

Mr & Mrs T F Chon

Parkside Residential Home

Inspection report

74-76 Village Road
Enfield
Middlesex
EN1 2EU

Tel: 02083601519

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Parkside Residential Home is a residential care home registered to provide accommodation and care to 30 older people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of this inspection there were 24 people at the service, though one was in hospital. Many of the people living in the home were living with dementia.

There was a registered manager in place at the service. 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.

At our last inspection of Parkside Residential Home on 9 and 10 January 2017 we rated the service Requires Improvement. Prior to that, at the previous inspection the home was rated Inadequate and was placed in Special Measures. The provider made improvements which led to the home being rated Requires Improvement with one breach of regulation as risk assessments were not of a good enough standard to address risks to people's health and safety. These had improved at this inspection.

This inspection took place on 28 February 2018 and was unannounced.

Ten of the fourteen people we spoke to said they were happy in the home and felt safe. Staff demonstrated an understanding of safeguarding people from risk of abuse.

Care plans contained risk assessments which gave guidance to staff on how to support people by minimising any risks to their safety or wellbeing. Each person had a care plan setting out their needs and wishes. People's cultural needs were not addressed well in care plans and we have made a recommendation regarding this. Care plans were reviewed monthly or as people's needs changed. There was a full time activity coordinator who carried out a daily programme of activities for people which they enjoyed.

There were enough staff employed to meet the needs of people living at the service. Staff recruitment practices were safe and staff received training and supervision to support them in their role. Staff felt well supported by the registered manager.

The service had satisfactory systems and processes in place to ensure the safe management of people's medicines.

Records showed that people who needed special diets to help them put on weight were not receiving the

extra calories they required. People said they would like to be consulted more about what they wanted to eat and some said they didn't get the specific food they liked to eat.

Staff worked with healthcare professionals to ensure people's health was looked after.

People and their relatives were generally positive about the service and the staff who supported them. Most people told us they liked the staff and the registered manager. A complaints procedure was in place and people and most of their relatives said they felt comfortable raising concerns and that their views would be listened to and acted on.

Where people's liberty was deprived, the registered manager had applied for authorisation from the appropriate authority.

The provider had processes in place to ensure that the quality of care was regularly monitored.

There was one breach of regulation as the provider did not always ensure certain people received the type of food they needed. You can see what action we told the provider to take at the back of the full version of the report.

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 supported people to be safe. Their risk assessments had improved since the last inspection. The service followed the local authority safeguarding procedures.

Medicines were managed safely. There were enough staff to provide to provide safe care. Staff recruitment practice was safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective. There was a lack of evidence that people who required a fortified diet were receiving the food they needed and the food was not to everyone's taste.

People's needs were assessed. Staff were trained and supervised to carry out effective care. People received support with their health needs.

Is the service caring?

Good ●

The service was caring. People generally gave positive feedback about staff and we saw staff interacting well with people. Staff had good knowledge of people's needs.

Is the service responsive?

Good ●

The service was responsive. People had their care set out in individual care plans. Although cultural needs were not well addressed people were satisfied that their overall care was responsive to their needs. There was a good selection of activities to engage people.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led. There was positive feedback about the manager who had good management skills and oversight of the care provided. However the lack of evidence of special diets being provided indicated a lack of oversight of this area of care. Regular audits and checks were carried out to ensure safe care.

Parkside Residential 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 comprehensive inspection took place on 28 February 2018 and was unannounced. The inspection was carried out by one inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One expert by experience came to the care home and talked to people living there and the other made calls to relatives to seek their views on the quality of care.

Before the inspection we reviewed notifications, complaints and safeguarding alerts made by or about the service.

During the inspection we spoke with 14 of the 24 people living in the home. We received feedback about the home from nine of their relatives by phone or email. We spoke with two health and social care professionals. During the inspection we met with the registered manager, the cook, two senior care assistants, the activity coordinator and two care assistants.

Some people in the home were not able to speak with us due to communication issues related to dementia so we observed staff interaction with people to see what their experience was like. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people when they may not be able to tell us themselves. We observed over a period of five hours in communal areas, group activities and we observed two mealtimes.

