Care Quality Commission

Parkside Health Care Limited

Parkside Health Care Limited

Inspection report

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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

This unannounced inspection took place on 10 February 2016. At our last inspection in January 2015, we found that the provider was meeting the regulations that we assessed.

Parkside Health Care Limited is registered to provide accommodation, nursing or personal care for up to 20 people, who have a mental health or physical health condition. At the time of our visit 19 people were using the service.

The manager was registered with us as is required by law. 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 were provided with the training they needed to support their knowledge about how to protect people from harm. Overall, medicines management within the service were effective. The service had sufficient staff on duty with the skills and experience required in order to meet people's needs. Risks in relation to people's health conditions were regularly assessed to minimise them; staff were clear about the individual risks to people using the service.

People were supported to access the nutrition they needed and were monitored for any changes in their dietary needs. Staff received a high level of support through induction, training and with on-going supervision to develop their knowledge and skills.

The service had appropriately identified those people who may need a Deprivation of Liberty Safeguards (DoLS) in relation to potential restrictions they were subject to. People were supported to access reviews from a variety external healthcare professionals and also in relation to any more urgent needs.

People spoke to us about how genuinely caring and kind staff were towards them. We saw and people told us they felt involved in decisions by how they were communicated with and cared for. People told us they were encouraged to remain independent as possible in all elements of daily living activities by staff. We observed staff ensuring people's privacy and dignity was maintained.

People were consulted about all aspects of the planning of their care and in relation to the daily activities they were involved in. Activities available within the service were centred on people's individual abilities, preferences and interests. Feedback about the service was actively sought in a variety of ways, analysed, shared and acted upon. The provider's complaints process was clear and was displayed on communal noticeboards for people to refer to.

All of the people and staff we spoke were very complimentary about their experience of the service and the quality of the leadership. Staff were well supported by management and told us they felt involved in the

future development of the service. Regular audits to reduce any risks to people were undertaken at service and provider level to ensure that standards were maintained.

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 was safe.

People received their medicines as their doctor had prescribed to maintain their well-being.

Staff knew how to protect people from the risks in relation to their health conditions and also from abuse and harm.

A sufficient amount of staff were on duty with the skills, experience and training required in order to meet people's needs.

Is the service effective?

The service was effective.

People were supported to access and choose the food and drinks they required.

The provider was aware of their responsibilities regarding Deprivation of Liberty Safeguarding (DoLS); we saw that people's consent was sought before staff supported them.

People were supported to access specialist healthcare professionals in a timely manner.

Is the service caring?

The service was caring.

We observed that people's privacy and dignity was respected by the staff supporting them.

Staff attitude and approach was kind and respectful when interacting with people.

Information about their care and the service was made available for people in the way they were best able to understand and of their choosing.

Is the service responsive?

Good

The service was responsive.

Feedback about the service was actively sought in a variety of ways, analysed, shared and acted upon.

We saw and people told us that care was delivered in line with their expressed preferences and needs.

People felt confident that they could raise any concerns and knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

People and staff spoke positively about the leadership of the registered manager.

Quality assurance systems were in place and included auditing a number of key areas, including analysis of incidents that had occurred.

The management team and staff were well supported and displayed motivation to continually improve the service provided to people.

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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.

The inspection of Parkside Health Care Limited took place on 10 February 2016 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people. We contacted health care professionals who had regular contact with the service to ask them about their experience of the service.

During our inspection we spoke with two people who used the service, three relatives, five members of staff, one visiting healthcare professional, the clinical nurse manager and the registered manager. We observed the care and support provided to people in communal areas.

We reviewed a range of records about people's care and how the service was managed. These included

reviewing three people's care records, two staff recruitment records, four people's medication records. We also looked at a variety of records used for the management of the service; including records used for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt the service was safe. A person told us, "I feel totally safe here". Another person said, "I am well looked after, I do feel safe living here". Relatives told us they felt sure their loved one was safe. They told us, "As soon as she came here I knew she was safe", and "I don't ever worry about [person's name]". Staff told us they had gained knowledge through training about how to protect and keep people safe, subjects included moving and handling and health and safety. Staff were able to describe how they protected people in line with their individual needs and also the procedures for reporting if they witnessed or received allegations of abuse. A staff member told us, "If I saw any abuse I would report it straight away to the nurse in charge or management". Another staff member said, "We do checks on people over routinely, if we see any bruising or other marks we report it straight away".

