Care Quality Commission

Bupa Care Homes (CFChomes) Limited

Parkside House Nursing Home

Inspection report

Parkside Road
Reading
Berkshire
RG30 2DP

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29 February 2016

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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

This inspection took place over two days on 25 and 29 February 2016, and was unannounced.

Parkside House Nursing Home is a care home that offers accommodation for people who require personal and nursing care. The service is registered to provide a service for up to 75 people, over three floors. Each floor is run by a unit manager who is a registered nurse. Additional support is provided to the service by the clinical lead and the registered manager, who both having nursing backgrounds.

The home is required to have a registered manager. The manager has been in post since January 2015. 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.

Staff knew how to keep people safe. They were aware of the reporting structures and the need to report concerns promptly and confidentially. They were familiar with procedures that were clearly outlined in training as well as the service's own policies and procedures. Comprehensive processes for recruitment of staff were in place to ensure suitable employment and the protection of people against the risk of abuse. Sufficient staffing numbers of highly trained and experienced staff were provided by the service to ensure the needs of people were met. Deployment of staff was discussed with the manager during the course of the inspection, which was appropriately responded to. A rolling training programme was in place, which focused on providing the company's mandatory training as a minimum standard, with additional supporting, training offered in line with best practice.

Good caring practice was observed over both days of the inspection. People and their relatives said they were very pleased with the support and care provided. People and where appropriate their relatives, were involved in the development and reviewing of care plans. These were well documented, detailing individual preferences well and were reflective of the person's needs. Risk assessments specific to the person were contained in files, with guidance on how to manage these risks should they occur.

Responsive practice was observed during the course of the inspection. The service went above and beyond in trying to respond to people's needs and those of their relatives. Where people were unable to access the community for activities that they enjoyed, the community was brought to them.

Staff and people reconfirmed observations of good communication. The service offered an open door policy, giving people, staff and visitors the opportunity to speak with management at any time. People told us that they were treated with respect, at all times. Staff always ensured they preserved people's dignity when working with them. This was observed during the inspection.

People were supported by a team of staff who were competency checked prior to being given responsibility

for care. Medicines were kept and managed securely. These were observed as being administered in line with good practice. Comprehensive records were kept of guidelines for as required medicines. Audits were completed regularly and showed no medicine errors.

People who were unable to make particular decisions for themselves, had their legal rights protected. Best interest decisions were clearly recorded in care files when people were unable to make decisions for themselves or lacked the capacity. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provides protection legally for people who are vulnerable or may become deprived of their liberty.

The quality of the service was monitored by Bupa. Feedback was obtained from people, visitors, families and stakeholders and used to improve and make any relevant changes to the service. Comprehensive audits were completed that produced reflective action plans that identified timescales for improvement. Evidence illustrated this was actioned promptly.

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.

People were kept safe from abuse by a staff team who understood how to report any concerns that they had.

Risk assessments and emergency plans had been completed for people.

The provider had a comprehensive rolling recruitment procedure in place. People were kept safe by highly trained and qualified staff. Where agency staff were used these were consistent staff.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

People and where appropriate their relatives, were involved in making decisions about their care.

Choice was offered to people during the delivery of care. Meals and drinks were offered throughout the day and reflected the person's choice.

Staff were supervised, appraised and had their training needs met.

Is the service caring?

Good

The service was caring.

Staff worked respectfully and in a caring manner with people.

People's dignity was maintained and choice was respected at all times.

Individual needs and preferences were well understood and recorded in people's care documents.

Is the service responsive?

Good

The service was responsive.

People were engaged in activities within the home and through close integration work with the community.

Where people were unable to leave the service outside entertainment was incorporated into the service.

Relationships were perceived an integral part of care. Relatives were allowed to visit at all times, and were offered the opportunity daily to eat with their loved ones.

Is the service well-led?

Good

The service was well-led.

Each floor worked independently yet collectively, in providing continual support and advice.

The service was open to suggestions, complaints and compliments, clearly illustrating correct management of these.

Processes were in place to monitor the quality of service. Quality assurance audits identified that people were happy with the service and that opinions were used to formulate an action plan to improve the service.

CareQuality Commission

Parkside House 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 25 and 29 February 2016 and was unannounced. The inspection was completed by the two inspectors on both days of the inspection. A nurse specialist advisor was asked to assist on the first day of the inspection.

