

Mr & Mrs T F Chon

# Parkside Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Parkside Residential Home is a care home registered to provide accommodation and personal care for up to 30 people. At the time of the inspection there were 26 people living at the service.

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

People told us they felt safe. There were enough staff to support people with their physical and emotional needs.

People were supported with their medicines in a safe way. The risks to people had been assessed and people and where appropriate their relatives had been involved in planning their care.

We found improvements were required in relation to the stimulation and activities available for people. We have made a recommendation about this.

People's nutritional needs were understood and met. People were supported to have access to healthcare professionals when needed.

People were involved in making decisions about their care and support and their consent about the care offered was obtained. People were supported by a staff team who were kind and caring. Staff respected people's privacy.

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.

Recruitment checks had been carried out to ensure staff were suitable to work at the service. Staff received an induction and on-going training in all relevant areas.

There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through meetings. There was a complaints procedure in place and people knew what to do if they had a concern.

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 and update

The last rating for this service was requires improvement (published May 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Parkside Residential Home

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and ten relatives about their experience of the care

provided. We spoke with five members of staff including the registered manager, senior care worker, care workers and the activities co-ordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel safe here." A relative told us, "We could not keep her safe at home and now she is safe there."
- There were systems and processes in place to ensure people using the service were safeguarded. The registered manager understood their responsibilities to protect people from abuse including raising an alert, investigating concerns and reporting to CQC.
- Processes were in place to safeguard people from financial abuse. All money held on behalf of people were checked by the registered manager and recorded.
- Staff had received training in safeguarding people; they demonstrated they knew their responsibilities for keeping people safe. One staff member told us, "I would raise any concerns I have with the manager immediately." Another staff member said, "I am aware of who to contact if I have any concerns, for example, the local authority or CQC."

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. People were involved in assessing risks identified.
- Actions needed to minimise all identified risks were recorded. There were risk assessments in place for falls, moving and handling, nutrition, skin care and infection prevention.
- Staff told us that the assessments provided them with the information they required to keep people safe, reduce the impact of risk, and provide appropriate support to people.
- Risk assessments had been reviewed regularly and updated when people's needs changed.
- Regular safety checks had been carried out on the environment and on the equipment used in caring and supporting people.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Staffing and recruitment

- People using the service and their relatives told us there were enough staff to support them safely.
- One person said, "There are enough staff." A relative told us, "When I go in there are enough staff. If you need help with anything then the carers help immediately."
- We observed staffing levels were meeting the needs of people and staff members were available to provide support when people needed this.
- The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place.

Using medicines safely

- People received their medicines as prescribed and these were managed in a safe way. One person said, "They give the medicines and I take them. All given on time and appropriately."
- Medicines were stored in locked trolleys and these were secured to the wall and was accessed by authorised staff only.
- There were systems in place for checking medicines received and for returning unused medicines. The registered manager carried out medicine audits and checks to reduce the risk of mismanagement.
- Guidance was in place to assist staff in administering 'as and when required' [PRN] medicines safely. PRN medicines can include painkillers.
- Staff received training and their competencies in administering medicine were checked by the registered manager.

#### Preventing and controlling infection

- The service had procedures in place to reduce the risk of infection. We saw that all areas of the service were clean and tidy, and that regular cleaning took place.
- Staff had received training in infection control and food hygiene.
- Staff used personal protective equipment where required, such as gloves and aprons to protect people from the spread of infection.

#### Learning lessons when things go wrong

- The registered manager and staff understood their responsibilities to report, record and investigate any accidents, incidents and near misses that may occur.
- Where incidents had occurred within the service, these were reviewed by the registered manager and action was taken as necessary.
- Any concerns were shared with the staff team through handovers, team meetings and staff supervision to enable learning and to improve practice.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider did not always ensure certain people received the type of food they needed. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 14.

- People were happy with the way staff supported them to eat and drink sufficient amounts.
- Cultural and religious food preferences were met where required. We saw that cultural foods had been offered and the menu reflected choices appropriate to the cultural backgrounds of people living in the service.
- Care records reflected people's dietary needs. Staff were aware of everyone's likes, dislikes and dietary needs. They provided meals to suit people's specific health needs. For example, food with additional calories in to support those who were at risk of losing weight and pureed or soft foods for people with swallowing problems.
- People at risk of choking were supported by staff who had training on what to do if people choked.
- Staff supported people to maintain a balanced diet and healthy weights. People's weights were monitored and staff took action to address any issues.
- We observed the lunch time meal and saw staff members encouraged people to eat and the atmosphere was relaxed.