People told us and we observed that there were enough staff on duty. One person told us, "There is always someone around when you need them". A relative told us, "There are plenty of staff about". A visiting health professional told us, "Staff have always been available for me to speak with when I have visited". The registered manager told us they used a dependency tool to support their calculations for staffing levels and reviewed staffing levels when people's needs changed or new admissions were made. Staff told us, "Staffing has improved quite a lot, its ok now", and "We get more staff in as we have more residents, it depends on their needs".

We saw any potential risks to people had been assessed and any change in risk had been appropriately responded to in order to minimise the impact in the person's well-being. Risk assessments were developed with people's individual health and support needs in mind. They considered the person's abilities and behaviour when outlining how staff should protect them and maintain their well-being. For example, guidance for staff in relation to how they should manage choking incidents. We saw that these assessments were regularly reviewed and updated to reflect current potential risks that needed to be considered when supporting people.

Staff described to us the practical positive actions they utilised when dealing with situations that may potentially compromise people's safety. We observed that people were protected from harm in a supportive respectful manner. One person told us, "I find it really helpful to talk when I am distressed or anxious; they [staff] make sure they make time to talk to me". A relative said, "They have got so much patience and know how to support [person's name] so well". People told us they had access to the local community; we saw that each individual's needs had been considered in regard to the level of support they may need from staff to ensure this was done safely.

We found that the provider's recruitment and selection process ensured that the staff who were recruited were safe, had the right skills and experience to support the people who used the service. A full employment history, criminal records checks and appropriate references had been sought prior to staff commencing in their role. Staff told us that recruitment practice was good and that all the necessary checks were completed.

People told us they were satisfied with the information they received about their medicines and how they received them. One person said, "I get my medication every day as I should". Another person told us, "I am happy with how staff give me my medication, when I have asked about them they told me about what they are for; I know them now". We reviewed how medicines were stored, administered, handled and disposed of. We observed that medicines were provided to people in a timely manner and as prescribed by their doctor; with records completed fully and without any unexplained gaps. We reviewed the Medicine Administration Records (MAR) for one person who was having a medicinal skin patch applied to their body. We found that records of where the patches were being applied were in order; however we found that the application of the patches was not always in accordance with the manufacturer's guidelines. We spoke with the registered manager who agreed to rectify this straight away and ensure that staff were made aware of the need to increase the frequency of rotation of the application site for patches in future. We reviewed the care records for this person and saw that they had not experienced ill effects due to this issue.

For people who received their medicines covertly the necessary permissions from the prescribing doctor had been sought and recorded. Medicine storage cupboards were secure and organised and arrangements were also in place to audit medicines and stock levels. We performed medicine stock checks and these were accurate, demonstrating that people were receiving their medicines appropriately. We saw that the guidance available to staff for the administration of 'as required' medicines was personalised to the individuals preferences. We saw that people received appropriate review of their medicines at multi-disciplinary meetings or with their GP. Staff undertook medicines updates to maintain their knowledge and had their competency assessed in relation to the administration of medicines, on commencing in their role. The registered manager agreed that competency needed to be revisited periodically to ensure on-going good practice and that she would incorporate this into nurse supervisions.

Good

Is the service effective?

Our findings

People told us how skilled the staff were in supporting them. A person told us, "The staff all know what they are doing and I think they have all been trained to do what they do". A relative said, "We know she's well looked after, they do a lot for her here; they are excellent at what they do". Another relative stated, "I have been there when they [staff] support her, they are always so gentle with her; they know exactly what they are doing". Staff told us that they were supported with training to develop their skills in order to meet people's needs effectively. They were complimentary about the training they had received and told us they felt it had equipped them to perform their role effectively. Staff told us that bespoke training in relation to the needs of the people using the service was now more freely available to them. One staff member said, "Training on offer has been more varied recently; we have been offered training in more specific areas such as mental health and Huntington's disease". Another staff member said, "We have a new training coordinator, she makes sure we get all our training done". A third said, "We are encouraged to do additional training and qualifications".

