were reviewed regularly and records showed that progress was made in reducing the risks, and over time the level of support needed for some people.

Staff and external professionals were able to tell us about some of the risks that people may face. One example was a client who was vulnerable financially due to limited insight and poor financial management. They had worked with the persons care manager and the persons financial appointee to put a plan in place that allowed the person to make measured progress over a period of time. The progress that had been made meant the person had now saved for a holiday.

The manager carried out regular checks in the building to ensure safety. The building was part way through a refurbishment and we saw vacant rooms that were being improved, as well as a schedule to replace carpets and refurbish the communal areas.

We saw that the home had contingency plans in place to manage emergencies that may occur. We noted that this needed updating, and by the second day of the inspection the manager had taken steps to update this, as well as create a review process so it would always be up to date in future.

We saw that the manager had a system in place to log accidents and incidents and learn from these. They used a computer system on which staff could log issues and they could then action and complete any changes that needed to be made. The examples we saw showed that the service learnt from minor incidents and took steps to prevent reoccurrence.

Staff told us they could raise any issues they had either with the manager or the area manager. They felt any concerns they raised would be listened to and dealt with appropriately.

People told us there were enough staff to meet their needs throughout the day and night. Staff told us they felt they had enough staff at all times to meet the needs of people living there. The manager told us they would review staffing levels each time a new person moved into the service, as well as if people's needs changed.

We saw that staff had followed a common recruitment process that included an interview, the checking of references and a disclosure and barring service (DBS) check. The DBS carries out criminal records checks to help employers make safe recruitment decisions. We looked at recent recruitment files and spoke to staff who confirmed the process.

Staff handled medicines safely and hygienically and completed medicines records accurately. Staff were trained and mentored into the role to ensure they were appropriately skilled and knowledgeable. Audits were undertaken by the manager to ensure that staff remained consistent. There was evidence seen of liaison with external professionals, such as psychiatry and GP's for advice about medicines. Staff watched for potential side effects and sought medical advice as needed as peoples condition changed. We saw that one person returned from a GP visit with a new prescription. Staff queried the medicine as they were aware it may not have been suitable given their existing medicines. They contacted the person's regular GP for advice. The GP revised the medicine and thanked the staff for noticing the possible risk of side-effects.

Good

Is the service safe?

Staff were responsible for cleaning the home and supporting people to keep their rooms clean and tidy. The correct equipment was available to support them and we found the service to be clean and tidy throughout.

Good

Is the service effective?

Our findings

The service was effective at supporting the people who lived there. One person told us "They (Staff) do what's needed and they make an effort to do that little bit more." A relative told us "They look after X and keep them going, its more than most have managed." We found that the service was able to meet the needs of people who lived there and supported them well. An external professional told us, "Parkside Lodge meets their challenging needs well and has managed someone who was previously hard to place."

All staff went through a common induction programme, and we could see that specialist training on issues such as drug and alcohol management and mental health awareness had been sourced by the manager to support staff. We could see from records that staff were up to date with key training, such as health and safety, and staff told us they found the training helpful in their roles.

Staff were regularly supervised by the manager and records were kept to show what had been discussed including any issues that affected people using the service. Staff had an annual appraisal which included reviewing their work performance and their training and development needs. Staff were encouraged to identify additional training based on the changing needs of people. Records of supervision and appraisal showed how clear goals were set for staff to develop and collect ideas on how to improve the service.

Minutes of staff meetings were available which showed discussion and group learning took place about peoples changing needs. For example discussion about the activity programmes in the service, as well the social media policy. Staff told us they found these meetings useful to discuss the issues that affected them as well as ways to improve the co-ordination of the team.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. We discussed these with the manager and staff who were able to identify what steps they needed to take if a person may be eligible. The manager had made appropriate referrals and where a deprivation application had been declined they showed us how they had adapted the person's care plan accordingly.

We saw in care plans that people's ability to make decisions had been assessed where it was unclear if they had capacity. These showed that the staff and manager had considered the risks and benefits and worked with the person to discuss the subject before making any conclusions. Where necessary they had referred to external professionals and advocacy support as needed. We could see that people's right to make unwise choices was respected by the service and this was reflected in care plans and risk assessments.

People told us they liked the meals and food on offer. People could access the kitchen and make drinks, or were supported by staff. Staff told us how they added new choices into the menu's or had one off menu's as part of the services activities programme. People told us this made a nice change, but they could still ask for an alternative if they didn't like the planned menu. People were encouraged to eat a healthy diet and fresh fruit and vegetables were available on the menu.

We saw from care plans that people were supported to access local healthcare services. Staff assisted people to attend appointments with dentists and opticians, as well as specialists when required. Healthcare planning in the care plans identified people's long term health care needs and were updated after any healthcare appointments. Peoples mental health needs were supported, with appointments to psychiatry services as well as through the ongoing training programme for staff in areas such as mindfulness.

Good

Is the service caring?

Our findings

People told us the service was caring towards them. One person told us, “It’s like a family in here and the staff and other residents (people using the service) all look out for each other.” Another person told us “They are a caring staff team.” We saw that staff and the people living at Parkside Lodge knew each other well and were able to tell us about each other’s likes and dislikes. External professionals told us that the staff took a caring approach in their work. They told us they had performed well with people who had a history of previous placement breakdown, working alongside the person to gently challenge their negative behaviours.