We spoke with 15 people who reside at the service and eight family members, to gain feedback regarding the service they received. We also spoke with 18 staff, including the registered manager, registered nurses and, health care assistants. In addition we used the Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was used over lunchtime. We further completed general observations during medicine rounds – checking 12 people's records. We observed a handover and activities to see communication and information sharing processes.

Care plans, records pertinent to health and additional documentation relevant to support for 14 people were seen. In addition a sample of records related to the management of the service, for example complaints, compliments, quality assurance assessments, audits and health and safety records were viewed. 10 staff recruitment and supervision records were looked at over the course of the inspection.

Good

Is the service safe?

Our findings

People were kept safe by a comprehensive rolling recruitment process. This included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. The recruitment system had been implemented by the management to ensure staff were safe to carry out their roles. Gaps in employment were explained, photographic ID verification, with recent up to date photos were contained within each staff file. Where this information had not yet been obtained, staff were unable to lone work.

Medicines were supplied by a community based pharmacist. They were stored safely in a locked medicines cabinet per floor. Medicines were ordered and managed to prevent over-ordering and wastage using a Monitored Dosage System (MDS). Each person's MDS held a copy of their photo, to reduce the risk of potential error. Medication Administration Record (MAR) sheets were signed and dated correctly. Audits of the MAR sheets were carried out by staff that were experienced and trained in this particular area, to identify any errors. Observations completed during the lunchtime medicine round, illustrated that the registered nurse, followed correct procedures. Medicines were checked against people, were dispensed safely and signed off after being taken.

Records of 'as required' (PRN) medicines provided sufficient information on when these should be administered. This is a document that gives guidance to staff on what action to take prior to offering a person PRN medicines, as well as illustrating signs that indicated when PRN medicine needs to be given. This is to ensure that medicines are only given when necessary. The MAR sheet was checked in relation to the frequency of administration of pain relief PRN medicines. This was found not to be a frequent measure employed by staff, illustrating that it was given when required only.

People and their relatives told us that they felt very safe at the service. This was reflective of each floor across the provision. One relative stated, "Oh he's very safe. I couldn't ask for anything else". A person living at the service reported, "I am very well looked after. They [staff] look after me and my things well. I know I am safe."

Staff had a comprehensive understanding of safeguarding and whistleblowing procedures. They were able to describe the various types and signs of potential abuse. Training records showed all staff had either undertaken or were booked on training in safeguarding people against abuse, and that this was refreshed on a regular basis. Staff were aware of external agencies that should be contacted in circumstances where the staff thought that either the manager or the organisation were involved in the abuse. For example, the police, local authority, safeguarding team or the CQC. The service displayed signage of measures staff needed to take should they witness abuse. This was displayed in communal staffing areas. One member of staff when asked about reporting abuse stated, "Oh immediately! You don't let that go." Staff further reported that they felt the management team would effectively deal with any such concerns should these arise.

Incident and accidents were monitored. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents occurring. We saw evidence of how this had been effectively used to keep people safe through discussions in the daily clinical meetings. Successful management strategies, information was shared that helped people across the service be kept safe

People were kept safe by the use of appropriate risk assessments within which proactive strategies were used. This meant that people were not restricted. For example, when a person wanted to go to the community, a comprehensive assessment was carried out highlighting potential risks and how these should be minimised. Where it was identified people were unsafe to go out alone, rather than prevent the community outing people went out accompanied so as to manage the risks better. This could be arranged through external agencies being involved or, with the family. Personalised evacuation plans had been created for people in the case of an emergency, and were easy to read and accessible for staff.

All people had call bells located in their bedrooms. People assessed to be at risk or unable to reach the calls bells in time were provided with either emergency pendants or bracelets that they had on their body. In addition staff would complete visual checks to ensure they knew where people were. We completed a test by pressing the call bell for a person who required assistance. Staff responded within one minute. We looked at the data analysis of responding to call bells, and found that all calls were responded to within five minutes. This met the company policy that stipulated responses needed to be made within five minutes.

All maintenance safety checks were up to date, for example fire systems, emergency lighting and fire extinguishers. The provider had made alterations to the internal premises to make these safer for people as they moved around. Hand rails were fitted to areas, where appropriate, and seats were located in areas of the corridor, allowing people to rest should they need to.