We carried out pathway tracking where we read the risk assessments, care plans and records of care delivered for six people and talked to them or staff about their care to check if the planned care was being carried out as recorded. We looked at medicines administration records for six people, all staff training and supervision records, staff recruitment records for three new staff and quality assurance records. We also looked at the management of complaints. We read the home's policies.

We looked around the building and checked fire and health and safety records.

Is the service safe?

Our findings

Staff were trained in safeguarding vulnerable adults procedures and understood how to identify and respond to abuse. There were two safeguarding alerts being investigated by the local authority at the time of the inspection. We discussed these with the registered manager and followed up the concerns at this inspection.

People were generally satisfied with the management of their money where the service was managing their money for them. Two relatives were not happy but their relative's money was being managed by someone else which was not the responsibility of the home.

People had risk assessments which identified risks to their safety and advised staff on how to support the person to minimise risks whilst respecting their freedom. We saw that the registered manager had made improvements in risk assessments since the last inspection. Each person had a general risk assessment then an individual risk assessment with risks specific to them. The types of risk addressed in people's individual risk assessments were medical conditions such as asthma and epilepsy, falls and unsupervised "wandering." A person at risk of getting lost had checks carried out every 30 minutes to ensure they were safe. Staff closely supervised people at risk of falls when they were walking to minimise the risk of them falling. People assessed at risk of falling out of bed had either sides on the bed or sensor mats depending on individual preference and safety needs.

People at risk of sustaining pressure ulcers had Waterlow risk assessments to assess the level of risk and this was updated monthly. People who needed help to change their position regularly to reduce the risk of pressure ulcers had charts in place for staff to record the time of changing position and which position they were in. We saw these charts were completed as directed. Staff were following guidance from a healthcare professional to ensure safe care and treatment for one person who had a pressure ulcer. Staff had good understanding of how to look after people's skin and what action to take if their skin appeared red or sore.

The staff team had support from the local authority's Care Home Assessment Team and community matron who provided advice and training on reducing the risk of falls and on skin care.

Relatives of people living in the home told us they thought their relative was safe in the home. One relative said; "She is safe. She can't wander out into the street and she has an alarm on her bed so they know when she gets up." Another said; "Yes I am satisfied. She has only had one fall when she first got here. When she was in her own home she had lots of falls." People living in the home with one exception, said they felt safe. The other person was not able to be specific about why they did not feel safe.

There were suitable numbers of staff on duty to support the 24 people at the time of our inspection and they were deployed effectively. There was a senior care assistant and three care assistants on duty during the day, supported by an activity coordinator, cook and domestic staff. At night there were three staff awake on duty. Staff told us that they thought staffing levels were sufficient to safely meet people's needs. The registered manager said that this was assessed as sufficient staffing to evacuate people in an emergency

and each person had their own personal emergency and evacuation plan to advise night staff on how to evacuate them safely. Of the nine relatives we spoke with, five thought there were always enough staff and four thought there were not. While we were observing we found there were enough staff and we did not find evidence from looking at staff rotas for previous months that there had been a lack of staff. However some relatives felt there were not enough staff when they visited. The registered manager said they thought current staffing levels were sufficient but that they would review staffing levels.

We checked the recruitment records for three recently employed staff. The provider had taken out suitable checks of any criminal records, identity and conduct in previous employment.

There were systems in place for the safe management of medicines. We observed part of a medicines rounds and found safe practice. People told us they got their medicines on time. Senior staff were trained in medicines management and had an assessment to ensure their understanding and competence. We checked a sample of medicines administration charts and found these were completed correctly. Medicines were stored securely and at a safe temperature. One person was receiving end of life care and had appropriate medicines in place ready for when they may need them to alleviate any symptoms of discomfort. One person was able to keep and manage their own medicines and had been assessed as safe to do so. Staff managed the medicines for the other people. One person said it was very important to them to take their tablets at a specific time in the evening and said this was written down so that all staff knew their preference. Staff said they were aware that they needed to give this person their medicines at the time of their preference.

Staff were trained in infection control and used protective equipment when carrying out personal care. Staff used gloves appropriately and knew how to dispose of them safely to prevent the risk of infection in the home. The kitchen and medicines room were kept clean. The general standard of cleanliness in the home was good.

