

Potensial Limited

# Parkside Lodge

## Inspection report

17-19 Windermere Street  
Gateshead  
Tyne and Wear  
NE8 1TU

Tel: 01914770719  
Website: [www.potensial.co.uk](http://www.potensial.co.uk)

Date of inspection visit:  
28 November 2017

Date of publication:  
16 January 2018

### 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 took place on 24 November 2017 and was unannounced.

Parkside Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Parkside Lodge provides care with accommodation for up to twelve people with mental health conditions in one building. At the time of our inspection visit there were seven people using the service. At the last inspection, in November 2015, the service was rated Good. At this inspection the overall rating for the service remained as Good.

People continued to receive safe care and the risks to people's safety were continually assessed and reviewed. Staff were recruited safely and there were enough staff in place to support people. People's medicines continued to be managed safely and effectively. We saw learning from incidents took place both in house and from the provider's other services.

Staff received a detailed induction and training programme and new training had been accessed to support staff to understand specific mental health conditions people may be affected by. Refresher training had been booked for those staff that needed it.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. People were supported to lead a healthy lifestyle and where needed to lose or to gain weight. People's day to day health needs were met by the staff.

People and staff enjoyed each other's company and staff treated people with respect, dignity and compassion. There was a calm and positive atmosphere within the home, with people encouraged to do as much for themselves as possible. People's independence was encouraged. People were provided with information about health services and their own care needs in a format they could understand. There were no restrictions on people's friends or relatives visiting them.

People's care records were personalised which enabled staff to support people in line with their personal preferences. We discussed with the registered manager that care records could be improved further around showing the goals and outcomes that people were working towards more effectively. Effective systems were in place to manage any complaints that the provider may receive.

The service was well-led. The registered manager was very enthusiastic about improving the service and making it a more recovery focussed model of care. The registered manager was well liked by all and they carried out their role enthusiastically and professionally. The service was focussing on developing the knowledge and skills of the staff team and there was a positive ethos about making changes which the staff

told us about. People and staff were encouraged to contribute to the development of the service and effective auditing processes were in place to monitor the quality of the service.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good..

### Is the service well-led?

Good ●

The service remained Good.

# Parkside Lodge

## **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 was a comprehensive inspection that was completed by one inspector and an Expert by Experience on 28 November 2017 and was unannounced. An Expert by Experience is someone who has experience of using this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During the inspection we spoke with three people living at the home, four members of staff including the registered manager and one visiting professional.

We looked at all or parts of the records relating to all three people living at the home as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People were supported by staff who understood how to protect people from avoidable harm and to keep them safe. People felt safe with the staff. One person said, "There is ample safety in the home."

The risk of people experiencing avoidable harm or abuse was reduced because processes were in place to protect them. Staff had received safeguarding adults training; they, and the registered manager spoke knowledgeably about how they ensured people were protected. This included detailed investigations and timely reporting of incidents to relevant authorities such as the Local Authority safeguarding adults' team and CQC, where risks to people's safety and wellbeing had been identified.

Robust recruitment processes were in place which ensured only staff suitable to work in a social care setting were employed. Each staff member provided an application form, a full employment history and proof of identity and attended an interview to check their suitability and competency for the role. Satisfactory references were obtained from previous employers before staff started work at Parkside Lodge and a satisfactory Disclosure and Barring Service (DBS) check had also been obtained. DBS checks alert the provider to any previous convictions or criminal record a potential staff member may have which helps them to make safer recruitment decisions.

There were sufficient numbers of staff who were able to meet people's needs and keep them safe both in the home and in the community. Staff confirmed they thought there were sufficient staff to support people safely and meet their needs. One person told us they thought staff had 'Too much paperwork' which meant they weren't always as responsive as they could be. However everyone else we spoke with told us that staff were around 24 hours a day. Another person we spoke with said, "We occasionally get agency staff here, but the senior manager will give them a thorough briefing of what are the most important things they need to know before they work in the home."

