

Parkside Health Care Limited

# Parkside Health Care Limited

## Inspection report

1a Tibbington Terrace  
Tipton  
West Midlands  
DY4 9HJ

Tel: 01215215000

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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

### About the service:

Parkside Healthcare Limited provides personal care and nursing, with accommodation for up to 20 adults with mental health needs that may be accompanied by a physical disability.

### People's experience of using this service:

People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training so they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People's rights to privacy was respected by the staff who supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.

People and relatives were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. The views of people on the quality of the service was gathered and used to support service development.

### Rating at last inspection:

At our last inspection in February 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated as Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service remains good

Details are in our Safe findings below

**Good** ●

### **Is the service effective?**

The service remains good

Details are in our Effective findings below

**Good** ●

### **Is the service caring?**

The service remains good

Details are in our Caring findings below

**Good** ●

### **Is the service responsive?**

The service remains good

Details are in our Responsive findings below

**Good** ●

### **Is the service well-led?**

The service remains good

Details are in our Well-Led findings below

**Good** ●

# Parkside Health Care Limited

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection team comprised of an inspector and an Expert 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. Their areas of experience are mental health and physical disabilities.

#### Service and service type:

Parkside Healthcare Limited provides personal care and nursing, with accommodation for up to 20 adults with mental health needs that may be accompanied by a physical disability.

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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The inspection site visit activity started on 31 January 2019 and ended on the 02 February 2019, as the inspector conducted telephone interviews off site.

#### What we did:

When planning our inspection, we looked at the information we held about the service. This included, notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service and the local Health watch for any relevant information they may have to support our inspection.

During our visit we discussed the care provided with four people who used the service, three relatives, four members of care staff, the registered manager and two healthcare professionals

We looked at the care records of three people who used the service and three staff files, as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People we spoke with told us they were confident care staff kept them safe and secure. One person we spoke with told us, "I feel safe living here, the staff are very reassuring".
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.
- The provider had an effective recruitment policy in place. We reviewed the recruitment process and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

### Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with explained how they assess people's daily risks based upon their individual risk assessment plan.
- The manager told us, and we saw that people's risk assessments were reviewed regularly, depending on the level of identified risk. In addition, informal observations were carried out daily and any changes are added to people's care plans.
- We saw that all potential risks were recorded and used to inform changes to people's care plans.

### Staffing levels

- A member of staff we spoke with told us, "Staffing levels are generally okay".
- We saw the provider had processes in place to cover staff absences. They also had systems in place to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
- During our visit we saw there were sufficient numbers of staff to respond to people's needs when required.

### Using medicines safely

- People received their medicines safely and as prescribed. A person told us that they received their medication on a regular daily basis as prescribed.
- Staff had received training on how to manage and administer medicines and there were two trained nurses on every shift.
- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily

records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

#### Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A person told us, "The home is clean enough for me".
- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
- We saw the location was clean and tidy.

#### Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- There were systems in place to analyse and evaluate all accidents, incidents or 'near misses'.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People and staff were consulted throughout and informed of any actions.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff had received appropriate training and had the skills they required to meet people's needs. We saw the provider had training plans in place which were reviewed and updated on a regular basis. A staff member we spoke with told us there was sufficient training provided to meet the needs of the service users, and during the induction period, staff shadowing opportunities were available to enhance their learning.
- Staff told us they had regular supervision meetings with the manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.
- We saw that the manager was available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw the provider had processes in place which involved people in how they received personalised care and support. A person we spoke with told us, "staff often ask me if I'm happy with the support I receive".
- We saw that assessments of people's needs were supported and informed by advice from other professionals.
- From looking at people's care plans we saw their care needs were supported and they were involved in the assessment process.
- Staff could explain people's individual care needs and how they supported them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

- Most of the people living at Parkside Health Care lacked capacity when making informed decisions about their care and support needs.
- Staff explained, and we observed, how they gained consent from people when supporting their care needs, ensuring their wishes were respected.

- Staff understood the importance of acting in a person's 'best interest' when they lacked capacity.
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

#### Supporting people to eat and drink enough with choice in a balanced diet

- People and relatives told us they were happy with the support they received from care staff with meals and drinks. One relative we spoke with told us, "The food's lovely it always looks and smells nice. He [person] has mashed up food now but they do it really well for him".
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced diet.
- People were encouraged to eat healthily and were involved in developing their own menus.
- Dieticians and the Speech and Language Therapy team [SALT] were consulted to provide advice on health and nutrition.