We saw that staff were provided with and completed an induction before working for the service. This included training in areas appropriate to the needs of people using the service, reviewing policies and procedures and shadowing more senior staff. Staff told us that they were closely supported during their induction period and the registered manager had checked on their performance and progress during and at the end of their induction. One staff member told us, "The induction here was intense but I really enjoyed it; they showed us how to do everything". Another staff member told us, "The staff helped me to relax and feel at ease; it helped me to get to know people here before starting work properly". A third staff member said," I got a chance to look at the care plans and staff were really supportive; I got supervision at the end of my induction and was offered further help if I needed it". Staff told us they received regular supervision and had an annual appraisal. One staff member stated, "Supervision is thorough, we sit down and go through everything". Another staff member said, "We have an appraisal every year and set goals to achieve". A third staff member said, "I am supported here; I am newly qualified but can always ask anything if I am unsure".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that staff had received training and updates in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate an understanding of the need to consider people's ability to give consent and what may be considered as a restriction of their liberty. Records showed that people's mental capacity had been considered. We observed that people's consent was sought by staff before assisting or supporting them. Authorisations for DoLS had been made by the supervisory body, in this case the local authority for some people using the service at the time of our visit. We saw that care plans had been developed to ensure staff

understood and supported people in line with the authorisations. Staff we spoke to were clear about which people they supported were subject to a DoLS. A staff member said, "We always know who is on a DoLS as this is written on the daily handover sheet and gets updated".

We saw that people were supported to access food and drinks in line with their needs and choices. One person told us, "I can have what I want to eat, the food is good here; the staff make me a flask of hot drink so I can help myself whenever I like". Another person told us, "The food is out of this world, I can choose whatever I want and they will cook it for me, I can't get enough of it. We can help ourselves to hot and cold drinks all day or ask staff if you need help". We saw that people attended regular meetings and a 'food forum' agenda item was included where food choices for the menu were discussed. People told us their views were taken into consideration when planning the weekly menus. Staff were aware of the nutritional needs of people and of those who needed support and monitoring in order to ensure adequate diet and fluids was taken. A relative informed us, "Although [person's name] food is pureed the cook always makes it look as nice as possible and tell her what everything is on the plate". Another relative said, "She eats well; the table is all laid and set up lovely". The cook said, "We encourage healthy eating here but also try to mix it up a bit with our theme of the month, to get people trying different foods". A staff member told us, "We have themed months, including activities and food to match the theme; last month it was Chinese due to the new year". Menus on display in the dining areas demonstrated that meals included a variety of ingredients from all the essential food groups. The cook kept records about people's individual food like, dislikes and dietary requirements for all the kitchen staff to refer to.

Records showed people had been supported to access a range of health care professionals including psychiatrists, opticians and specialist nurses. One person told us, "They [staff] contact the ambulances when I am ill". Another person said, "The staff would definitely get the help I needed if I felt unwell". We saw that people were reviewed regularly by external professionals, for example in relation to their mental health. A relative told us,"[Persons name] is prone to falls and the staff let me know straight away if anything happens; they do take precautions to try to stop [person's name] falling".

Good

Is the service caring?

Our findings

People told us staff were caring and kind when supporting them. One person told us, "I am well looked after, they [staff] are kind to me". Another person said, "I love it here, the staff are brilliant and look out for me". A relative said, "They [staff] are genuinely caring, I see how they are with all the people here and they are always lovely with others too". Another relative said, "I think the staff are wonderful, they are always so kind and patient". From our observations we saw that people were comfortable approaching and chatting with staff openly. We heard staff speaking with people in a calm and kind tone of voice; they demonstrated their patience and understanding when supporting people. A staff member said, "I know we make a difference to people when I see them happy". One professional we contacted as part of our information gathering for this inspection stated, "I can confirm that we can offer praise for the professional nature and caring conduct of staff". A visiting professional told us, "The place has got a good feel about it, the people here seem contented and well looked after". We saw several examples during our inspection of staff providing support to people who were upset or anxious; we saw they allayed people's fears by using distraction techniques or by simply spending time sitting and listening carefully to the persons concerns, which were very effective. This demonstrated to us that staff knew the people they were supporting well.

The service encouraged people to remain as independent as possible, including when completing elements of personal care or accessing the local community. A person told us, "I keep my room tidy but staff will help me if I ask them". Another person told us, "Yes, they do get me to do things for myself, which is good". Care plans we viewed focussed on people's strengths in relation to the activities of daily living and outlined where they needed support from staff. People told us that staff were respectful towards them and would encourage them to try to do as much for themselves as possible, but were there to support them when they needed help.

