

The Five Lamps Organisation

Parkside Court Extra Care Scheme

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Parkside Court Extra Care Service is an extra care scheme providing personal care to people living in 30 flats and 17 bungalows in one purpose built location. There is a care office on site and communal areas within the building for people to use as they wish.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 19 people using the service who received personal care.

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

Risk assessments were not always put in place when a risk was identified. Staff had not always been recruited safely. The pre-employment checks in place to reduce the risk of unsuitable people working with vulnerable people had not always been completed or accurately recorded. People's care plans were not always up to date or accurate. Audits and quality assurance systems had failed to identify the issues we found with records.

There were sufficient staff to meet people's needs safely. People felt safe and appeared relaxed and happy when being supported by staff. The provider had systems in place to protect people from the risk of abuse. Staff understood their safeguarding responsibilities and knew how to raise concerns if needed. Medicines were managed safely by staff who were appropriately trained and assessed as competent. People were protected from the risk of infection.

People's needs were assessed before they started to use the service to ensure the team could meet those needs. Staff supported people to have enough to eat and drink, where required as part of their care package. Staff were well supported and received the training they needed. Staff supported people to access health care services when this was required.

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.

People were well supported by staff who knew their needs well. People confirmed they were happy with the care and support they received. People were involved in day to day decisions about their care and able to express their wishes to staff. Staff treated people with dignity and respect and encouraged people to be independent wherever possible.

The provider could make information available in different formats depending on people's individual communication needs. Staff supported people to access the local community where required and the

provider was looking at ways of increasing the activities available by working in partnership with the housing association who was responsible for communal areas. There was a policy in place for dealing with complaints.

The provider took steps to ensure people, staff and relatives felt valued and included. The provider engaged well with people and relatives. Staff meetings took place and were an opportunity to raise any concerns and share ideas about the service. The provider had a good relationship with external professionals and stakeholders.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13 July 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 17 October 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Parkside Court Extra Care Scheme

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 Health and Social Care Act 2008.

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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 5 September 2022 and ended on 16 September 2022. We visited the location's office on 5 and 8 September 2022.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We reviewed a range of records. This included five people's care records. We also reviewed medicines records. We spoke with eight members of staff, including the nominated individual, registered manager, scheme manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were not always put in place when a risk was identified. Whilst staff demonstrated a good knowledge of how to minimise risks to people this was not always clearly documented.
- Risk assessments were often generic and failed to describe in detail what each individual needed in order to stay safe. We found that falls risk assessments contained the same wording for five people all of whom had different level of support need in this area. We discussed our findings with the registered manager who acted promptly to make the necessary changes.

Although no harm had come to people as a result of the omissions in records, they had been placed at greater risk due to the failure to have accurate and up to date records in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People felt safe and appeared relaxed and happy when being supported by staff. One person told us, "The carers really make sure you are safe before they leave. They do all I ask and ask what more they can do."
- There was a good relationship with the housing association who managed the premises and any concerns regarding the safety or maintenance of the premises were dealt with promptly.

Staffing and recruitment

- Staff had not always been recruited safely. The pre-employment checks in place to reduce the risk of unsuitable people working with vulnerable people had not always been completed or accurately recorded. Some staff had gaps in employment history with no record this had been explained or investigated. One member of staff had no references in place which had been identified by the registered manager during an audit of recruitment files, but this was more than a year after they were employed.

Whilst we were told relevant checks were completed, the records we reviewed did not always evidence this. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff to meet people's needs safely. One relative told us, "There is an established and consistent care team, familiar people who have a bit more of a relationship with [my relative] than the carers they had before."
- Some people told us they believed the service sometimes struggled when it came to staffing and this impacted on the time of calls, but no one reported any missed visits or said this affected the level of care. One relative told us, "[The service] struggle with staff and timing varies, but there is no adverse effect on [my

relative]."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to protect people from the risk of abuse. The registered manager worked proactively with safeguarding and commissioning teams and learned when mistakes were made.
- Staff received mandatory safeguarding training and this was repeated regularly to ensure knowledge was up to date. Staff understood their safeguarding responsibilities and knew how to raise concerns if needed. One member of staff told us, "I'd be straight on to [service manager] if there was anything I was concerned about. If they weren't available I'd go to [registered manager] and I'd take it further if I thought nothing was being done."
- The registered manager analysed accidents and incidents to look for patterns and trends in order to reduce future risk.

Using medicines safely

- Medicines were managed safely by staff who were appropriately trained and assessed as competent. There were no errors in medicines administration records we viewed and people told us they were happy with the way they received their medicine. One person told us, "When I needed eye drops the carers gave them to me every day when I needed them, every time they visited."
- The provider had auditing systems in place to identify and act on errors, and to ensure good practice was being followed.

Preventing and controlling infection

- People were protected from the risk of infection. People and relatives informed us staff wore appropriate personal protective equipment (PPE) when supporting people.
- The provider had an up to date infection control policy in place which provided staff guidance on how to minimise and prevent the spread of infections.
- The provider had a good supply of appropriate PPE to keep both people and staff safe from the risk of infections.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service to ensure the team could meet those needs. Information gathered was used to create a care plan and risk assessments.
- Some people had legally appointed a representative to make decisions on their behalf. The records relating to this were not always up to date or accurate. We discussed this with the registered manager who took immediate action to rectify this.

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

- Staff supported people to have enough to eat and drink, where required as part of their care package.
- Staff had access to care plans, which described the support people needed with eating and drinking but these were not always up to date or comprehensive. One family member had made a specific request about how their relative's food was prepared. Whilst care records did not accurately reflect this, we did observe staff preparing food appropriately.
- The registered manager is currently working with a local college to develop a nutrition and hydration training course specifically tailored to meet the needs of people living at Parkside Court.