Sufficient staff were employed to work on shift with people to keep them safe. Rotas illustrated that any staff shortfalls were covered generally by regular staff. However, where this could not be achieved consistent agency staff were used. This meant that both the service and people were confident that the agency staff understood their care needs and could therefore keep them safe.

We observed that people had stock of supplementary drinks placed in their room. Whilst this did not present a risk to people, the vast quantity although placed in one area could potentially be a trip hazard for visitors or staff. Similarly we found that thickening agents had been left out of people's cupboards by staff. This presented a potential choking hazard, should a person incorrectly consume this. This was immediately rectified, with thickening agents being removed from the rooms.

The home was very clean and tidy. The kitchen had received a 5 star rating for hygiene which meant that all food prepared was done so in a clean environment. Personal protective equipment (PPE) such as gloves and aprons were available for staff to use as required. Colour coded systems for cleaning products and kitchen equipment were visible. This reduced the potential risk of cross contamination.

Good

Is the service effective?

Our findings

People were cared for by a team of nurses and health care assistants who underwent a comprehensive induction process. This included completion of mandatory training and additional training that would be supportive to their role. Before commencing work they shadowed experienced staff until they felt confident to work independently and were assessed able to do so. The training matrix showed that whilst not all mandatory training had been completed for staff, this was booked for staff. The service ensured that training was both face to face and offered through e-learning. This allowed staff the opportunity to discuss any concerns with the trainer, prior to commencing employment. The registered manager told us that the competency of the staff team was checked following training – specifically using specialist equipment. This ensured that each floor manager was confident staff were able to put into practice the learnt theory, and therefore ensure effective care was delivered. The registered manager completed rounds of each floor daily. His presence reinforced staff to deliver effective care. Staff told us that the registered manager would immediately converse with staff if he observed practice that needed reflecting on. This ensured that they always focused on delivering care that was effective, safe and responsive to the person's needs.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff stated how they asked for permission before doing anything for, or with a person, if a person refused they would return when the person was happy to proceed with completing the task. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. Staff were able to describe why people were on DoLS and the implications for caring for them. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA.

We observed staff seeking consent from people by asking if they wanted help to do something and gave appropriate explanations where necessary. Where this was not possible a best interest decision was made for people who lacked capacity. This was reached in conjunction with external professionals and or families where appropriate. For example, the use of bedrails. This was noted as possibly restricting the person's movement and liberty. However the risk of potential injury was greater. In another file we found a best interest decision had been made for the administration of the flu jab. Both these measures illustrated effective practice.

Drinks and snacks were regularly offered to people, to keep them hydrated. We observed one person calling out for assistance. A nurse responded within moments. The lady had several different drink options placed on a table to her side, which had been moved by a visiting family member. She asked the nurse to assist her with these, stating which drink she wanted at which time. The table was replaced in easy reach of the person, ensuring she had access to this.

People were reminded of the meal options in advance to allow appropriate preparations to be made by the chef. Irrespective during meal time's sufficient quantities of food was prepared to allow people to change

their mind. A plate was made up of the food to be shown to people to help them process the food type.

People's health care needs were met. Daily records evidenced visits by external professionals and recorded the support offered. This included GPs, chiropody and the local mental health team. If advice or suggestions were made by a visiting professional on how to further support people, this was updated in the care plans. The service had developed hospital passports for people who were at risk of requiring hospital treatment. The hospital passport provides all the essential information in one document for staff to provide to the hospital should a person require hospitalisation.

People were assisted by a staff team that were effectively supported through staff supervision and annual appraisals. This meant that staff had the opportunity to discuss issues with their supervisor that may further enhance and strengthen their practice. In addition to the scheduled supervisions, staff told us that if they needed to speak with their relevant supervisor, they were confident to do so. For example, one health care assistant told us that she wanted to develop her skills in a particular area of practice. Her supervisor arranged for her to become the champion in this area, and allow her to share her knowledge with her team. This effective management strategy meant that the member of staff felt valued and was motivated to excel in all areas of practice.

Good

Is the service caring?

Our findings

The service was caring to the people for whom support was provided. Staff were observed speaking with respect and approaching people with care and compassion. People and their relatives stated they were comfortable with staff. One relative stated, "They really care and look after my nan. We all come at different times. They are making sure she is comfortable, we couldn't ask for anything more." Another relative stated, "My husband has been here for five years. I sleep well at night knowing he is so well looked after." The service was observed on each floor to be calm and peaceful. People could be heard interacting and laughing with staff and visitors. Positive interactions between staff and people were observed throughout the two days of the inspection. People told us that staff were very caring. This included senior management, who they felt made time to come to see them.