Systems were in place to manage medicines safely. People received their medicines from staff who were appropriately trained and regularly assessed for their competency. Each person had a medicine administration chart (MAR) with details of the medicines they required. This was checked by staff before administering each medicine and completed and signed by staff when each medicine had been given. One person told us, "Staff are good at explaining things to me step by step, for example, when I get my prescriptions, staff explain exactly what I need to order."

People told us they received their prescribed medicines when they needed them. Processes were in place that ensured people received their prescribed medicines safely and on time. The registered manager told us they were due to receive individual medicine storage cupboards which would mean everyone had their own medicines stored in their room so people could work towards self-administration. One person told us, "I medicate myself every day and staff are in touch regular with my doctor to make sure I get the right amount of medication."

We saw that measures were in place to monitor the home for cleanliness. One staff member said, "I play a

major part in looking after the home in regards to keeping it clean, maintained and safe for the service users." One person we spoke with told us, "The premises is old and it can take a lot of up keeping to keep it clean all of the time, but everyone here plays a part in maintaining it."

Individual risks relating to people's daily lives had been assessed and measures were in place to mitigate the risks associated with, for example, using the kitchen. Where people had specific health conditions which put them at risk of harm, such as substance misuse, the risks had been assessed and detailed guidance provided for staff to follow. Where people displayed behaviours that could challenge others, this had been assessed and how to support people was in their behaviour support plans. This provided guidance for staff in how to identify triggers to behaviour and how to respond in the least restrictive way. Staff were knowledgeable about the risks to people and what they should do to minimise the risks.

Accidents and incidents were appropriately recorded and analysed monthly to identify any trends. Very few incidents had occurred but when they had, post incident analysis was carried out. We saw lessons were learnt from incidents. For example, the service sought support from the local fire service who came and spoke with people and staff following a fire related incident and the service also got an external company to check fire equipment as alarms did not activate. The registered manager told us this was due to the size of the fire which was very small.

Systems were in place to check the safety of the environment. For example, checks were made of the hot water temperatures and electrical safety. Fire alarm systems were tested regularly by staff and serviced by external contractors. The home had an emergency plan which gave detailed guidance to staff in the event of an unforeseen emergency. One person we spoke with told us, "We have regular fire drills and have smoke alarms fitted". Individual emergency evacuation plans were in place for each person which detailed the support they would require in the event of leaving the home in an emergency situation.

# Is the service effective?

## Our findings

People who used the service received effective care and support from well trained and well supported staff. People we spoke with said, "Staff are very effective in supporting me by talking to me and getting me involved in other activities," and "I feel the staff have appropriate training to deal with my mental health condition."

People's needs were assessed before they started using the service and were continually assessed in order to develop support plans. Assessments of people's health needs had been completed which identified any specific health conditions. Clear guidance was available to staff in how to meet people's individual healthcare needs. Details of contact and appointments with relevant health professionals were recorded, such as GPs, psychiatrist's dentists, opticians and chiropodists. People were happy with the health care support they received and confirmed that staff asked for their consent before providing any support. We saw an example of where the service felt guidance from a healthcare professional had been particularly harsh upon a person's dietary preferences and so the service had sought a second opinion. The second opinion reinforced the service's view and ensured the person's health was promoted and kept safe.

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 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). Everyone using the service was assessed as having capacity to make their own decisions and so no-one was subject to a DoLS authorisation. The registered manager was trained in DoLS and MCA and understood their responsibility's in upholding people's rights.

Staff received regular supervision. This is a formal opportunity for staff to discuss their work practice and any training needs, as well as issues or concerns they may have. Staff told us they felt well supported by the management team who were available to provide advice and guidance when needed. We saw that supervision records were comprehensive and showed that performance, clear expectations of the role and timescales for areas to improve were discussed and recorded.

Staff received a comprehensive training programme designed to equip them with the skills needed to support people effectively. Training was delivered in topics such as fire safety, safeguarding and food safety. Additional training had been provided, however, to help staff meet people's specific support needs. The registered manager told us that staff had received training in topics such as self-harm, personality disorder and drug and alcohol misuse.