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

- People's individual needs had been assessed prior to them moving into the service.
- People's needs were assessed and delivered in line with current standards, for example each person's assessment included information such as their life history, communication, sexuality, religious belief, mental health needs, social and physical needs and personal safety.
- Staff provided care and support in line with national guidance and best practice guidelines. For example, for people living with diabetes, the signs and symptoms to look out for were included in their plan of care.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt the staff were trained, experienced and competent in their roles.

One person said, "I think they must do; not sure about medical knowledge, but the other things are ok. I would say they're all good at their jobs." A relative told us, "They are quite well trained. The care and attention seem good and they know what they need to do to support them."

- New staff received an induction and ongoing training to enable them to carry out their roles. One staff member said, "I had an introduction to people using the service and shadowed experienced carers when I started."
- Staff we spoke with told us they felt supported in their role and received supervision and appraisals from the registered manager to ensure any issues or areas of development were discussed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People using the service and their relatives told us they were supported by a small group of staff who they knew well. This helped staff build relationships with people and ensured people received consistent care.
- People were supported to access healthcare through their GP and other health professionals.
- Where people required support from healthcare professionals, we saw this was arranged and staff followed guidance provided.
- Staff understood emergency procedures to follow if people were unwell and needed medical assistance.

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

- The building was adapted to meet people's needs; people could access all areas of the service with staff support.
- People's rooms were personalised to their needs and interests. Bedroom doors had a room number and personalised information to support people to know which room was theirs.
- There were communal areas available for people to spend time in and we saw that people were supported to move freely around the service.
- There was accessible garden space with seating areas, and people had space for privacy when they wanted it.

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

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and DoLS and they had a good understanding of how to support people in practice.
- Staff understood the importance of seeking consent from people before delivering support and told us about examples where this was exercised on a daily basis, for example, by asking people what they needed

support with and if people were happy to be assisted with personal care before doing so.

- We saw that DoLS applications had been made to the local authority and the registered manager demonstrated a good understanding of when referrals were required.
- Where people were unable to consent to certain aspects of their care, mental capacity assessments had been completed in conjunction with family members and professionals. This ensured people's care was provided in their best interests.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they received good care from a kind and caring staff team. One person said, "I would say they are kind and caring. They look after me." A relative told us, "They are very kind and caring towards my mother."
- Staff we spoke with told us they had time to chat with people and provided support in an unrushed way. One staff member said, "I feel there is enough staff. We have time to speak with people."
- Comments from people included, "They have chats with me; general life questions. They ask about my family and take a general interest in me" and "They talk to me, ask me how I am and if I have any problems."
- On one occasion we observed staff manage a situation which was challenging. This was done in a sensitive and appropriate manner, which reassured people and provided them with the support they needed.
- The staff team knew people well and had good rapport with them. People were seen to be treated equally and all were offered the same opportunities.
- People's cultural and religious beliefs were respected and their care plans gave staff information about their cultural and religious preferences.

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

- People were involved in their care and were encouraged to make choices about how they wanted their care provided.
- A relative said, "They have made a memory book so they know her history" and "Sometimes they [staff] call her by her nickname, which she likes. They try and engage her in conversations."
- Care plans contained guidance for staff to follow when supporting people to express their views.
- People and relatives told us they were involved with decisions about their care. It was clear from care plans we sampled, people and their relatives were involved in making decisions about their care and support.
- The registered manager and staff were aware of the need to support people to access advocacy services when required and advocacy information was available to people. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their privacy and dignity and would ask for their consent

before carrying out any tasks. One person told us, "If I have to make a call, I go to my bedroom and make the call from there. They [staff] knock on the door when entering my bedroom.