We saw and people told us they felt listened to and described to us positive relationships with the staff. One person said, "I meet and talk with my key worker about how I am doing and what I want to do in the future". Another person told us, "I get chance to talk about my care and how staff can help me go back home again". We observed people being supported to make a variety of decisions about a number of aspects of daily living for example whether they wanted to go out to the shops and what food they wanted for lunch. This showed that staff knew the importance of supporting people's choices by providing personalised care. People told us that they were provided with information they needed both written and verbally from the registered manager and/or their keyworker. One person told us, "They [staff] tell me everything I need to know, if I forget they will tell me again". We saw that as well as giving people information about their rights and health care, the provider also gave people a 'service user guide' which gave them specific information about the service. A relative said, "They [staff] always give us an update about how [person's name] is doing whenever we visit". Staff we spoke with knew how to access advocacy services and information was displayed with the contact details of the local advocacy service if people wanted to seek independent advice or support. Advocates had been sought for people when the need had arisen.

People told us staff respected their dignity and their right to privacy. One person told us, "I can have my own space when I need it; I like to spend a lot of time in my room". Another person told us, "The staff always

speak to me respectfully". We observed staff communicating with people using respectful language and supporting them in a dignified manner.

Good

Is the service responsive?

Our findings

People told us they were given opportunities to express their views about their care and support needs. A person said, "The staff know how to support me and what I like and need". Another person told us, "I have a plan of care that staff have talked to me about". Staff we spoke with were knowledgeable about the possible symptoms or difficulties people using the service may experience due to their illness; they were also able to demonstrate an awareness of people's more personalised support needs and preferences. One professional we contacted as part of our information gathering for this inspection told us they felt 'the care plans in place, were current, comprehensive, person centred and relevant'.

People's rooms had been decorated to their own taste and displayed items that were of sentimental value or of interest to them. A relative said, "[Person's name] room is smashing". Care records contained personalised information detailing how people's needs should be met, for example what time the person liked to be supported to get up and go to bed. They included information about people's health needs, life history, individual interests and pastimes. People's cultural needs were routinely considered as part of their initial assessment. People told us and we observed they were encouraged to access the local community.

Activities were planned with people by their keyworkers and/or the activities coordinator; they were based on people's choices about how they wished to occupy themselves. One person told us, "I go out and get involved in doing crafts that we sell on for fund raising". A relative said, "They [staff] try to take [person's name] out as much as possible; yesterday she was out with them at the library". The service had access to a vehicle to support people to access activities and the community. We saw that a range of activities were available for people to get involved in such as visits to the local library or going to the football matches. A staff member said, "Some people here like singing and we have singers in regularly which they will join in with". Another staff member said, "I regularly read to people; particularly people who are in bed most of the time due to their condition". We saw people going out into community which they had chosen to do as part of their activity plan.

Our observations were that people were responded to appropriately when they wanted or requested support. A person stated, "I am able to talk to staff, I can just grab someone and tell them when I need to talk". Staff told us that the amount of support that a person required was always based on their individual needs. A staff member said, "We encourage people and prompt them and are always around to support them with what they want to do". We found that assessments had been completed to identify people's support needs and these were reviewed appropriately. We saw that records contained important instructions for staff to be mindful of, for example the signs and symptoms of a potential relapse of a person's mental illness with clear guidance for staff about how to deal with this and whom they should contact. Staff we spoke with knowledgeable about the signs of relapse for the people they cared for and what action they would take to support them.

People were able to routinely express their views or any concerns they had about the service. A person told us, "We have meetings to talk about this place and can have our say there". Another person said, "I have a keyworker and I can talk to her about anything, including any concerns or complaints I have". The provider

used a variety of methods in order to listen to and learn from feedback from people. A relative said, "I went to a relatives meeting recently and it was useful to hear what's planned and going on here". People told us they regularly met with their keyworker or met as a group to discuss both their individual concerns or issues and those related to the service as a whole. Meetings for people and their relatives were also held; subjects discussed included menu planning and the keyworker role. We saw that people were encouraged to openly express their views and ideas about the service in all meetings.

