

## Reeson Care Homes Limited

# Parkside

### 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

This inspection of Parkside took place on 25 July 2017. Parkside is a care home registered to provide accommodation for three people with learning disabilities. The service is also registered to provide personal care. This registration relates to care provided at a nearby supported living service. At the time of our inspection there were three people living at the care home and three people at the supported living service. The people who used the service had significant support needs because of their learning disabilities. The majority of people had additional needs such as autistic spectrum conditions, mental health conditions, and communication impairments.

The previous inspection was carried out on 1 June 2015. During this inspection, we found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of medicines storage and safeguarding in relation to the processes in place for safeguarding people's monies.

At the previous inspection the service was rated Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection on 25 July 2017, we found that the service had taken appropriate action in respect of the previous breaches of regulations and made improvements.

People who used the service told us they felt safe in the home and around care staff. During the inspection, it was evident that positive caring relationships had developed between people who used the service and care staff. People who used the service and relatives spoke positively about care staff, the registered manager and the care provided at the service.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Care staff we spoke with demonstrated a good understanding of how to recognise and report allegations of abuse. Risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

The previous inspection in June 2015 found a breach of regulation in respect of safeguarding money procedures in place. During that inspection, we found that the service did not have a budget for staff expenses when supporting people outside of the home specifically in relation to the use of Oyster Cards. During the inspection in July 2017, we found that the service had taken appropriate action in respect of this and showed us evidence that care staff now had a separate Oyster Card which they used when they accompanied people on outings.

The previous inspection in June 2015 found a breach of regulation in respect of medicines storage at the supported living service. We found that medicines were stored in a lockable filing cabinet and this was not a suitable storage facility. During the inspection in July 2017, we found that the service had taken appropriate action and had obtained a suitable medicines storage facility.

Appropriate arrangements were in place in relation to the recording, disposal and administration of medicines at the home and the supported living service. However, we did note that the service was not recording the temperature of the medicines storage facility on a daily basis at both the home and supported living service. Following the inspection, the registered manager confirmed that they had commenced this.

Care staff had completed training in areas that helped them when supporting people. The registered manager explained they provided classroom based training to ensure care support staff received practical training. Care staff spoke positively about the training they had received. Care staff we spoke with told us they were well supported by management and received regular supervision sessions and appraisals.

People were supported to have maximum choice and control of their lives and care support staff supported them in the least restrictive way possible.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We found that the appropriate DoLS authorisations were in place.

People spoke positively about the food arrangements in the service. They explained that they had a choice of foods and ate what they liked and when they liked. Staff demonstrated a caring attitude towards people who used the service and ensured their dignity and privacy were maintained.

Care records were person-centred, detailed and specific to each person and their needs. Care preferences were also noted.

We found the service had a management structure in place with a team of care staff, senior care staff and the registered manager. Staff told us there was an open and transparent culture and that the morale amongst staff was good. They also told us that staff worked well with one another and management. Care staff told us management was approachable and they did not hesitate about bringing any concerns to management.

Care staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred regularly and were documented. They told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

The service had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. A formal satisfaction survey had been carried out in April 2017 and feedback received was positive and no concerns were raised.

Management monitored the quality of the service and we saw evidence that regular audits and checks had been carried out to improve the service. Checks had been carried out in relation to audits and checks had been carried at regular intervals in areas such as care documentation, health and safety, equipment, cleanliness of the home, medicines and staff training.

## 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. People told us that they felt safe around care workers and in the service.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

There were processes in place to help ensure people were protected from the risk of abuse.

Arrangements were in place in relation to the management and administration of medicines.

### Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt well supported by their peers and the registered manager.

People's health care needs and medical history were detailed in their care plans.

### Is the service caring?

Good ●

The service was caring. People told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

Staff had formed positive relationships with people.

### Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

The service had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

## Is the service well-led?

Good ●

The service was well led. People spoke positively about the management of the service.

The service had a clear management structure in place with a team of care workers and the registered manager. Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

# Parkside

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 25 July 2017 and was announced. We informed the service two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the supporting living service in order for us to carry out the inspection. One inspector carried out this inspection.

