

Parkside (St.Helens) Limited

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Inspection report

Parkside Care Home
280 Prescott Road
St Helens
Merseyside
WA10 3AB

Tel: 01744452160

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11 December 2018

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Ratings

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

Summary of findings

Overall summary

About the service:

Parkside Care Home is a residential care home that was providing accommodation and personal care to 22 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People were protected from abuse and the risk of abuse because staff understood their role and responsibilities for keeping people safe from harm. People told us they felt safe living at the service and family members were confident that their relative was kept safe. Medication was managed safely and people received all their prescribed medication on time. Risks people faced were identified and measures put in place to minimise the risk of harm occurring. People were protected from the risk of the spread of infection because staff followed good infection control practices. The premises and equipment were well maintained, they were kept clean and underwent regular safety checks. People's needs were met by the right amount of staff who were suitably skilled and experienced.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. Staff were provided with the training they needed for their role. People told us staff did a good job and were well trained and competent at what they did. People received the right care and support to maintain good nutrition and hydration and their healthcare needs were understood and met. People who were able, consented to their care and support. Where people lacked capacity to make their own decisions they were made in their best interest in line with the Mental Capacity Act.

People were treated with kindness, compassion and respect. People told us staff were kind and respectful and promoted their independence. Staff were knowledgeable about people and used this knowledge with positive outcomes for people. Family members and other visitors were welcomed at the service.

People's needs were identified and planned for, taking account of their choices and preferences. People received the right care and support in a way they preferred. People and relevant others were provided with information about how to complain and they were confident about complaining should they need to.

The leadership of the service promoted a positive culture that was person centred and inclusive. People, family members and staff understood the management structure of the service and were complementary about the way the service was managed. They told us they were consulted and involved in the running and development of the service. There were effective systems in place for checking on the quality and safety of the service and making improvements.

More information is in Detailed Findings below

Rating at last inspection: Good (Report published 14 April 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

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 responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Parkside (St Helens) Limited

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one adult social care 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. Their area of expertise was dementia care.

Service and service type:

Parkside is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, healthwatch and other professionals who work with the service. We assessed the information we require providers to send us at least once annually 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 ten people using the service, two family members and two visiting healthcare professionals to ask about their experience of care. We also spoke with the registered manager, deputy manager, registered provider and five members of staff, including care and ancillary staff.

We looked at three people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff and records of checks carried out on the premises and equipment.

Details are in the Key Questions below.

The report includes evidence gathered by the inspector and the expert by experience.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People were safeguarded from abuse. Staff had completed safeguarding training and had access to information and guidance about safeguarding procedures.
- Staff had understood what was meant by abuse. They knew the different signs and indicators of abuse and were confident about reporting any concerns they had about people's safety.
- People told us they felt safe. Their comments included; "Oh yes I feel safe here, no doubt about it" and "Of course I feel safe."

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety was monitored and managed so that they were supported to stay safe. This included risks associated with the environment and aspects of people's care and support. Risks were managed in a way that respected people's freedom.
- Service records were well maintained, kept secure and available to relevant staff. Electronic records were password protected and paper records were destroyed when no longer needed in line with the relevant law.
- The environment, equipment and utilities were checked regularly to ensure they were safe for people to use.
- Staff had completed training in topics of health and safety and they were confident about dealing with emergency situations.
- Staff had access to information about what to do in the event of an emergency. This included an up to date personal emergency evacuation plan (PEEP) for each person and a business continuity plan.

Staffing levels and recruitment

- Safe recruitment procedures were followed. Before being offered employment, applicants underwent a series of pre-employment checks to ensure they were suitable for the job.
- There were sufficient numbers of suitably qualified staff on duty throughout the day and night to safely meet people's needs.
- People told us they felt there were enough staff to meet their needs and keep them safe. Their comments included; "There's enough staff on duty and they're very helpful. If you use the call bell they come in a couple of minutes," "I think there are enough staff on duty, my call bell is answered quick enough" and "I've never been concerned about staffing levels."

