

Parkside Nursing Home Limited

Parkside Nursing 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

Parkside Nursing Home is a care home which provides nursing care for up to 34 older people, some of who may have dementia. At the time of our inspection 24 people were living at the service.

There was a registered manager in post. 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 inspection took place on 27 July 2016 and was unannounced.

There was positive feedback about the home and caring nature of staff from people who live here. People were safe at Parkside Nursing Home.

Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team, CQC or the police.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Accidents and incidents were recorded and acted upon. In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building.

There were sufficient staff on duty to meet the dependency needs and preferences of the people that lived there. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Staff were knowledgeable and received a comprehensive induction and ongoing training, tailored to the needs of the people they supported. They also received regular supervision.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Throughout the inspection day staff were heard to ask people for their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and specialist diets either through medical requirements e.g. diabetic

meals, or personal choices organic foods were provided.

People were supported to maintain good health as they had access to healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help and made sure they received appropriate treatment.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff talking with people and showing interest in what people were doing and comforting them in an appropriate manner.

People could have visitors from family and friends whenever they wanted and there were positive relationships between people and staff which allowed people to express their views.

Care plans were detailed and provided good guidance for staff to reference if they needed to know what support was required. People received the care and support that reflected their needs and preferences.

People told us they enjoyed the activities on offer. There was a range of activities that met their social needs.

People knew how to make a complaint if they needed to. Complaints had been effectively resolved in line with the complaint procedures.

People and relatives gave positive feedback about the management of the service and felt they could speak to the registered manager whenever they needed to.

Quality assurance checks were effective at identifying areas where the service could improve. We saw that the records and policies in the home provided an effective tool for the registered manager to gain an oversight into how well and effective the service was run.

The registered manager notified us appropriately of incidents in 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 understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered safely and people received their medicines when they should. Medicines were stored and disposed of safely.

Risks were assessed and managed well; individual risk assessments provided clear information and guidance to staff.

Is the service effective?

Good ●

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had choice of food and drink. People's weight, food and fluid intakes had been monitored and effectively managed.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good ●

The service is caring.

Staff cared for people in a way that upheld their dignity and privacy.

People interacted well with staff who were respectful in the way they approached, spoke to and cared for people.

People were involved and included about the care they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans gave detail about the support needs of people. Where people could be involved in their care plans they were supported to do so.

Staff offered a range of activities that matched people's interests. People had access to the local community.

There was an effective complaints procedure in place. The staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good ●

The service was well- led.

The registered manager ensured that people's needs were at the centre of the care that was provided.

Staff felt supported and listened to. They were confident they could discuss any concerns they had with the registered manager.

People and their families were supported by staff to become involved in improving the service.

There were robust quality assurance processes in place which were used to improve the quality of care that people received.

Parkside Nursing Home

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 27 July 2016 and was unannounced. There were three inspectors one of which had a nursing experience.

Before the inspection we reviewed records held by CQC which included notifications and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People were able to take part in discussions with us during the inspection and we observed interactions between people and staff. We spoke to seven people, two relatives, three care staff, the registered manager and the administrator. We reviewed five care plans, 15 medicine administration records, five staff recruitment files and the records of quality assurance checks carried out by the registered manager and provider.

After the inspection we contacted two relatives and three health care professionals for their views on the care people received at the home.

The service was last inspected on 2 September 2013 where we had identified a breach of regulation in respect of staffing.

Is the service safe?

Our findings

People told us they felt safe living at the home and that staff were "Kind and gentle". One relative told us that their family member was "Safe and settled". Staff told us that they knew the registered manager would act on any concerns they raised.

Staff knew what their responsibilities were in relation to safeguarding. All staff, including ancillary staff, had received training in safeguarding and knew what to look for and do should they suspect abuse or if they had concerns. Staff told us they were clear about what action they should take and could approach the registered manager who they felt would act on any concerns they raised. The registered manager had notified us of safeguarding incidents when they occurred and took appropriate action to ensure that people were protected. This included liaising with the local authority safeguarding team to ensure the incident was investigated appropriately. There were clear, current policies in place that staff were aware of which detailed the agencies that should be contacted in the event of a safeguarding concern. These policies included a whistleblowing policy which staff knew about should they need to use it.