During the inspection, we spoke with the registered manager and four care staff. At the time of the inspection, four people were not at the home or supported living service as they were out with their family. We spoke with two people who used the service and observed interactions between people and staff. Following the inspection, we spoke with three relatives of people who used the service. We also spoke with one care professional who had regular contact with the service.

We looked at four care records, four staff and training records, medicines records and records relating to the management of the service such as audits, policies and procedures.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe in the home. One person said, "I am fine here. I feel safe here." Another person told us, "Yes I am safe." Relatives we spoke with told us they were confident that their relative was safe and raised no concerns in respect of this. One relative said, "[My relative] is very safe."

The previous inspection in June 2015 found a breach of regulation in respect of medicines storage at the supported living service. During that inspection, we found that medicines were stored in a lockable filing cabinet and this was not a suitable storage facility. During the inspection in July 2017, we found that the service had taken appropriate action and had obtained a suitable medicines storage facility.

During this inspection, we discussed the storage of medicines in the supported living service with the registered manager. As the service was providing care in a supported living service, medicines should be stored as they would be stored in people's own homes. We discussed with the registered manager the importance of obtaining people's written consent if the service were to continue to store people's medicines in one storage facility in the office instead of in people's own bedrooms.

The registered manager confirmed that he would seek to obtain people's consent and if they were unable to do this, then would store medicines in appropriate storage facilities in people's own rooms.

There were systems in place to help people receive their medicines safely. We checked some of the medicines in stock at the home and in the supported living service and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. We noted that temperature checks for the medicines storage facility were not documented and spoke with the registered manager about this. He confirmed that he would ensure this was documented in future. Following the inspection, the registered manager sent us evidence to confirm that they had started recording temperature checks and he confirmed that they would continue to do this.

There was a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of Medication Administration Records (MARs) for people at the home and the supported living service. These were accurate and were up to date to indicate that medicines had been administered as prescribed.

The provider carried out a medicines audit, however we observed that this was documented every six months. We spoke with the registered manager who confirmed that he carried out daily medicine checks but did not document these. He confirmed that in future medicines audits would be documented monthly.

The previous inspection in June 2015 found a breach of regulation in respect of safeguarding procedures relating to the use of people's monies. During that inspection, we found that the service did not have a budget for staff expenses when supporting people outside of the home specifically in relation to the use of Oyster Cards. During the inspection in July 2017, we found that the service had taken appropriate action in respect of this and showed us evidence that care staff now had a separate Oyster Card which they used when they accompanied people on outings.

Training records indicated that care staff had received safeguarding training. When speaking with care staff they told us how they would recognise abuse and what they would do to ensure people who used the service were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team and the CQC. The home had a comprehensive safeguarding procedure in place and we noted that necessary contact details to report safeguarding concerns were clearly displayed in the home. We observed that this policy was also displayed in an easy read format for people in the home.

Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. We found that risk assessments were personalised and included preventative actions that needed to be taken to minimise risks as well as measures for care staff on how to support people safely. Care records included relevant risk assessments, such as behaviour that challenges, self-neglect and absconding. Behavioural risk assessments were in place and these included guidance for staff around providing positive approaches to supporting people and identifying and reducing 'triggers' that might create anxieties. Risk assessments were reviewed regularly and were updated when there was a change in a person's condition.

Care staff we spoke with told us that there were enough staff to safely meet people's needs. The registered manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed for example, if people needed to be supported on day trips or when people had to attend appointments. This was also confirmed by care staff we spoke with. There was a recruitment procedure in place and staffing records viewed confirmed that the procedure was adhered to and appropriate employment checks were carried out. However, we noted that some people's criminal records checks were more than three years old. We discussed this with the registered manager and he confirmed that he would ensure these were updated. Following the inspection, the registered manager confirmed that he commenced the process for obtaining updated criminal records checks.

During this inspection we observed that the home and supported living scheme were clean and that an appropriate standard of hygiene was maintained throughout both premises. Paper towels were available at each sink and liquid hand sanitizer was available throughout the home.