Using medicines safely

- The management of medication was safe. Staff responsible for managing medication had undergone the relevant training and checks on their competency.
- Current medication policies and procedures were in place for staff to follow along with relevant professional guidance and staff followed these.

- Medication administration records (MARs) listed people's medication and instructions for use.
- People told us they got their medication on time and were offered pain relief medication. Their comments included; "They give me my medication at the right time, just after breakfast. They ask if you are you ok and do you want paracetamol. I've never been left in pain or discomfort," " When they give out medication, they always ask are you are you alright" and "They're very good with medication, they offer you pain relief and I've needed that sometimes."

Preventing and controlling infection

- Staff had completed training in the prevention and control of infection and they had access to current national guidance to help support their practice.
- The premises were kept clean and hygienic and staff followed good practice to minimise the spread of infection. People's feedback confirmed this, their comments included; "The place is clean and tidy," "It's always spotless," "It's clean and tidy as one would expect" and "They [staff] always use aprons and gloves when carrying out personal care."

Learning lessons when things go wrong

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of these issues reoccurring.
- A record was kept of any accidents and incidents which occurred at the service and these were analysed as a way of identifying any themes or trends. Action was taken in a timely way to reduce the risk of repeat occurrences.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

- Staff had the right skills and knowledge to effectively meet people's needs. People told us they thought staff were knowledgeable about their needs and that they did a good job. People's comments included; "I think they're [staff] trained to do all tasks. When they start here they go for training and then they can turn their hand to anything," "The staff are brilliant, there very good at what they do and they work well together" and "They have the skills and experience to meet my needs. If they don't know something they go out of their way to find out. They appear to know what they are doing." A family member told us, "I have a lot of confidence in all the staff. They look after [relative] very well."
- Staff were inducted into their roles on starting work at the service and were provided with ongoing training throughout their employment. Staff commented that the training provided to them was applicable to their roles and people's needs. They also told us that they learnt a lot from it.
- Staff competence was regularly assessed and they received a good level of support through observations, regular supervision meetings and a yearly appraisal. Staff told us they felt well supported by the management team and their peers.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff providing consistent, effective, timely care with and across organisations

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- The registered provider completed an initial assessment of people's needs and developed care plans based on them. People and relevant others including family members and other health and social care professionals were fully involved in the assessment and planning processes.
- Care plans took account of people's choices and preferences and included intended outcomes for the person and how they were to be met.

Supporting people to eat and drink enough with choice in a balanced diet.

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. People received the support they needed to eat and drink and maintain a healthy and balanced diet.
- People told us they got a good choice of food and drink which they enjoyed. Their comments included; "The mealtimes are good and they cater for me, I'm celiac," "The food is pleasing and of a good quality. They come around in the morning asking us what do we want. The food is nutritious and always hot," "Meal times are great. You get lots of drinks" and "Portions are good and I've never felt hungry. There's enough to eat and they come around asking you do you want anymore."
- Dining tables were attractively laid and the mealtimes were relaxed. People told us this was usual.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found that they were.
- Staff had a good understanding of the MCA and the associated DoLS. They understood the importance of gaining people's consent before providing any care and support. People told us staff always asked their views and sought consent before supporting them.
- Staff told us they would seek advice if they had any concerns about people's ability to understand particular decisions.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- Referrals to external health and social care professional were made for people in a timely way.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The feedback we received from people and family members was consistently positive and showed that people were well treated and felt valued by staff. Their comments included; "They [staff] are kind and compassionate and treat you with respect," "I would say they are kind and compassionate. They give you time to do things, they are very patient" and "They are very caring and helpful."
- We observed staff treating people with kindness and compassion. They recognised when people were anxious and upset and spent time comforting and reassuring them.
- Staff sat next to people when holding conversations with them, maintained eye contact and showed a genuine interest in what people had to say. Conversations held showed staff knew people well.

