

Potensial Limited

# Parkside Lodge

## Inspection report

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Date of inspection visit:  
18 August 2023

Date of publication:  
11 October 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Parkside Lodge is a residential care home providing personal care to people living with mental health conditions. There were 9 people living at the home at the time of the inspection. The service can support up to 12 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: Risk assessments that were put in place encouraged people to live independent lives. Positive risks were taken to enable people to access the community and in some cases manage their own medication with the support of staff.

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.

Right Care: Peoples wishes and choices were reflected in their support plans. The home took steps to engage with people so that their voices were heard.

Right Culture: The registered manager spoke passionately about the values of the home; communication, honesty and teamwork. Staff that we spoke to understand the home's "challenge charter" which encouraged them to speak up about concerns. Both people and staff spoke positively of the environment and we witnessed managers taking steps to promote this.

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

### Rating at last inspection

The last rating for this service was good (report published: 16 January 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkside Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Parkside Lodge

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of an Inspector and a National Investigator who jointly visited the premises. An Expert by Experience was also part of the team and made contact with people via telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Parkside Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Parkside Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted the local authority and Healthwatch to request feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

## During the inspection

We spoke with 7 people who used the service about their experience of the care provided. We also spoke with 3 members of staff including the registered manager and 2 support workers. We also spoke with a probation officer who worked alongside the service for feedback. We looked at the recruitment records for 2 staff members and a variety of records relating to the management of the service, including quality audits, risk assessments, and policies. We also reviewed the care plans of 2 people who lived at the home.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place that protected people from abuse including an up to date safeguarding policy, a safeguarding information board and safeguarding as an agenda item in team meetings.
- Staff had received training in safeguarding and understood how to report concerns if they had them. The registered manager also acted as a safeguarding champion for the home. A support worker told us, "I would be happy to raise with the manager if I had concerns or above her if it was about her."
- People told us that they felt safe living at the home. When asked if they'd ever felt unsafe, one person told us, "Not one bit. This is the safest I feel and when I found out I was coming back I felt over the moon."

Assessing risk, safety monitoring and management

- Risk assessments had been put in place that aided staff to care for people safely.
- The service promoted positive risk taking to maximise people's independence. This included ensuring people had access to the community and physical exercise via an on-site gym.
- Health and safety risk assessments we saw were complete and up to date. The registered manager explained to us that assessments were completed in pairs so that a second opinion could be captured.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff had received training in the MCA and had attended a training workshop to support them with DoLS.
- An up to date policy was in place that staff had access to for guidance in relation to the MCA and DoLS and staff understood what to do if someone did not consent to their care.

Staffing and recruitment

- There were enough staff available to support people who used the service. One person told us, "They know us quite well. We talk about whether we have enjoyed the meal, sport, my painting and the news".
- Staffing levels were assessed to support care plans from the local authority and on busy days such as shopping days that 1:1 care needs could still be met.
- Safe recruitment checks were carried out to ensure that people who worked the service were suitable to do so. This included professional references and checks from the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Systems and processes were in place to manage medicines safely.
- Staff supported some residents with recording medication to self-medicate and promote their independence.
- Medicines were stored securely in locked cabinets and audits completed weekly by the registered manager. Additional checks were also carried out by the area manager.
- The competency of staff using medicines was regularly reviewed and observed by the manager and the use of a medicine theory assessment was also in place for staff.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting arrangements in the home aligned with government guidance and there were no restrictions in place around this.

#### Learning lessons when things go wrong

- Incidents were recorded and the themes from lessons learned were shared with staff in face to face and virtual team meetings to ensure that action was taken and they were not repeated.
- Learnings from things that had gone wrong were updated in people's care plans and registered manager and operations director alerted staff of changes.



# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture within the home. One person told us, "It's a happy home and a really good environment."
- A positive working environment was observed with multiple staff wellbeing initiatives in place to recognise good working practises which were recognised in team meetings. During our visit we observed the manager presenting a staff member with flowers and chocolates. Wellbeing of staff was discussed in team meetings and personal support had been provided by senior management following a death within the home.
- People spoke of having confidence in the manager and told us she was accessible in her role. One person told us, "I have 100% confidence. I have to learn to trust because I have been let down so many times. She is so caring and understanding. Everything you need in a manager. She goes above and beyond to keep everybody happy and safe. I feel so safe with her and I have a lot of confidence in her."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility in relation to the duty of candour and we saw evidence of referrals and notifications raised when incidents took place.
- A complaints policy was also in place and we saw evidence of complaints being recorded in a complaints register, investigated and responded to.

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

- The registered manager understood their roles and responsibilities and promoted the home's values whilst making sure that they understood the quality of the care provided and worked and recorded and actioned risks appropriately. The registered manager told us, "Our challenge charter is embedded in the induction".
- The registered manager carried out a number of quality audits to monitor the performance of the home and additional quality checks were carried out by the area manager for oversight.
- Effective business continuity plans were in place which considered a number of scenarios to keep people safe should something go wrong and had arrangements in place for alternative emergency accommodation with another local business.

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

characteristics; Continuous learning and improving care

- People felt well supported when things went wrong. A person we spoke to told us, "I have confidence in the support from all the staff. They will always speak to you. We go out and do nice things together".
- Staff understood how to raise issues and believed they would be dealt with if they did. A support worker told us, "I feel well supported, [the manager] has an open door".

Working in partnership with others

- The home had a good working relationships with other organisations including podiatry, forensic team and speech and language and we received no negative feedback from the local authority or Healthwatch when we contacted them.
- A visiting probation professional we spoke to told us that "we have a good professional relationship, if there's any issues, she'll contact me" and that "everything has been spot on so far".