The registered manager explained that they carried out regular safety and maintenance checks of the premises to ensure they were safe and we saw this was documented. We saw evidence that the gas boiler had been inspected and the electrical installations inspection had been carried out.

There were arrangements for ensuring fire safety in the home and we saw that there were PEEPS (personal emergency evacuation plans) in place. The fire alarm was tested weekly to ensure it was in working condition and this was documented. We noted that the last fire drill had been carried out on 22 April 2017.



# Is the service effective?

## Our findings

People and relatives spoke positively when asked what they thought of the home and care staff. One person told us, "Care staff are nice. I am well cared for here and very happy here." Another person said, "Staff are good. They treat me good." One relative said, "I am very happy with the care."

Training records showed that care staff had completed training in areas that helped them when supporting people. Topics included emergency first aid, safeguarding, the Mental Capacity Act 2005 (MCA 2005), infection control, medicine administration and food safety. This training was classroom based and provided by an external organisation. The registered manager explained they provided classroom based training to ensure care support staff received practical training. Care staff spoke positively about the training they had received. One care staff told us, "The training is excellent. It is useful." Another care staff said, "We get mandatory training and refreshers." Care staff told us they felt confident and suitably trained to support people effectively. They told us they received regular supervisions, which was confirmed by supervision records and appraisal records viewed in staff files.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005 and we saw that information about capacity assessments were clearly displayed on the office wall. Staff had received training in the MCA 2005 and demonstrated that they were aware of the key principles and the importance of ensuring people were able to make their own decisions where they had capacity to do so. Information about supporting choice for people with limited or no verbal communication was contained in people's care plans, as was information about people's capacity to make decisions.

During the inspection in June 2015, we found that the MCA policy and procedure had not been updated to include information relating to the Supreme Court Judgement on the Deprivation of Liberty Safeguards (DoLS). However, during the inspection in July 2017 we found that the service had updated their policy accordingly.

People's care plans included information about restrictions that were in place, with evidence that these had been agreed with others to be in people's best interests. Applications had been made to the local authority for DoLS to be put in place for people who lived at the care home. We found that where people were subject to continuous supervision by care staff, the service had appropriate DoLS authorisations in place.

We spoke with people about the food available at the home. One person said, "I love the food. We have different foods." Another person said, "The food is good. We get a choice." There was a weekly menu which was devised based on feedback from people. The registered manager explained that if people did not want to eat something from the menu, an alternative was always provided at their request. The food provided was varied and included cultural dishes that met the preferences of people who used the service. Both the

care home and the supported living service had homely kitchens that were accessible to the people. Snacks such as fruit were available for people to help themselves to between meals. The registered manager explained that they monitored people's nutrition and recorded people's weight if they had concerns about an individual's weight and showed us evidence of this. He confirmed that at the time of the inspection, the service had no concerns about people's weight.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with health and social care professionals.

## Is the service caring?

### Our findings

People told us that they felt well cared for by care staff and the registered manager. One person said, "The home is fine. Staff talk and listen to me." Another person said, "Care staff are nice. They are patient and listen. They talk to me nicely." Relatives told us they were confident that people were well cared for in the home. One relative said, "Care staff are lovely".

We observed interaction between care staff and people living in the home during the inspection and saw that people were relaxed with staff and confident to approach them. Staff interacted positively with people, showing them kindness, patience and respect. People could choose where to sit and spend their recreational time. People appeared to be comfortable and happy in the presence of care staff and the registered manager.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. They told us that they ensured people were listened to and valued. People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them with personal care. For example by closing doors and explaining clearly to people what they were about to do. We saw that staff knocked on people's doors before entering their rooms.

Care records contained information about people's likes, dislikes, interests and hobbies. People's choices were respected by care staff and care staff had a good understanding of the needs of people and their preferences. Care plans included information about people's background and the service used this information to ensure that equality and diversity was promoted and people's individual needs met.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people and relatives we spoke with. We saw documented evidence that people had monthly meetings with care support staff to discuss their care needs and progress. These meetings enabled people to discuss their progress and review their action plan.