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

- People told us that staff often enquired about how they were and that they listened to them. One person said, "They [staff] are kind and listen to you and another person said, "You can talk to them [staff] about anything and they always take an interest."
- People were provided with useful information including details of advocacy services. They were encouraged to express their views and make decisions about their care and support through regular review meetings and surveys.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence was promoted. Feedback from people supported this. Their comments included; "They [staff] always knock on your door before entering and always ask permission before giving assistance," "Staff are patient, they give you time to do things, they let you do a lot of things," "I like to do things for myself and they know that but are there to help if I need them" and "You are treated with respect."
- People were supported to maintain and develop relationships with those close to them. Care records included information about important relationships and how staff were to support people with them.
- Family members and other visitors were made to feel welcome. People told us; "People can visit at any time and they [staff] are very accommodating, putting food aside when visitors come" and "Friends and family can come anytime."
- Personal information about people was treated in confidence. Records were held securely and discussions of a personal nature with and about people were carried out in private.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People's needs were identified and they were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans.
- Care plans reflected people's likes and dislikes and their preferred routines. Regular care plan review meetings provided people with an opportunity to discuss and reflect on their care and make any changes should they wish to.
- Reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People told us they received the right care and support in a way that they preferred and agreed to. Their comments included; "Oh yes they [staff] know me very well and do everything just perfect," "I've no complaints at all about how they do things, just how I like them to be done" and "They go out of their way to help you."
- People's preferred hobbies and interests were identified and both one to one and group activities were planned around people's needs and choices.
- People told us they were provided with opportunities to take part in activities and organised events which they found enjoyable. Their comments included; "The staff encourage people to take part in events but they don't pressure you," "I've no real hobbies or pastimes, I tend to stay in my own room, I can watch what I want to on my own TV," "There are some singers that come in," "There seems to be plenty to do if you want to," "A Priest comes on Monday for communion" and "In summer they [staff] encourage you to go in the garden."

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people.
- People and family members were confident about complaining and felt that any concerns they raised would be dealt with to their satisfaction. People's comments included; "You can go anytime to see the manager and you will be listened to. You can ask anything and you'll get straight answer" and "Think I would be comfortable raising a concern with the manager." A family member told us they had raised a concern in the past and was satisfied with the response from the registered manager.
- The registered provider was committed to using concerns and complaints as an opportunity to improve the service for people.

End of life care and support

- At the time of our inspection, the service was not providing end of life care to anyone. Staff had however completed end of life care training and showed good knowledge of working alongside the GPs and community nurses should they need to provide people with end of life care.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a registered manager in post, who had the support of a deputy manager and the registered provider.
- People, family members and other visitors knew the management structure of the service were complimentary about the way the service was managed. Their comments included; "I consider the home well managed," "The home is well managed and they listen to you. I would recommend this place," "I consider this place well managed," "Senior staff here are very approachable and it appears to be well managed" and "It's a well-run place."
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.
- Staff received supervision and support to develop their practice. Staff described a culture of openness and had a good understanding of the visions and values of the service.
- Information related to people who used the service was stored securely in the office and treated in line with data protection laws.

Provider plans and promotes person-centred, high-quality care and support and continuous learning and improving care

- There was an effective system in place for checking on the quality and safety of the service and making improvements.
- The provider promoted a positive person-centred culture. Staff were consistently positive about the management and leadership of the service and told us they were well supported.
- The registered manager demonstrated a commitment to providing high quality care and continual improvement of the service. Learning had taken place when things went wrong.

Engaging and involving people using the service, the public and staff and working in partnership with others.

- People, family members and staff felt involved and respected. Their views about the service were obtained and used to improve the service were needed and they told us the lines of communication were good.
- The registered provider used surveys to gather feedback from people who used the service and other stakeholders. They used the results of these to identify any areas for improvement. Responses to the most recent surveys carried out showed a high level of satisfaction with the service.
- The registered manager and staff had developed and maintained good working relationships with partner agencies with good outcomes for people. This included working with commissioners, safeguarding teams

and other health and social care professionals. Two visiting healthcare professionals told us that staff worked well with them.