Staff support: induction, training, skills and experience

- Staff were well supported and received the training they needed. One staff member said, "I think the training is much better since [Five Lamps] took over. They are better at making sure the training is up to date."
- New staff completed an induction which included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had supervision meetings with their line manager. Although these had fallen behind schedule, staff still felt they were well supported by the management team. One member of staff told us, "We have supervision meetings every few months, I'm happy with the support I get, if I wasn't happy I would go to [the registered manager]."

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

- Staff supported people to access health care services when this was required. People gave examples of how staff had helped them when they needed medical assistance. One person told us, "They would call a GP if I needed them to. Sometimes I do ask them to and they will do it for me."

- Care records provided details of health professionals involved with each person's care and support.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider and staff understood people's right to make their own decisions about their day-to-day care and support, and the role of best-interests decision-making.
- People told us staff listened to them and respected their choices and wishes.
- The provider had procedures in place for recording people's written consent to key aspects of the service provided.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were well supported by staff who knew their needs well. We observed positive interactions between staff and the people they supported.
- People confirmed they were happy with the care and support they received. Most relatives were also happy with the care their family members received. One relative said, "[Staff] are very good with [my relative]. They will take them for a ciggie when they want one and to go for a chat. She just has to say when she wants a bath or a shower and she gets one. They are very caring, chatty and familiar."
- People and staff had good relationships. People were relaxed around the staff team. One person said, "I look forward to them coming. We have a laugh and a chat. It is a long day when you live by yourself."

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

- People were involved in day to day decisions about their care. We observed people being given choices at mealtimes.
- Staff supported people in a way that enabled them to express their wishes. One member of staff told us, "We accommodate people's wishes wherever possible. I always ask [people] how they want things, I don't tell them what must be done. I'd never force somebody if they didn't want me to do something."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person told us, "I am very happy with the care, they do a marvellous job. They never talk about anyone else and are good with confidentiality."
- Staff encouraged and supported people to be as independent as possible. One member of staff told us, "I'm all for supporting independence. Whilst people can do something for themselves, they should be encouraged to. If they need a little bit of assistance we can step in and help."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care plans supported a person-centred approach, however, the information within them was not always up to date or accurate. Changes to people's care needs was not always reflected in their records and as a result people had been placed at risk.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well and daily handover meetings kept them up to date with any new developments or changes to their care needs.
- People's care files contained information about their personal histories and what was important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood the AIS. They could make information available in different formats depending on people's individual needs.

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

- Staff supported people to access the local community when this was identified as part of their care package.
- The provider worked alongside the housing association who provided the accommodation to put on activities such as coffee mornings and bingo afternoons to ensure people had opportunity to socialise with others if they wished to. Further joint work was being done to increase the activities available and the provider had recruited a Community Champion to help with this.

Improving care quality in response to complaints or concerns

- The provider had a policy in place for dealing with complaints. They had a structured approach which helped ensure complaints were fully investigated and resolved. One family member was not happy with the way their complaint had been dealt with. When we fed this back to the service manager, they were already

aware of the concerns and reassured us it would be addressed.

- People confirmed they had no complaints about the service but felt confident to raise issues if they needed to. One relative told us, "I have spoken to the Manager regarding the times of meals as they are too early. They said they would look at it. All staff are very approachable."

End of life care and support

- At the time of the inspection there was no one receiving end of life care.
- The registered manager informed us should they be required to provide people with end of life care they would always ensure they liaised closely with people's relatives and healthcare professionals to ensure each person received the care they needed and wanted at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant further improvements in management oversight were required to ensure records were of a consistently high standard to support the delivery of high quality, safe, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Records were not always up to date or accurate. Audits and quality assurance systems had failed to identify this.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their role in terms of regulatory requirements. For example, they had notified CQC of events, such as safeguarding matters and serious incidents as required by law.
- The registered manager assisted us throughout the inspection, listened to the advice given and quickly acted upon any issues raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider took steps to ensure people, staff and relatives felt valued and included. The service manager had an open-door policy and we observed family members popping in during our site visit. There was an employee assistance programme available and staff newsletters went out regularly. The summer edition gave tips on how to stay safe in hot weather and explained the options available for career progression.
- With people's consent, relatives could access their family member's individual electronic records. This means they can see when calls have been made and be reassured that care has been delivered.
- The registered manager was being proactive in looking at ways of improving staff retention. They had launched a competition amongst staff for ideas and were developing a virtual reality experience to show applicants 'a day in the life of a homecare worker'. They told us, "At times we go right through the recruitment process then staff leave saying care is not for them. We are hoping that this gives prospective staff a better idea of what is involved in homecare."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility in relation to the duty of candour and the need to be open and transparent when mistakes were made.

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

characteristics;

- The provider engaged well with people and relatives. They had arranged meetings and gathered feedback via questionnaires. One family member told us, "[Staff member] is lovely and there if you need anything. They ring round everyone in the morning to ask how they are. I have been to a meeting and filled in a questionnaire, but I told them that all is fine."
- Staff meetings took place and were an opportunity to raise any concerns and share ideas about the service.
- The provider had arranged a staff recognition awards afternoon but found it was hard to engage staff so this wasn't well attended. The registered manager said they are thinking of alternative ways to involve staff.

Working in partnership with others

- The provider had a good relationship with external professionals and stakeholders. The management team liaised well with the housing association who managed the premises. The registered a manager felt well supported by the local authority and worked closely with the social work team, district nurses and other health professionals involved in people's care.
- The provider told us they had a commitment to investing in local communities and making people matter.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not complete, accurate or up to date. 17(2)(c) Where risks were identified adequate records were not always in place to reduce or remove risk. 17(2)(b) The quality assurance systems in place had failed to identify the errors and omissions in records. 17(2)(a)(f)