

The Five Lamps Organisation

# Parkside Court Extra Care Scheme

## Inspection report

Cumbernauld Road  
Thornaby  
Stockton-on-tees  
TS17 9FB

Tel: 01642753517

Date of inspection visit:

21 July 2023

27 July 2023

17 August 2023

21 August 2023

04 September 2023

Date of publication:

20 November 2023

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Parkside Court Extra Care Scheme is an extra care service providing personal care to people living in 30 flats and 17 bungalows in 1 purpose-built location. There is an 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 inspection 17 people were receiving personal care.

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

People and relatives were happy with the service and the care people received and were complimentary about care staff, describing them as "great," "very good" and "friendly." Comments from relatives included, "[Family member] gets the same group of carers who are lovely and friendly. They're smashing" and, "They are nice girls. They all get the thumbs up from me." Staff were passionate about their roles and the people they support. A staff member said, "I really enjoy my job, I enjoy helping the clients to the best of my ability. Parkside Court is a great place to work."

The provider had taken appropriate action following the last inspection, to make required improvements in the service. Systems were reviewed and revised to ensure risks to people's health, safety and well-being were well documented and managed, safe recruitment processes were always followed, and people's care plans were person-centred and reflected their individual needs and wishes. The provider also implemented additional quality checks to monitor the service more effectively.

There were systems in place to keep people safe. There were enough staff to meet people's needs. Staff safeguarded people from abuse. Medicines were safely administered and managed. The provider and staff protected people from the risk or spread of infection.

Staff knew how to effectively communicate with people and communication methods were detailed in care records. People and relatives knew how to raise any concerns and the provider had a suitable complaints procedure in place.

The service was well-managed. The provider promoted an open and honest culture in the service. People and relatives were regularly consulted about the quality of the service through surveys and reviews. The provider, management and staff worked in partnership with other health professionals to achieve positive outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 November 2022). Breaches of legal

requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 17 (Good governance).

#### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements. For the key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkside Court Extra Care Scheme on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Parkside 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 1 inspector and 1 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 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 service.

#### Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. At the time of the inspection an interim manager was in post and the provider was advertising for a permanent manager.

## Notice of inspection

The inspection was unannounced.

Inspection activity started on 21 July 2023 and ended on 4 September 2023. We visited the office on 21 July 2023.

## What we did before the inspection

We reviewed the information we held about the service. Due to technical problems, we were not able to review information in the Provider Information Return (PIR). 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 sought feedback from the local authority contracts monitoring and safeguarding adults teams and reviewed the information they provided. We used all of this information to plan our inspection.

## During the inspection

We spoke with 1 person and 8 relatives about their experience of the care provided. We spoke with the nominated individual, the manager and the quality lead. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from 5 care workers.

We reviewed a range of records including 4 people's care and medicines records, recruitment records for 2 care workers, and a variety of records relating to the management of the service including policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure adequate records were always in place to reduce or remove risk. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff assessed and managed risks to people's health, safety and wellbeing.
- Individual and environmental risk assessments were put in place and reviewed regularly, to support people to remain safe.
- The provider had procedures to ensure people continued to receive care in emergency situations.

### Staffing and recruitment

At our last inspection the provider had failed to ensure recruitment records evidenced all relevant checks required for safe recruitment. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks. Recruitment records were robust and clearly evidenced all checks completed for new staff members.
- There were enough staff deployed to meet people's needs. Comments from relatives included, "The carers are in and out all day. They are all very good" and, "From what I have seen it's all OK. When he uses the buzzer or pull his cord they are there immediately."
- People and relatives told us they received support from a consistent team of staff.

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

- Staff protected people from harm. People and their relatives felt the service was safe. Comments included, "Completely safe, no problems, we're happy with things." and, "They (staff) support [family member] very well. I feel this is better than a care home for them."

- Staff received regular safeguarding training and knew about the safeguarding and whistle blowing procedures. A staff member said, "I would feel 100% confident to raise a whistleblowing concern if I thought there was any wrongdoing whatsoever."
- There were systems in place to record, monitor and learn from any individual incidents or accidents and safeguarding concerns, when they occurred.

#### Using medicines safely

- Staff administered and managed people's medicines safely. People received their medicines when they were due. A relative said, "The chemist delivers the packs of medicines, and the carers sort it out and give them to [family member] four times per day."
- The quality lead completed regular medicine checks and audits to identify any errors and take appropriate action.

#### Preventing and controlling infection

- Staff protected people from the risk of infection. Staff followed appropriate infection control measures such as regular hand washing and wearing appropriate PPE when supporting people. A staff member told us, "I follow the correct procedure for hand washing, before and after each call. I wear the correct PPE."
- The provider had systems in place to check staff followed the IPC guidance.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the provider had failed to ensure care plans were always up to date, accurate and a reflected people's care needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People received person-centred care which met their needs and preferences. Care plans instructed staff how to support people in line with their needs and wishes.
- People and relatives told us they were involved in planning and reviewing their care. A relative said, "They (staff) have just done a care plan review with us."
- Staff regularly reviewed care plans to ensure they reflected people's needs.

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

- 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

- People were supported to maintain and develop relationships, and to follow their own interests and social activities.
- The provider worked with the housing association who provided the accommodation, to arrange activities for people. A relative told us, "Mum likes the activities and goes to the Bingo and coffee mornings."
- Staff supported people to access the local community such as shopping, as part of their package of care.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns. Relatives told us, "We've never had to complain, if ever there's something, I can talk to [manager] or [staff member] as they're always there, and they listen to

you" and, "If ever there are any problems, I email [manager] and it gets sorted out."

- The provider had a policy and procedure in place for dealing with complaints.

#### End of life care and support

- People's end of life wishes were respected. Care records contained details of people's wishes, spiritual faith, as well as if they had a Do Not Attempt Cardiopulmonary Resuscitation in place.
- At the time of the inspection there was no one receiving end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider's quality assurance systems had failed to identify records were inaccurate and not up to date. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Changes and improvements had been made since the last inspection as lessons had been learned. Quality assurance processes were revised to ensure they were more robust.
- The provider, manager and quality lead monitored the quality of the service to make sure they delivered a high standard of care.
- The provider understood their role in terms of regulatory requirements.

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

- People were at the centre of the service and staff supported them to improve their well-being and achieve positive outcomes.
- The service was well-managed. People and relatives were happy with the service provided. A relative said, "It is a fantastic place for [family member]."
- Staff were supported and passionate about their roles. A staff member said, "The good things working for Parkside is knowing that you're helping clients with their everyday life, whether it be practical, emotional, their wants and needs. Helping the clients makes me happy and I enjoy my work a lot. Parkside is the best place to work for me."

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 provider and 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; Working in partnership with others

- Feedback from key stakeholders was used to improve the service. People and staff were asked to share their views of the service via surveys, reviews and regular communication.
- People, relatives and staff felt the manager was approachable and listened to them. Some relatives told us of issues they had raised with the manager and explained these had been resolved and apologies had been given.
- The provider, management team and staff worked in partnership with other health professionals such as GPs, district nurses, pharmacies and social workers to achieve positive outcomes for people.