New staff received an induction, which included shadowing experienced staff, attending training and completing the Care Certificate. The Care Certificate is a nationally recognised set of standards staff must adhere to when working in social care.

People were supported to enjoy a varied and balanced diet. One person told us, "I like my food, but staff respond wisely by warning me about the importance of getting the right nutrition and advice on healthy foods, but admittedly, I don't always eat as healthy as I should." People were encouraged to help prepare the daily meals and develop their cooking skills. Staff were knowledgeable about people's likes and dislikes, cultural and health requirements and how they liked their food to be prepared. People with specific dietary needs, such as diabetes or cultural needs, were supported to manage their diets in accordance with these requirements. One staff member told us, "I aim to make this a home where service users have freedom of choice, for example, they can choose when and what they want to eat."

# Is the service caring?

## Our findings

Staff and people told us they got on well, had a mutual respect for one another and enjoyed each other's company. One person said, "I really feel staff are very caring towards me, and they put my best interests to heart." Another person told us, "The staff make you feel very welcome and show a genuine interest." One staff member we spoke with said, "I genuinely love working here and that in itself helps me to be a better carer." One visiting community nurse told us, "I think the care here is really good."

Staff had a good knowledge of the people they supported, including their life histories, families and the things and other people who were important to them. People were encouraged and supported to maintain important relationships. Relatives and friends were welcome to visit at any time.

Staff were respectful of people's opinions and choices. One staff member told us, "I'm very passionate about helping to make a difference to people's lives." People controlled their own lives and were supported to do so. We observed staff listen respectfully and respond appropriately to people who had become upset, ensuring their distress had minimal impact on others.

People were treated with dignity and respect. People's care records were treated respectfully and staff spoke discreetly when discussing people's personal care needs. People's privacy was also respected. The registered manager told us they had identified that the current office location was a more pleasant larger environment than the current lounge so they were arranging following consultation for the rooms to be switched so people using the service had the larger space.

People were involved in making decisions about their care and the home they lived in. Regular consultation meetings took place between staff and people, and decisions and choices were clearly recorded. One person told us, "I am the house rep, and I speak to staff on behalf of other service users living in the home." The registered manager told us, "We have just one staff member leading this meeting and that way it is much more responsive. We have our staff meetings afterwards so we can feed any issues arising from the service user meeting into our own. At the last meeting each person agreed to cook one meal for everyone with staff support." Another person said, "I also supported the idea of having a rota in the dining room, where each of us has a job role they like to do." This showed the service consulted and involved people in the day to day running of the service.

The service supported people to be as independent as possible. One person we spoke with said, "I have many ideas that staff respond positively to, for example, I like to cook myself and for other service users." Another person told us, "As I've spent most of my life institutionalised, the staff respond positively allowing me to have more freedom like they encourage me to make regular shopping visits in the area."

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us one of the people using the service at the time of our inspection had an independent advocate to support them with financial affairs.

## Is the service responsive?

### Our findings

People received care and support that met their individual needs. Detailed pre-admission assessments had been carried out to ensure people were able to receive the support they needed when they came to the home as well as their social, religious and cultural needs. These had been completed with the input of each person where able, and with relatives and health care professionals where appropriate. Following these assessments, care and support planning documentation were put in place to provide staff with the information they needed to support people effectively. One person told us about their transition into the home. They said, "I felt staff were very effective in allowing me to be phased into this new home environment over a period of four months, until I got fully acquainted with the living spaces and other service users living here."

People were supported by knowledgeable staff who had a good understanding of people's likes and dislikes, their life history and their personal preferences. The front page of each person's records contained a reference sheet for staff which contained information that was important to each person. This included their hobbies and their personal interests. Additionally, more detailed documents such as 'Living Well' records, contained further information about each person. Where able, people had signed these documents to say they had contributed and agreed to the content. These documents along with the rest of people's care records were regularly reviewed. We discussed with the registered manager that the monthly reviews carried out by keyworkers did not always clearly identify the outcomes that people were working towards. The registered manager said, "I agree they need to be more meaningful," and told us they would re-visit these reviews with staff through meetings and further training.