We saw that people and staff were relaxed in each other’s company, spending time with each other doing household tasks, or when talking about upcoming events in the service. Staff told us they thought of the service as part of their extended family, and would often have contact outside of rostered hours to check in if a person had been unwell for example.

We saw that the people living at Parkside Lodge were involved in the development of the service, informally and via a ‘house forum’. These were regular meetings at which issues could be raised and potential solutions could be discussed. For example planned activities were a regular topic, and people told us that they liked the recent changes made. We were told by staff and people how they had been involved in decisions about the re-decoration of the service. We talked to the peoples ‘house rep’ about their role and what this had meant. They told us this was a key link between the people living and working at Parkside Lodge and helped improve communication and planning for any changes. Their role was to help ensure that all views of people living there were represented at the forum.

In the service’s reception area we saw that there were notice boards with information about the house forum, as well as advocacy and health support information. Staff were able to tell us about when they would contact external professionals or advocates if they felt a person needed additional support with an issue.

The manager told us about their ethos for the service, about supporting people to make choices and helping them to work through some of the issues that led to them being at Parkside Lodge. The staff we spoke with repeated that key message, about accepting people for who they were, and working alongside them to help manage their needs.

We saw that people’s confidentiality was respected by staff. When people received their medicines, the office door was closed and blinds drawn for privacy. We saw that care records were kept secure and staff told us that whilst the service liked informality, they still needed to ensure they did not discuss people’s needs in communal areas.

People told us they were supported to develop independent living skills in the service. Goals around money management, food preparation and personal care skills were evident in peoples care plans.

Good

Is the service responsive?

Our findings

The service was responsive to the needs of the people living there. People told us that the staff were always there when they needed them. One person said "Staff bend over backwards to help", another told us "They have a commitment and understanding towards us." An external professional told us "The service has always responded positively to the challenges (Person) posed them. They have worked towards creating a calmer person who is now more open to suggestions and change." Both external professionals we spoke with told us the service contacted them quickly if they had any issues and that they responded positively to advice and support.

The care plans we looked at contained details about a person's needs, as well as their plans for the future. These were detailed and person centred, talking about people in terms of goals and progress. The plans seen were detailed and indicated where staff should encourage people to self-care, and where they should provide support. They also gave information about the person's condition and could be used by staff who were not familiar with the person's needs. Review records were examined which showed that changes were made over time and that plans were updated. We saw that people had been involved in the creation of their care plans and were involved in reviews.

Care plans contained 'hospital passports' which could be taken with the person if needed if they required a visit to hospital. These gave information about people's needs, advice about how to support them as well as key contact information.

The service had regular planned activities inside and outside in the community. Some people attended external activities independently or with support and staff encouraged people or assisted with prompts and reminders. Staff and people used the 'house forum' to develop, discuss and plan future activities. People we spoke with enjoyed these activities, which included themed nights, with a meal and activities, such as a Mexican themed night. People told us they also took part in activities around people's birthdays and other seasonal festivities. They told us they were well attended, including by staff who were not on duty.

The service also held a regular 'coffee morning' where families, external professionals and others were invited to pop in and spend time informally with each other.

People were encouraged to develop their own activities and interests and took part in voluntary work, trips out, or visited the cinema regularly.

People told us they would complain if they had any issues, and that they felt the staff and manager would respond to any concerns they raised. Staff told us that people did not usually need to raise formal complaints as the 'house forum' and the 'house rep' functions meant issues were raised quickly before they escalated. The manager confirmed this and was able to tell us the process they would follow if a formal complaint was raised by anyone. They told us the process of listening and involving people before making any changes meant they were less likely to get complaints.

Good

Is the service well-led?

Our findings

People told us the service was well led, by a manager they trusted. One person told us "X is back after working away, and we are glad to see them back." Staff told us they trusted the manager (who had worked at the service previously), and that they brought a way of working which they found positive and supportive. A relative we spoke with told us they had been pleased to see the manager return, it had re-assured them after a period of change in the service.

The manager had developed a positive culture which was reflected by the staff team when we talked with them. They wanted staff to be supported, trained and be their best as they felt that this was what the service and people deserved. They were able to tell us how they had improved the supervision and appraisal process, and encouraged staff to question how the service operated. They were open about some of the issues they had faced to effect change, the ongoing work to improve the fabric of the building, and the work they hoped to do. One example had been the use of agency staff due to long term staff absence. They had now recruited to the posts and were supporting the new staff through induction and into their roles. They had also sourced additional external training for staff to develop their response to peoples mental health needs.

There was evidence in care plans and from talking to people and staff that the service worked well with families, and external professionals. Feedback from external professionals was that they felt the service was always trying to improve. External professionals told us the manager had taken steps to improve the quality of the service, as well as mentor the staff to create positive outcomes for people.

The manager was able to show us the daily check list they had put in place to monitor the service. This had led to issues being identified quickly and being resolved, for example repairs to the building. They also showed us the system of regular audits they undertook of care plans, building and safety checks. They showed us the computerised recording system they used to track actions and outcomes. This was checked by the provider's area manager when they visited the service regularly.

The registered manager was clear in their requirements as a registered person, sending in required notifications and reporting issues to the local authority or commissioners when required.

We reviewed minutes of staff and 'house forum' meetings. These were detailed and evidenced discussion about new ideas and solutions. From these we could see that the manager engaged with people and staff in developing the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.