The registered manager was able to give us examples of learning from incidents. One example was where a person fell in their bedroom despite having a sensor mat to alert staff when they were out of bed. The manager had sought advice from the local healthcare team and fitted sensors round the whole room to ensure staff were alerted quickly if the person got up to minimise the risk of this person falling over.

The registered manager carried out daily and weekly health and safety and fire checks in the home to ensure the building was safe. We noted a window restrictor which we could not confirm complied with safety regulations and advised the registered manager to check all window restrictors and ensure they complied with safety guidance, they agreed to do so. Staff knew procedures to follow in the event of a fire and there were individual personal evacuation plans to advise staff and the fire brigade on the safest way to evacuate each person.

Is the service effective?

Our findings

Some people did not receive enough support with their nutritional needs. Three people required a pureed diet due to swallowing difficulties, one had thickener in the drinks for the same reason and three had a fortified diet recommended by a dietician as they were underweight. One person's nutrition assessment was incorrect as it indicated they were at low risk and able not eat normally and independently when this was not the case as they needed pureed food and were at risk of aspiration (where food goes into the lungs). We saw that a dietician in January 2018 had advised that the person's meals were fortified with butter, cheese and cream as they were severely underweight but there was no mention of this in the person's care plan. We observed lunch and teatime and did not see any extra ingredients added to this person's meal or the meals of two other people who were recommended by a dietician to eat a fortified diet to gain weight. The cook had cream in the fridge but said they had not used it that day. The registered manager said that these people's meals were always fortified with more calorific ingredients but there was no written evidence of this. A failure to follow a dietician's advice could put people's health at risk.

The menu consisted largely of English food which most people said they enjoyed but there was a lack of food available to reflect the different cultures of people who lived in the home. One person said; "You eat what you are given" and when we asked what they would like to eat they said; "fish, curried goat, rice and peas." Another person said they would prefer Caribbean food. One person said they would like to eat Biryani. Another person when asked what they liked to eat told us dishes that were from their own cultural background but not on the menu or record of food eaten in the home. One relative said they brought culturally appropriate meals in for their relative as these were not provided at the home. We saw that in the last relatives survey in 2017 some relatives had said they were not very satisfied that individual requirements including with cultural food were met. Despite this we had found the same concern when reviewing the menu at this inspection. Two people felt they weren't given enough choice. One said, "Yes I enjoy the meals, but I don't think we are given a choice, I just eat what comes along" and another person said, "I get no choice of what to eat I just get what's put on the table". A third person said they would like to have rice pudding regularly as this was their favourite food. Staff said people were given a choice but we found people had mostly forgotten this by the mealtime.

Comments from relatives ranged from; "She never complains about the food." and, "Dad is fine with the food. If he doesn't like something he can go to the kitchen to get something different" to: "It's appalling, very minimal and bland." One relative said that pureed food was mixed up together and not served in a presentable way. On the day of the inspection this was not the case and the registered manager said it was not usual practice to mix up the pureed food.

Two relatives contacted us and said that there was a lack of fresh fruit and vegetables saying that they always ate frozen vegetables and tinned fruit. We saw frozen vegetables were served on the day of the inspection. The registered manager said that people preferred tinned fruit and did have bananas for breakfast. They said they planned to ask the provider to buy more fresh fruit. The registered manager said that everyone ate meat. There was no vegetarian option on the menu. The lack of meals from people's different cultures and some people believing they had no choice of meals could impact on their wellbeing.

The above amounted to a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people said they were happy with the food. They said they liked English food and there was enough to eat. One person said, "Meals are very nice, if I want anything I can get what I ask for, there is enough for me to eat." People seemed to enjoy the meals on the day of the inspection. Staff were kind and attentive. They chatted to people as they helped them to eat and noticed when a person was struggling with their soup so offered them a cup to drink the soup from instead. People who needed help started the meal earlier and staff sat with them. The menu was a four week rolling menu. The cook had information in the kitchen about people's allergies and preferred portion size.

The registered manager or the provider visited any potential new people and assessed their needs to see if the home could meet their needs before accepting them. Each person had a care plan once they moved to the home which was based on their assessment.