Risks to people were well managed to keep people safe. There were assessments in place where risks to people's health had been identified. For example one person was nursed in bed and required regular turning to minimise the risk of developing a pressure sore. Staff were aware of the actions they needed to take and the signs to look for in relation to their skin deteriorating. They had an air-flow mattress which had been adjusted to ensure that the risk of developing a pressure sore was minimised. Another person was at risk of self-neglect which meant their health needed to be monitored. There were clear guidelines in place for staff to follow and action had been taken to ensure their health was maintained. Whilst they had capacity to make decisions for themselves staff had clearly explained about the risks involved to them about their care. Another person was being fed through a tube in their stomach and required thickeners in their drink. During our inspection we saw that staff were aware of this and ensured they supported them when they were drinking. Risks were reviewed on a regular basis and when required appropriate health professionals were involved.

All incidents and accidents were recorded appropriately and reviewed regularly by the registered manager to identify any themes or patterns. This was completed and action taken if needed to prevent them re-occurring. The registered manager showed us the process they undertook when reviewing these incidents.

Equipment that was used whilst providing care such as hoists were regularly checked to ensure they were safe for people to use. The registered manager and nursing staff carried out audits of the equipment to make sure it was maintained.

People would be kept safe in an emergency. There was an emergency plan in place in the event of a fire. People had personal emergency evacuation plans in place (PEEP) which guided staff on how to safely support a person if there was an emergency.

At our last inspection we found that there were not always enough staff on duty to meet people's needs. On

this inspection we found that there were sufficient staff to meet people's needs. Relatives told us that there were enough staff on duty. One said "There is always enough staff when I come to visit." Another told us that their family member "Never had to wait for care because there was always enough staff". One member of staff told us that they were sometimes busy but "Yes we have enough staff to give good care". This was also the view of visiting healthcare professionals and on the day of our inspection we observed that people were attended to promptly and that people were not waiting for help or support. The registered manager told us that they used a dependency tool to work out safe staffing levels. On the day there were two registered nurses, five care staff and ancillary staff working in the home. We looked at the staffing rotas and saw that these were the usual staffing numbers for the home.

There were robust systems in place to ensure that staff employed were recruited safely. Staff recruitment records contained information to show that the provider had taken the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Checks were carried out on nursing staff to ensure they had an up to date registration with the Nursing and Midwifery Council a system was in place to ensure their PIN was maintained.

Medicines were managed well with the administration of them being carried out by qualified nursing staff. We observed a medicines round on the day and saw that nursing staff followed best practice whilst administering medicines. When medicines were being administered the trolley where they were kept was locked and only when the person had received their medicine was this recorded on the medication administration records (MAR) charts. MAR charts contained specific information about people such as allergies. There were no gaps in recording and there was relevant information about certain drugs such as the administration of trans-dermal patches and anti-coagulant medicines.

Medicines were stored securely in lockable cabinets in a secure room and disposed of safely using an external provider. Medicines were labelled with the date of receipt, date of expiry and when they were opened so that staff were able to identify easily what medicines
Where people took 'as needed' (PRN) medicines such as pain killers they had a PRN protocol held with the MAR charts which described the reasons for use, the maximum dose, minimum time between dose and possible side effects.

Is the service effective?

Our findings

People told us that staff were "Fantastic." Another said that staff "Look after me so well." We spoke to a healthcare professional who regularly visited the service who told us that staff were "Exceptional" and "Very confident." A relative told us that their family member had "Blossomed since they moved into the home" they also said that "They had started to respond so much better to their surroundings and to their visitors which was very pleasing to the family."