The registered manager explained to us that they encouraged people to be independent and where possible, to do things themselves. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills. On the morning of the inspection, one person went out shopping with staff to prepare for their birthday celebrations. Another person we spoke with told us they got involved with daily tasks such as laundry and felt involved with their care.

## Is the service responsive?

### Our findings

People's care plans included information about their individual care needs and clearly detailed how each person would like to be supported. These were individualised and person-centred. These included information about people's preferences, likes, dislikes, routines, background and information about people's goals. Care support plans also included an easy read care plan with pictures clearly detailing people's hopes and dreams, a plan of how the person aimed to achieve this and specific information about how they would like to be supported. The registered manager explained that regular reviews enabled care staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

Daily notes of care and support were in place and we saw that any concerns arising from day to day issues were reported and managed appropriately. The registered manager explained that these enabled staff to monitor people's progress.

Each person had their own activities timetable which was devised based on their specific interests. Activities included attending the local leisure centre, day centre, park and playing musical instruments. On the day of the inspection, the majority of people were out. One person went shopping in the morning and the other spent time drawing and playing their guitar. This person told us they enjoyed listening and playing music and said they were able to do this in the home. People we spoke with told us that there were sufficient activities available and had no complaints in respect of this.

There was a complaints policy which was clearly displayed in the home and the supported living scheme. The policy detailed the procedures for receiving, handling and responding to comments and complaints. This was also available in an easy read picture-assisted format so that it was more easily understood by people in the home and was displayed in the service. We noted that since the last inspection, the service had not received any formal complaints.

There was a system in place to obtain people's views about the care provided at the home. We saw that the service had a suggestions box where people could leave comments. We also saw documented evidence that resident's meetings were held so that people could raise any queries and issues. People and relatives told us they did not hesitate about bringing any concerns to management. Relatives told us that they were kept informed of developments in relation to their relative's care and any changes within the service. They said that the registered manager communicated with them well and was accessible.

A satisfaction survey was carried out in April 2017 obtaining feedback from people who used the service, family members and staff. The feedback received was positive. The results of the survey were analysed so that the service had an overview of the results and make any improvements where necessary. The registered manager explained that the service was eager to obtain feedback from people and listened to their ideas and suggestions and took action where necessary.

## Is the service well-led?

### Our findings

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

People expressed confidence in the management of the service. One person said, "The manager is always good to me. I see him every day. He never stops working and is always available." Another person told us, "The manager is nice. He listens and I can talk to him. He is good to me." One relative told us, "The manager is lovely. He is 110% helpful." Another relative said, "Management are fine. They are approachable."

One care professional we spoke with told us that they found the service to be competent. They told us, "Communication with them is good. The manager is very approachable and knows the service users well. I have regular contact with the service and have no concerns."

There was a management structure in place with a team of care staff and senior care staff and the registered manager. Staff spoke positively about working at the service and were of the opinion that the service was well managed. They told us the registered manager was supportive and approachable. They indicated to us that morale was good and staff worked well together as a team. One care staff said, "There is a good atmosphere at the home. The manager is very supportive and very encouraging. Communication is good. I am always kept informed." Another care staff told us, "It is great working here. The manager really does listen and takes action. The manager is very supportive and he takes this work seriously and really cares for people. Team work is great. I always know what is going on." Staff were also aware of the values and aims of the service and this included treating people with respect and dignity and providing a high quality service.

Care staff we spoke with told us that communication was good in the service. They told us that they were always kept informed of developments through detailed daily handovers and monthly staff meetings. Care staff said that they felt able to raise concerns and queries at these meetings.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried at regular intervals in areas such as care documentation, health and safety, equipment, cleanliness of the home, medicines and staff training.

Accidents and incidents were recorded. These were comprehensive and detailed what action was taken following an accident/incident and guidance to prevent re-occurrence of these where appropriate.

Care documentation was well maintained, up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. People's care records

and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.