Staff had completed training in first aid, fire safety, infection control, safeguarding, dementia, challenging behaviour and the registered manager kept a training record to monitor each staff member's training. On the day of the inspection a group of staff attended training in the home on advanced care planning which they said was useful.

Staff received regular supervision and annual appraisals and they all told us they felt well supported in the home. Senior staff said their appraisals were good and helped them to develop. They said they were supported well by the registered manager and had opportunity for progression and promotion in the home. Some staff had completed the care certificate which is a nationally recognised qualification in care and others planned to do so. Senior staff had a good understanding of their responsibilities. The registered manager attended the shift handover where senior staff allocated duties for the day to care assistants. The shift planning helped the home provide effective care. Staff said they worked well as a team.

The staff team worked with other organisations to deliver effective care. People were referred to dietitians, speech and language therapists, diabetes nurses and district nurses when needed. People had good support with their general health. We saw that people could ask to see their doctor and staff responded promptly when someone felt unwell. Relatives said that staff called 999 or a GP promptly when their relative was unwell. Staff kept records of all medical appointments and the outcome including any further tests needed or treatment prescribed.

The home had a higher than average number of hospital admissions for homes of this size but we were unable to find a specific cause for this and did not find any concerns about how staff looked after people's health.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were DoLS in place for people who did not have capacity to consent to living in the home. People told us that staff asked for their consent and explained to them what they were going to do when they were providing care.

People who required equipment such as pressure relieving mattresses, wheelchairs and sensor mats had these in place. There was a choice of two lounges and a dining area and suitable bathing and shower facilities. People in the home and their visitors told us they enjoyed the home's garden in good weather. The

provider ensured equipment and the building was maintained to a safe standard.

Is the service caring?

Our findings

The majority of people and their relatives said they felt the care was good and that they were treated with dignity and respect. One relative said that staff were, "gentle and caring." Another said, "I think they are all good, smiley and nice." People living in the home told us, "Yes they do treat me with dignity and respect", and "Yes I feel cared for". One person said if they were upset about something, "sometimes staff would listen but not always, I feel more confident with some staff than with others."

We observed staff talking respectfully to people and upholding their dignity when they helped people to go to the toilet or to change their clothes.

People said staff encouraged them to be independent. One person said, "I can do what I want; sometimes someone will walk with me down to the shop to buy sweets." Another person said they preferred to stay in their room and there was no pressure to join in group meals or activities. They said they were independent.

We observed staff interacting with people throughout the day and evening. Staff were attentive to people and responded to their wishes and requests. Staff fetched extra blankets for people and checked discreetly whether they wanted support to go to the toilet. Some staff laughed and joked with people and we saw this helped people at mealtimes enjoy their mealtime more. We saw staff gave two people emotional support when they needed it and knew their needs well. Staff were affectionate and people appeared comfortable with staff. Three people said that they didn't feel comfortable with all staff but none gave us any information we could pass on to the manager to investigate.

There had been meetings for residents in October 2017 and January 2018. People discussed food and activities. Some people said they were involved in making decisions about their care as much as they were able and others were not sure. This is because some people had dementia and were not able to remember or understand this.

Most relatives we spoke to told us they felt welcome in the home and that staff would update them about their relative's care. They said staff would offer them a hot drink and chat to them about how their relative was. One person said they were allowed to bring their dog to visit which their relative appreciated. Relatives said they attended parties in the home for birthdays, Christmas and in the summer which were enjoyed. Most said that staff phoned them whenever their relative was unwell and updated them after any GP visit or if the person needed to go to hospital. One person said they were not informed when their relative went to hospital and we discussed this with registered manager who said this matter was being resolved by the local authority.

We noted that in one person's daily care records it said "X seems ok" and "X appears to be fine" for a person who was capable of telling staff whether or not they were fine. The registered manager agreed they would speak to staff about this and ensure more accurate assessment and recording of people's daily wellbeing.

Is the service responsive?

Our findings

Each person had a care plan setting out their needs. Care plans included people's needs in the areas of physical and mental health, personal hygiene, moving and handling, mental capacity, leisure activities, medicines, communication, mobility, religious and cultural needs, diet, continence, sleep and end of life. Care plans were reviewed each month.