Staff told us they received training that enabled them to carry out their role. One member of staff said there was "Lots of training on offer". Another said that the training they received was "Relevant to their jobs."

Staff were knowledgeable about peoples care and nursing needs and received training to support them in their role. We saw from training records that all staff were up to date with their mandatory training which included topics that were specific to the people they were supporting. For example there was dementia awareness training, dignity in care, risk awareness and end of life care. Where nurses needed training to support their professional registration this was provided as well. There was a clinical lead to support the registered nurses who kept themselves up to date with the latest developments in nursing.

There was an in-house trainer who provided regular courses to staff, they told us that staff were "Receptive" to training. A record of staff training needs was maintained so that staff were kept up to date with current best practice. Staff told us that they received regular supervision where they were able to discuss concerns, training needs and any other subject that related to their role. Staff told us they valued these supervisions as they were an opportunity to speak openly with the registered manager. One said "I can say what I like, I can speak to the manager anytime. It's good to have time to sit down and talk one to one." One member of staff was working as a care staff and was being supported to obtain a professional nursing qualification. Staff told us there was a comprehensive induction process which started with training in aspects of the role and was followed by shadowing experienced members of the team.

Staff were able to describe the principles of the Mental Capacity Act 2005 (MCA) in detail and how they applied it in the service. Staff told us that they understood they needed to act in people's best interest. Where people lacked capacity to make some decisions, there were mental capacity assessments completed. The 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. One person had a significant health condition. A best interest meeting had been held and it was established that they had the capacity to make their own decision but this was kept under review to ensure they received appropriate care and treatment.

We saw that for day to day decisions staff ensured that peoples choices were respected. We saw staff ask permission before they moved people for example. One member of staff told us that they would respect people's wishes if they didn't want to do something and would go back to them afterwards to see if they had changed their mind. We saw this happen on the day of the inspection.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

We observed the lunch time period and saw that this was a social occasion for people, staff interacted well with people. Two relatives had joined their family members for lunch which staff told us was a regular occurrence. Comments about the food included it was "Very nice" and "Very good". One relative told us that their family member had regained their appetite and that the food was "Always good." Another relative told us that as a result of the meals and the way they were presented their family member had "Regained their appetite."

People had a choice of what they could eat at lunchtime, the menu was barbequed chicken, potatoes and vegetables of savoury mince. We saw staff offer people choices. During the day people were offered plenty of drinks such as tea and squash to keep them hydrated. One person liked to have an alcoholic drink which was provided by staff and they clearly enjoyed. The chef was knowledgeable about people's dietary needs and served the lunch in the dining area. We saw them walking round asking people if they liked the food. The chef kept a list of people's likes and dislikes, whether they had any allergies and was aware if people were diabetic. One person was on a soft diet and this was served with the food pureed separately so it looked more appetising. Another person who was on a soft diet ate all their food and staff were heard encouraging them whilst they assisted her. She responded positively to this by smiling. Another person was given thickened fluids and was supported appropriately by staff.

The service routinely weighs each resident monthly to ensure that they are maintaining a healthy weight. The registered manager told us that this would be increased if a person appeared to be losing too much weight or gaining weight. The service used a Body Mass Index (BMI) chart for all the people who they support in order to calculate a healthy weight for each person.

The registered manager told us that the staff maintain a nutrition chart where they record everything the people eat and drink on a daily basis. The service will also use an additional fluid balance chart if there is a worry that a person is not drinking enough to remain healthy.

People were supported to maintain their health and wellbeing. Everyone was registered with the local GP who visited regularly. There were also links with the tissue viability nurse for those people that needed support in relation to pressure sores. There were close links with the local hospice that supported the home to deliver effective end of life care.

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "Everybody (staff) is so kind and gentle." Another person said, "The staff are very pleasant." A family member told us that "They have witnessed exceptional care and that it is always done with great dignity and discretion." A staff member said, "All (the staff) really care about what we are doing." People told us they could have relatives and friends visit whenever they wanted. We saw two family member visit the service to join their relative at lunch which staff said was a regular occurrence. One family member told us that visiting the service was "Lovely" the service was "Just pleasant and the staff make you feel so welcome."