An equality, diversity and human rights policy was in place. We saw that people from black and minority ethnic backgrounds were supported to have their spiritual and cultural needs met by staff who were knowledgeable and empathetic.

People were supported to lead active lives and, with the support of staff, were able to incorporate their chosen hobbies and interests into their lives. One person had particular interest arts and crafts and had used their skills to fundraise for the home. They told us, "I also raised money for Christmas and I've made pompoms and raised £150 for the home." People were also able to access community groups and activities outside of the home to enable them to feel part of their community. One person told us, "I've been for a day out to Beamish in May this year, but I feel it would be more beneficial to have our own transport to get out and about on more days out like this instead of relying on public transport." Another person said, "I get the chance to make many excursions to do shopping in the Team Valley as well as visiting Saltwell Park, but I wish we had our own mini bus to get further afield. We also do a lot of activities in the home like, bingo, dominoes and I am currently involved in getting Christmas decorations prepared."

The registered manager had ensured that all people had access to information that enabled them to understand their support needs and the health services available to them and this ensured people were not unduly discriminated against. For example, a wide range of accessible documentation was in place. This included information about how people should expect to be treated equally, a safeguarding policy and fire

safety within the home. We also saw support plans were in the process of being developed to include more easy-read documentation to further support people with understanding their care records. One person told us, "Staff are very responsive when I don't understand anything."

An easy read complaint guide informed people how they could make a complaint and how it would be acted on. People told us they had not made a formal complaint and the provider's register of complaints supported this. The registered manager told us they maintained an open door policy so people could raise any concern or complaint with the staff team and it would be addressed

## Is the service well-led?

### Our findings

The home had a registered manager. They also managed another home owned by the provider along with the deputy manager. The registered manager worked for part of the week and the deputy manager worked the other part of the week. This arrangement generally worked well and staff told us they felt supported by the management team.

There were systems in place to monitor the quality and safety of the home. For example; the assistant regional director carried out monthly monitoring of the service which included; care planning; accidents; training; activities and medicines. People from other homes, managed by the provider, visited to carry out audits on the quality of support and produced a report with any recommendations which were acted upon by staff.

The registered manager or deputy manager completed a monthly report to the assistant regional director which reported on, for example, any safeguarding concerns, accidents, incidents and any health and safety issues. A weekly health and safety check identified issues which needed action to be taken and a maintenance report was sent to the provider. A health and safety committee met regularly to discuss issues raised across the organisation and share good practice and learning.

Incidents and accidents were recorded, analysed and learnt from to try to minimise the risk of them re-occurring. The provider also tried to learn from other incidents that involved their organisation's other homes to share learning across all services. Identified actions had been followed up or were in hand.

There was an open, empowering and supportive culture within the home. The registered manager told us since they had been in post for the last year, they had worked to improve communication and bring culture changes into the home such as a clearer focus on empowering people rather than doing things [like cooking] for people. We met with an external consultant providing support to the registered manager. They told us, "I am here to support [Name] to move this service forward and really focus on developing a recovery focussed mental health service. [Name] the registered manager is passionate about that."

Staff meetings took place which provided opportunities for staff to discuss issues and share information and good practice. One staff member said, "We like to think we do our very best for the interests of the service users." Minutes of recent meetings showed staff discussed issues such as risk management, activities and health and safety.

A community professional told us, "I have good contact and communication with the home, they are hot on keeping me informed." We observed that staff were committed to providing a person centred environment and empowered people to have control over their day to day lives .

People had opportunities to share their views about the quality of the service and drive improvement. One person told us, "I like how this home is managed and the fact that no restrictions are put in place to stop you from doing the things you want to do." Another person said, "I think this home is so well led and I would give 9 out of 10 for their efforts."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.