People's likes and dislikes were clearly known by the staff. During our interviews, staff were able to describe how people liked to be supported. This information was cross referenced against care plans and found to be accurate. For example people were referred to by their preferred name. People and their families further reported that staff knew each person well and always tried to offer assistance in the way they liked, and preferred, as opposed to what would be easy. Care plans were found to be accurate and updated frequently to ensure they were reflective of people's changing care needs and preferences.

Relatives of people reinforced that they thought the service was very caring. One relative told us that they had moved their mother to the service during the first day of our inspection. They had found the staff to be not only caring towards their mother, but also to their emotional needs. This was reinforced by several other relatives with whom we spoke. One relative of a person, who was being supported with end of life care, ate at the service daily. Staff were seen checking on the relative's welfare as well as the person to whom they provided support.

People and their relatives were told that an inspection was underway to enable them to be involved in the process should they choose to be as well as allowing them to know who was visiting their home and rooms. This was found to lower anxiety, as they were reassured of the reason for the inspector's presence. It further allowed families and people to approach the inspectors and provide valuable feedback.

People told us that staff always maintained their privacy and dignity. Before entering their room, staff would knock to check it was okay for them to enter. If people were resting or did not want to be disturbed, staff would come back later. We observed that people were able to get up at the time they wanted to in the morning and were offered breakfast at this time, as opposed to at a time that suited the service.
When assisting with personal care, people reported that staff would always make certain they were covered up, to preserve their dignity. Staff further emphasised the importance of maintaining people's dignity at all times. One member of staff stated, "you have to think that this could be you, or your mum and dad. You have to treat them how you would want to be treated." Signage was used on doors to prevent entry during personal care, and if the person did not wish to be disturbed.

Records were maintained safely and securely on each floor. This ensured that confidentiality was

maintained. Room files were kept in each person's bedroom. These contained minimal care plan information. These were used to record daily information, and were subsequently filed away. We observed that when staff needed to speak about a person, they would either go to one of the offices or lower their voice and stand in a corner, discreetly discussing any concerns.

Good

Is the service responsive?

Our findings

All people were assessed prior to their admission to the service to ensure that their needs could be appropriately met. The assessment also served to establish that their requirements would not negatively impact on people already living at the service. The registered manager emphasised the importance of ensuring the home was able to respond to people's needs appropriately. Although the service did not specialise in dementia care, some people were either admitted to the home with early onset dementia or had developed dementia at a later stage following their admission. People's assessed needs were continually delivered in response to changing health needs and staff had received training to support people who lived with dementia.

Care plans were developed with people and appropriately their representatives. Information such as their significant history, people important to them, their hobbies, how they like things done, and how they communicate their everyday needs were included. Care plans were reviewed monthly in line with the company policy, and the resident of the day scheme. However, where necessary they were reviewed more frequently as people's needs changed to ensure staff were able to respond to needs appropriately. These were reviewed in conjunction with people where possible as well as family members and professionals as required.

Daily meetings held collectively between senior management from each floor, allowed any possible change in needs to be noted and responded to earlier. All areas of the team were spoken with for feedback. This was used as an important way to gather information. For example, on one occasion a person's daily records and observations illustrated that they had reduced their level of food intake. This information was discussed with the chef, who approached the person, to determine if they wished to eat something specific or whether this was a change in their health needs. It was found that the person wished to try different cuisine. The chef responded to the change in needs of the person by preparing a separate meal for them every day.

The home had a structured communal activities programme that was on display. The activities co-ordinator was on annual leave during the inspection, therefore staff were left to arrange activities per floor. This included activities that people enjoyed for example, dominoes, bingo, tea clubs and the beer lounge. This was a communal space replicated to look like a pub. In addition where possible people were offered the opportunity to engage in individual community based activities. This could include family members taking people out, or out sourcing activities where support could be provided. The service offered an on-site hair salon. We observed people enjoyed this opportunity to be pampered and engage in what was described by one person as a "normal activity".