It was evident throughout our observations we saw that there was a high level of engagement between people and staff. Consequently people, wherever possible felt empowered to express themselves and receive appropriate care in a warm and inclusive atmosphere. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing.

Staff were very caring and attentive to the people they supported. They knew the people they looked after and involved them in making decisions about their daily lives. Throughout our inspection staff had positive, warm and professional interactions with people. We observed one staff member reassuring one person by simply moving to sit beside them and talking to them in a reassuring way. All the care staff were seen to engage with the people in a friendly way and asking their opinions and encouraging them to become involved in activities that were happening around them.

Staff were knowledgeable about people and things that were important to them for example their families, favourite holiday destinations and any other relevant histories that was important to them. Throughout the inspection it was evident the staff knew the people they supported well.

One member of staff told us that "They try really hard to remember things of importance to the residents it just helps when you can make a strong link with them." They were able to tell us about the people they supported without access to the care notes, including their hobbies and interests, as well as medical support needs.

We observed staff communicating effectively with people. We saw that when providing support staff checked with the person to see what they wanted. The staff were unhurried and had time to spend with people and to have meaningful conversations with them.

Staff treated people with dignity and respect. During lunch we observed staff ask people if they wanted to wear protective aprons. The people who did not want had their wishes respected. The staff were kind and attentive and treated people with dignity and respect at all times. They did not intervene unless the person could not manage or requested help this was done in an unobtrusive and caring manner.

One visiting health care professional told us that the staff "Provide excellent care and they are so respectful of the people they support" and they are very "Mindful of people rights."

People's rooms were personalised which made it individual to the person that lived there. One person told us how important it was for them to have their own possessions around them and how it made them "Feel at home."

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs. People had access to religious services in the home so they could practice their faith.

There were regular house meetings which everyone in the home was invited to. Relatives also attended to ensure that their views were included. One relative told us that they were involved with their family member when a review of their care was completed.

Is the service responsive?

Our findings

People's care and support was planned with them or in conjunction with their families and with health care professionals. People's needs were fully assessed before they moved into the service to ensure that their needs could be met. One relative told us that "As a family we sat down with someone from the home to discuss what they needed and how we would like to see their care develop." They told us that their family member lacked capacity to make important decisions so it was "Essential that the home got the right information to make sure that when they moved in a basic plan was there to be developed as they got to know their relative."

Once the pre-admission had been completed a person-centred care plan was developed which included all aspects of a person's care such as their healthcare needs, social needs and risk assessments. For example one person was living with dementia and was at risk of falling. The care plan detailed specific guidance for staff around this. The care plans were reviewed regularly at least monthly. If people's care needs changed this would be reviewed sooner if needed. One person was fed through a tube, in consultation with an enteral nurse specialist it was identified that staff needed further guidance and this was provided to them.

There were regular staff handovers involving the care and nursing staff so that any changes to people's health or well-being were discussed. One member of staff told us this was a useful way of keeping up to date with how people were. One person wanted to eat organic food and the registered manager had ensured that this was provided.

Staff were responsive to people's needs. During the inspection we saw that staff responded flexibly to people's requests to do things that they wanted. People's individual routines and preferences were respected. We saw that people were free to spend their time as they wished. People told us that they could get up and go to bed at times of their choosing and staff told us that they were very flexible around this.

There were regular house meetings where people could discuss a wide range of items and topics. During the most recent meeting they discussed the further development of "Residents personal stories" to give the staff an even greater idea about the people they were caring for. They also discussed changes to improve the activities that were provided by increasing the reminiscing collection to "Encourage good memories" for the people who live there.