People had support to follow their religion. A vicar visited the home fortnightly to conduct a service for those who wished to attend. Three people attended a local church with support from staff member every few weeks. A Greek Orthodox person had been visited by their priest on occasion.

For those people who had differing cultural needs the food, music, TV programmes, pictures on the wall and activities did not include their cultural backgrounds. Although care plans had a section to record cultural needs this had not been completed fully. We recommend that the service seek to find out about the cultural backgrounds of all people living in the home and ensure the service is inclusive of all cultures.

There was good support available for people to follow their interests and take part in activities. The home's activities coordinator worked five days a week and arranged a programme of group activities for those who were interested. We saw that the majority of people took part or watched. Activities that had recently taken place were ballgames, exercise, reminiscence, quizzes, and sing-alongs. When we arrived unannounced a group of eight people were baking banana bread and enjoying this activity. This was a really positive experience. Some people were reading or looking at word search books or colouring books. Staff were chatting to people. There was a calm homely atmosphere and people were comfortable with blankets and cushions as it was a cold day.

Later they played musical bingo and had a variety of group activities all day. The activities coordinator and a member of staff had taken a small group of two to five people out to local places such as Enfield town, Crews Hill garden nurseries and a musical afternoon at a day centre. Each person had an activity sheet where any activities they had taken part in and those they liked were recorded. One person's activity record showed they enjoyed listening to Elvis Presley, laying the table, folding napkins and having their nails painted. The activities coordinator had a good knowledge of people's individual interests. They took some activities to people's rooms for them and helped one person with their daily individual exercise programme. There was a monthly visit from a local nursery so people could interact with children. There was an activity apron with different textures for people living with dementia who liked sensory activity but were unable to join in the reminiscent and quiz type activities. People had a choice of two lounges and an dining area as well as their rooms to spend their time.

The home had a complaints procedure and kept a record of complaints and their response. Two people in the home said they wouldn't make a complaint as they thought staff would not listen to them. Other people said they would speak to the manager if they had a complaint or ask their relative or friend to do so on their behalf. We looked at this as part of the inspection. We found that responses were recorded in the complaints file. Responses were appropriate, for example an apology and disciplinary action taken when staff did not

notify a relative of an accident. The registered manager discussed complaints in staff meetings so that staff could learn from mistakes. Where the registered manager thought the complaint was more complex they passed it on to the local authority to the person's social worker to deal with which was appropriate.

Is the service well-led?

Our findings

There was a registered manager in place. There were four senior care assistants to support the manager. The registered manager knew the home and people living there very well.

This domain is rated Requires improvement due to the breach of regulation about meeting people's nutritional needs as there was no evidence that the registered manager or provider had oversight of individual diets. The registered manager responded positively to our inspection findings and advised us they would improve the fortification of meals, introduce smoothies and provide more fresh fruit and different cultural meals.

The registered manager carried out daily health and safety checks and weekly medicines audits and fire checks. The registered manager told us that the provider carried out regular checks in the home including talking to people and visitors, health and safety checks, complaints, activities and medicines. We saw the most recent report by the provider from January 2018. A recommendation had been made. The provider would check on progress at their next visit. The provider worked alongside the registered manager in assessing new people for the home. They refused a place to anyone whose needs appeared incompatible with current residents.

The registered manager sent out surveys to people, staff and relatives to seek their views on the quality of the service provided. The last surveys were sent out in October 2017 and the results were favourable.

The registered manager was able to tell us of progress they had made as a result of the last two inspections where they had improved from eight breaches of regulations and an Inadequate rating to one breach and a Requires Improvement rating. They showed us the improvements made and told us of improvements they were in the process of introducing such as a photographic menu and staff acting as dementia champions in the near future.

The registered manager arranged regular meetings to ensure information was shared. Staff said they liked the management structure and said the manager supported them. Most relatives and people living in the home also made positive comments about the manager including one relative who said, "Yes - she is brilliant."

Health and social care professionals said the registered manager listened and acted on their suggestions. Professionals gave positive feedback about the way the manager worked with them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs 14(1)(4)(a)(b)(c) - There was no evidence that people who were underweight were provided with the correct diet recommended by their dietician or that people were offered food matching their cultural preferences.