A short observational framework (SOFI) was completed over lunch during one of the days of the inspection. The observation focused on five people who were being supported on the second floor of the service. We found that during the 50 minutes of the observation two staff were floating in and out, also providing support to people eating in their bedrooms, or seeking support with personal care. This meant that for long periods of time one member of staff was left in the dining room with over eight people – one of whom was being assisted with eating and a relative who was eating on site. Whilst the member of staff tried to check on

everyone's welfare, she was unsuccessful in doing this. This therefore meant that some people who required some gentle encouragement to eat a little more, were unable to have their needs responded to appropriately during this particular observation. The service as a whole does use floating staff. We discussed this with both the floor manager and the registered manager, suggesting they may need to look at how staff are deployed. We were reassured this would be looked into immediately. During our second day of inspection, we found that staff had been appropriately deployed ensuring responsive support was offered to people over mealtimes.

Complaints procedures were displayed in communal settings within the home, and in people's room files. Family members advised that this was discussed with them and people at point of admission. This clearly outlined who people could complain to if they were unhappy with any element of the service. People and relatives were confident that their complaint would be dealt with if they had one. The service offered relative forums where people's family could discuss any issues that they had, as well as provide positive feedback. The outcome of the meeting was displayed in the reception area on the ground floor, with what action had been taken to resolve any concerns. Relatives told us that the forum was an excellent opportunity to bring relatives together, as well as illustrate that they were also important in people's life.

One person said, "I'm very happy. If I wasn't I would speak with [name], I know they would sort it out." This was replicated by staff comments, "I'd go straight to [name], I'd talk through the issue." The complaints log illustrated that the complaints had been dealt with appropriately. Investigations had been completed and transparency was evident in the responses given to the complainants.

Good

Is the service well-led?

Our findings

The service although part of a large corporate business, offered a good service to people. An open door policy to staff, visitors, people and relatives was provided not only by each manager, but also the registered manager, who ensured his presence was felt and seen on each floor. A walk around was completed twice daily by the registered manager, engaging with staff, people and relatives alike. This allowed all, the opportunity to raise any concerns, complaints or compliments with the registered manager at any time. We observed relatives and staff enter the open office to have a general chat with the registered manager as well as discuss any issues. Staff reported that the management (per floor and the registered manager) were "always present, and very approachable." Another member of staff stated, "You can approach [name] at any time. She is always giving good advice. If you have an issue you can raise it. You don't have to wait until your supervision. You can talk to [name of unit manager] or [name of registered manager]. They want you to learn"

People benefitted from the honest, calm and open culture of the service. Staff showed an awareness of the values of the service. They spoke about providing the "best care for people". This was reflected in documentation that was made available to staff, as well as evidenced as discussed in meetings. People and staff told us that the floor manager and registered manager were not shy to become involved in the delivery of nursing care. One person stated that the personal touch and willingness of the management to become involved in care made it so much more specialist. The management were described by relatives of people as "friendly, lovely people who care for everyone." Whereas staff described them as, "always here - you can rely on them at all times".

There was strong evidence of working in partnership with external agencies. For example if upon completing a trends analysis on the number of falls a person had and a pattern was found, the service would liaise with the occupational therapist and physiotherapist if applicable. Guidance provided would then be incorporated into the person's care plan to ensure they were supported appropriately with their mobility. In a similar way guidance and advice from other professionals was incorporated into the care of people living at the service.

The service had comprehensive auditing processes in place. These included audits completed by the unit managers on each floor. Audits were completed by the clinical lead on all documentation pertinent to nursing care, as well as audits by the registered manager. In addition the operational manager completed a number of quality assurance audits, which included checking that the service was performing safely and effectively under best practice guidelines within health and social care. Action plans were generated in relation to this with a timeframe for these to be completed.

The registered manager had a comprehensive record that documented all the concerns or issues raised by staff, people, or visitors. Within this we found sufficient evidence of investigations being completed following on from concerns and feeding back the findings to the complainant. This illustrated that the management were transparent in their handling of complaints. We discussed the Duty of Candour. The registered manager was able to clearly describe the importance of this as well as reflectively illustrate through the

documented concerns how this had been achieved. This was replicated through discussions with each unit manager to ensure they fully understood the principles of the duty of candour.

The communication within the service was good. Daily management meetings were in the morning, and thorough handovers at the end of each shift. Handovers were documented to ensure they could be referred to as required.