People were able to access a range of activities that were designed to help engage with others or on their own. There was a weekly programme for people which the activities coordinator organised and developed to meet the needs of the people who lived at the service. Activities included events that might interest people such as quizzes and reminiscence sessions. Information was available to people around the home on notice boards and event planners. It covered areas such as local events that people may be interested in or visiting entertainers that were coming to the service.

On the day of our inspection we observed the activities coordinator organise a word association game where people had to complete a sentence from a well known phrase. We saw that this generated a lot of

noise and interest for the people who took part. One person told us how much "Fun the activities were." Another person told us that they "Enjoyed" the word game. We were told by a relative that their family member got a great deal of enjoyment out of being included in the activities as they had been quite isolated when they lived at home.

People were supported by staff that listened to and would respond to complaints or comments. All the people we spoke with said they had never had to make a formal complaint. One person said, that they did not have any complaints as they were "Looked after so well." Another person said that they were more than "Happy to complain if I ever needed to." One relative told us that they did not make a formal complaint but raised a "Grumble" about the way their family member's laundry was being done for them because they felt it was damaging some items. They said that the senior nurse they spoke to took immediate action and spoke to one of the laundry staff who took action and resolved the issue.

There was a complaints policy in place. The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. There had been two formal complaints received at the service since our last visit. The registered manager told us that both complaints were resolved within the time frame set in the complaints policy and effectively resolved. We looked at the complaints log and the complaints demonstrated the actions that were taken and the final response from the person who made the complaint to indicate if they were happy with the outcome. One relative had complained about the temperature in their family member's room. As a result the registered manager installed thermometers to people's rooms which were checked regularly.

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the registered manager. One relative told us that they thought the registered manager had an excellent relationship with the people who lived at the service and the staff. They continued to say "That there was nothing that was too much for them" and that the registered manager went "That extra mile to include everyone in the home." Another relative told us that they felt the registered manager "Fostered a positive culture in the home." A health care professional told us that the registered manager "Led by example" and they are always keen on getting extra support from professionals outside the service if it will provide better support for the people.

During our inspection we observed positive interactions between the registered manager and the people who lived at the service and their visitors. The registered manager, nurses and the senior carers ensured the people who lived at the service received a good standard of care. Staff told us that the registered manager had a hands on approach to care and support, and were very visible in the home on a daily basis. This made them accessible to people and staff, and enabled them to observe care and practice to ensure it met the needs of the people who lived there. We saw this to be the case of the day of the inspection.

Staff told us that they enjoyed working at the service and that the registered manager was a "Good manager." Another told us that they were very "Knowledgeable" and encouraged staff to fully participate in the training offered by the provider.

The registered manager told us that people were included in how the service was managed. The staff regularly asked people what they thought about the service and if everything was okay. Relatives were also asked for feedback on how the service was run and how they thought their family members were being supported. One family member told us that they are "Reassured that the staff always ask for our thoughts on the care our relative gets and if we have anything else we would like to mention."

The registered manager also ensured that people were consulted for feedback to see if the service had met their needs. This was done annually by the use of a questionnaire. All the responses from the last survey were positive about the home and staff. People who lived there and their families were involved in these questionnaires, which not only covered all aspects of care and support provided at the home but included a wide range of questions including what people thought about the "External appearance of the building" and if "Residents privacy and dignity" was being respected. The score from people and relatives from this 4.7 out of 5.

Staff felt supported and able to raise any concerns with the registered manager. One staff member said, "The manager is really good and is fair too." Another staff member "If I had a problem, I'd go to X straight away" and "I know we can talk about it in private if it needs to be kept between us." Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

There were regular audits completed by the registered manager to identify if there were any issues that needed to be addressed and to help improve the service. Regular audits included the environment, care plans, fire safety and medicines. During one recent audit of equipment it was identified that two slings needed to be replaced due to wear and tear. There had been recommendations from Surrey Fire and Rescue Service which had identified the need for improvements. We saw that action had been taken to address this. The provider also employed a quality assurance manager who regularly visited the service and conducted 'mini inspections' to monitor the quality of the service.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.