#### Staff providing consistent, effective, timely care

- The provider supported people with their health care needs.
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes. A member of staff told us that any changes to people's health were reported to senior staff and recorded in daily notes.
- We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians. A person told us, "Staff will make appointments for me to go and see the dentist or optician".

#### Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation and design of the premises.
- People had their own rooms which were decorated to their individual tastes.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives told us staff treated them with kindness and compassion. A person told us, "Staff are very caring. No one's been rude or raised their voices to me".
- People were encouraged to express their views on how they preferred to receive their care and support. We saw staff talking to people about how they preferred their daily care needs to be met.
- We saw caring interactions between people and staff throughout our visit."

Supporting people to express their views and be involved in making decisions about their care

- The provider supported people to express their views and they were involved in making decisions on how their care was delivered. There were regular meetings with people using the service and personalised care plans with people's input documented. A relative we spoke with told us how they had regular meetings with the provider to discuss their family member's care needs and any significant changes that required attention.
- We saw people being supported to make decisions about their daily lives, for example; what they would like to eat or what activities they wanted to participate in.
- Care plans were reviewed and updated on a regular basis to ensure people's care and support was specific to the person's needs.

Respecting and promoting people's privacy, dignity and independence

- Care staff knew the importance of respecting people's privacy and dignity. A person told us, "Staff do treat me with respect and dignity. If I need some privacy I can go to my room".
- There were no restrictions on visiting times and people told us that their family members were free to visit at any time. A relative told us, "We can visit anytime really".
- People were encouraged to be as independent as practicable. Throughout our inspection we saw people being encouraged to help out with domestic chores. A member of staff we spoke with said, "When the house cat is sick, the service users [people] go along to the vets, it's their cat".

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

### Personalised care

- People received personalised care that was responsive to their needs. A person told us how staff supported them to attend football matches at their favourite club.
- Staff told us how they got to know the people they supported by talking to them, reading their care plans and by taking an interest in their lives. A member of staff told us how they supported people with activities in the community, work opportunities, learning and development activities and musical events.
- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.
- We found staff knew people well and were focussed on providing personalised care.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.

### Improving care quality in response to complaints or concerns

- We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
- A relative told us, "I've never had to complain about anything, but I'd talk to [registered manager's name] if anything was concerning me".

### End of life care and support

- There were no people living at the location that required this level of support during our visit, however the provider had effective systems in place to support people when required. The manager explained how they would liaise with the palliative care team when needed and that staff had received appropriate training and support in End of Life Care.
- Care plans included information about people's plans and wishes should they require end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People, staff and relatives were involved in making decisions about how the service was run. A relative we spoke with said, "They [provider] do ask me how I feel about the place [location] and I tell them. It's fine [I am] really pleased".
- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company. A person told us, "I'm happy living here and my [relative] is made welcome whenever she visits".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Some staff said they didn't always feel valued and weren't confident about raising issues or concerns with the manager or some senior staff at staff meetings or during supervision. We raised this concern with the registered manager at the end of our inspection where they agreed to address the issue. Subsequent feedback from the provider has informed us that the concerns of staff have been raised at team meetings and rectified. An 'open door' policy has been re-emphasised and staff are engaging more with the registered manager.
- Staff were clear about their roles and responsibilities towards people living at the home.
- The provider had a history of meeting legal requirements and had notified us about events they were required to by law.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The provider was displaying the rating from our last inspection in a prominent place for people to see.

Engaging and involving people using the service, the public and staff

- We saw the provider regularly engaged with people, relatives and staff members for their views on the service. Feedback was collated from meetings, suggestion box/website feedback and informal discussion, and was used to develop service provision. A relative told us, "I have filled out questionnaires". They also told us, "I know I can speak to [registered manager's name] if I need to".

- The manager had developed close working relationships with other health and social care professionals, and feedback was used to drive through improvements in the care provided at the home, ensuring people's physical and health needs were promptly met. A health care professional told us, "The registered manager is fantastic, very accommodating. Record keeping is 'second to none', staff are cooperative and a credit to Parkside".

#### Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had effective systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- The provider worked closely with the local authority to monitor and develop service provision.
- We saw the provider used feedback from people and staff to develop the service.

#### Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provide.
- They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.