- People's dignity was maintained when staff provided personal care. Staff told us how they ensured they were sensitive and people were comfortable with the care provided.
- People told us they were supported to be independent and they had the freedom to do what they wanted. One person said, "I can go out when I want. There is no restriction." Another person said, "I am independent anyway, but I can't wash my back and toes, so they do it for me."
- People's confidential information was protected and kept securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activity co-ordinator who was responsible for organising activities. We saw a group activity taking place during the day and some people told us they also went out of the service into the community. One person said, "We have exercises every morning. I really enjoy that. I go out to the garden and pick up a few weeds. We also have outings."
- However, we saw that people who chose not to take part in these activities, were left without any stimulation for long periods of time.
- Some people that we saw when we arrived were sitting in the communal lounge and stayed there without any stimulation or activity for most of the day.
- We discussed this with the registered manager, who advised that the activities coordinator was new in post and they had some good ideas about organising more activities and stimulation for people.

We recommend that the service finds out more about meaningful activities in relation to the specialist needs of people living with dementia.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended 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.

At this inspection we found the provider had made improvements.

- Care plans were personalised and contained information about people's care needs and preferences.
- People's religious and cultural needs were reflected in their care records and met by staff. Information on people's life history was recorded so that staff could understand their history and background and use the information when talking with them.
- Care plans detailed people's likes and dislikes. For example, how the person liked their care delivered and what was important to them.
- People's care plans were evaluated on a regular basis, and there were reviews of their care that took place with the involvement of the person and their relatives.
- The registered manager was responsive to people's changing needs and staff were made aware when people's care changed.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs and the support they required.
- Care records explained what communication aids such as glasses or hearing aids people required as part of their daily lives.

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

- The service had a complaints procedure in place which included timescales for responding to any complaints received and details of who people could contact if they were not satisfied with the response from the service.
- People and their relatives knew how to complain and who they needed to contact. One person said, "I have no worries or concerns. I would tell the Manager if I had any issues."
- A relative told us, "I have no concerns and would complain if I was worried."

### End of life care and support

- The service supported people at the end of their life to have a comfortable, dignified pain free death and they worked proactively with other health care professionals to achieve this.
- Care plans showed that people were asked about their wishes in relation to end of life care and it was documented if they had any specific wishes.
- We saw feedback relating to the end of life care and support provided to people. Feedback from relatives included, '...I want to say a big thank you for all the kindness you showed to [person] and to me. When we first came to Parkside, one of the staff said to me 'we try to make this their home' and you all certainly did your best to make him comfortable, loved and content.'

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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; How the provider understands and acts on the duty of candour

- People and relatives we spoke with, were complimentary of the service and the registered manager. People told us they would recommend the service to others. Comments from relatives included, "The manager is easy to deal with", "I feel involved with my mother's care. I would recommend this care home" and "The manager is excellent."
- The registered manager had developed and sustained improvements at the service since the last inspection.
- The registered manager was supported in their role by the provider and senior carers.
- Policies and procedures in place were clear and up to date with current legislation around how to give the best care to people.
- Staff received training to ensure they delivered person centred care that met people's needs.
- The service was person-centred and inclusive.
- The registered manager understood the responsibilities of their registration with CQC. The rating of the last inspection was on display as required.

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

- The registered manager and the staff understood their roles and had a good understanding of their responsibilities.
- The registered manager told us they had good support from the provider.
- Audits were carried out at service and provider level and actions were identified to drive improvement within the service.
- There were contingency plans in place which were detailed and included information about how to ensure provision of people's care in emergency situations.

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

- People and their relatives gave positive feedback about the registered manager and staff. Comments included, "They let us know what is going on all the time and we are copied in on medical notes" and "I think Parkside is doing a really good job and this place is just how it should be."
- Regular meetings were held with people, their relatives and staff to obtain their views.



- Information and updates were shared with people and their relatives via newsletters.
- Staff told us they felt supported and valued. One staff member said, "Meetings are open and inclusive. We can make suggestions." Another staff member said, "It is a good place to work. Team work is very good and there is scope for progressing further."
- Staff we spoke with said they were treated equally and without discrimination.

Continuous learning and improving care; Working in partnership with others

- The registered manager used the quality assurance arrangements in place to identify areas for improvement.
- The registered manager shared good practice guidance with the staff team to ensure continuous improvement and achieve good outcome for people using the service.
- The service worked in collaboration with external health and social care professionals to support care provision and share information.