The service had an effective complaints process in place. People we spoke with did not currently have any complaints but told us they would feel comfortable telling the staff or the registered manager if they did. People told us, "If I had a problem with anything I would go to [registered managers name]", and "If I had any complaints I would talk to someone or write it down and give it the manager". A relative said, "If I had an issue or complaint I would go to [registered managers name] and I know she would deal with it". Another relative said, "Can't fault the place, we have no complaints at all. If we had I know they would sort it though". Information about how to make a complaint about the service was in an accessible area. We saw that in meetings people were reminded about how to make a formal complaint using the provider's policy. Staff knew how to appropriately direct and deal with people who were unhappy about any aspects of the service. A staff member said, "There are complaint and compliment slips in the nurse's station we ask people to complete if they wish to". Another staff member said, "If I get [complaints] there is a form I can give to people to complete or I would complete it for them based on what they are telling me, then I would hand it to the office to be dealt with". The service had received one complaint since our last inspection and we saw that this had been acknowledged, investigated and responded to as per the provider's policy. Our findings demonstrated that provider actively provided people with information about how to raise a complaint.

Good

Is the service well-led?

Our findings

We asked people about their experience of living at the home. One person told us, "I love living here; it's like being on holiday". A relative told us, "The place is great; I don't think I could find any better". People were able to identify who the registered manager was and told us they were visible and approachable. One person told us, "I have a good rapport with the manager". A relative said, "I can always talk to [registered manager's name]; she is ever so friendly and approachable, she a very nice person". Another relative said, "I know who the manager is and know if I wanted to speak to them I could". We found that the registered manager had a good knowledge about the people using the service and their needs.

Staff were clear about the leadership structure within the service and spoke positively about the approachable nature of the registered manager. One staff member told us, "The manager is really good, she has helped me and she is very approachable and always makes time for you". A second staff member told us, "Leadership here is clear to understand; we deal with the nurses mostly day to day but can always access the managers if we need them". Our observations on the day were that people approached the management team without hesitation. The registered manager told us they felt well supported in their role by the provider.

Staff told us they were supported through regular supervision and meetings. They demonstrated to us they were clear about the values of the service and that they felt involved in its development. A staff member said, "If we can't get to staff meetings the team leader will ask us if there's anything we want them to raise for us". A second staff member said, "Staff meetings are pretty well attended; the minutes are pinned up after for us to read". A third staff member said, "We do feel and want to be involved in the service being the best it can be; staff are motivated and come in on their days off to support and take part in events, like fetes and themed days".

The provider sent out satisfaction surveys to staff, stakeholders and people using the service. The feedback was analysed and shared. Any less positive results were discussed at meetings to try to find a way of resolving the issues raised. A 'You said' and 'We did' system for comments made both positive and negative were displayed for people to see; outlining improvements planned or that were already in place. For example, night staff had commented that they did not have an opportunity to see or talk to the registered manager, who worked office hours. This had been acted upon by the registered manager regularly working more flexibly to provide access to her for all staff. Staff meetings specifically for night staff were also provided. This demonstrated that the provider actively promoted an open culture and sought people's views about the service and acted upon the feedback.

The registered manager understood their responsibilities for reporting certain incidents and events to us that had occurred or affected people who used the service. We found that information contained within records gave detailed information about the incident, its effect on the person involved, immediate action taken, action taken to minimise any future occurrence and the date these actions were completed. Staff we spoke with knew their responsibilities for reporting any incidents, omissions or risks to people. The registered manager monitored these for trends and to reduce any further risks for people. Staff told us and

we saw that learning or changes to practice following incidents were cascaded down to them in daily handovers or at staff meetings. This meant that learning from incidents was shared to reduce risks for people and enable improvements in the future.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy that was accessible to staff. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. One staff member said, "You can raise issues with management here and they do act, I also know how to whistle blow and would if necessary". A second staff member said, "We have policies in the front office or in the nurse's station to refer to".

We saw that an effective system of auditing of the quality of the service was completed each month, this reviewed a number of key areas of risk for the service, including health and safety of the environment. Where omissions or areas for improvement were identified remedial action was taken or identified for action in the 'home action plan'. The provider also completed regular 'operational managers visits' and audited various aspects of the quality of the service, including reviewing that actions outlined on the 'homes action plan' were in progress or completed.