

Monarch Consultants Limited

Parkside Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Parkside Nursing Home is a care home that provides nursing and personal care for up to 50 people in one purpose-built building. At the time of the inspection 25 people lived at the home.

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

People's living environment did not always protect them from the risk of scalding and the provider had not taken all the necessary safety actions identified in their fire risk assessment and legionella risk assessments. Improvements were needed in how the provider managed their environmental risk assessment processes to ensure people were safe. However, people's individual risks were clearly identified, well managed, and supported by staff who understood them.

People were protected from the risk of infectious diseases, such as covid19, by staff who wore the necessary PPE and the provider's cleaning and hygiene routines. Arrangements were in place to support people to self-isolate if necessary. People's prescribed medicines were well managed and safely administered by suitably qualified staff.

People were protected from the risk of abuse by staff who had received the necessary training and knew how to implement it. They were supported by enough staff to meet their assessed care needs and the provider ensured that any new staff had been safely recruited to ensure they were suitable.

People were cared for by staff who had a kind approach, and people were supported to make everyday choices about the care they received. Staff respected people's dignity and privacy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management of the service supported people to achieve good outcomes from the care they received. The registered managers provided supportive leadership and were person centred. The registered managers understood their responsibilities for being open and honest when something went wrong; and ensured the necessary notifications were made to the CQC and other relevant authorities. The provider asked people, and their relatives and staff, for feedback on the service which was then used to make improvements when necessary.

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

Rating at last inspection and update

The last rating for this service was Inadequate (report published 26 November 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations in the Safe, Caring and Well-Led key questions.

This service has been in Special Measures since the last inspection. During this inspection the provider demonstrated that improvements have been made in Safe, Caring and Well-Led key questions; and the service is no longer rated as Inadequate overall or in any of those three key questions. However, the provider was also previously rated Inadequate in the Effective key question. That key question was not considered as part of this focused inspection and so that rating is unchanged. This means the service continues to be in special measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 August 2019. 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; person centred care, dignity and respect, need for consent, safe care and treatment, staffing and good governance.

We undertook this focused inspection to check they 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, Caring and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. 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 Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Parkside Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this focused 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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Parkside Nursing Home 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.

The service had two managers 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

We gave the service 24 hours' notice of the inspection. This was because we needed to understand the Covid19 infection control precautions the provider had in place, and to ensure the inspectors understood the current status of any potential infection risks.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and also used the Short Observational Framework for

Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with one relative and five members of staff including the, registered managers, nurses, nurse support, care assistants, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional. We reviewed medicine records and looked at the infection prevention and control measures which the provider had in place.

After the inspection

We reviewed seven people's care plans and risk assessments. We received feedback, by email, from five relatives of people receiving a service, and nine staff members. We also received feedback from a local GP surgery and a community healthcare professional.

We reviewed three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including the provider's policies and procedures. We looked at training data and quality assurance records.

We continued to seek clarification from the provider to validate evidence found.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant that, whilst the service had improved since the last inspection, some aspects of the service were not always safe and there was limited assurance about safety. There remained an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to provide people with safe care and treatment. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- People were not always protected from the risk of scalds. Hot water from some communal showers could potentially reach scalding temperatures. This was mitigated by the fact that staff support was always provided when people showered; and the registered manager immediately arranged for the hot water temperature safety valves to be adjusted after the inspection.
- Required fire safety work had not all been completed. The provider's 2019 Fire Risk Assessment identified work required to prevent potential fire spreading through ceilings and within the loft. This building work had been delayed by access restrictions arising from covid19 precautions. The registered manager subsequently informed us the work would now be completed.
- People were not always protected from the risk of potential legionella infection. The provider's 2018 legionella risk assessment identified preventative work was required. Although the provider assured us the required work had been completed, they were unable to provide documentary evidence of that. The registered manager subsequently told us a new legionella risk assessment would be commissioned and any remaining works identified would be completed immediately.
- People's individual risks were regularly assessed, and measures put in place to reduce risks where possible. Assessments were carried out using nationally recognised assessment tools and referrals were also made to specialist healthcare support teams when required.
- People's individual records were accurate, up to date, securely stored and available to relevant staff. A staff member told us, "All risk assessments are on the App. To be honest, I know all of our staff read them, but we know agency staff might not. So [registered manager] did a folder for agency staff to read with all the risks to each resident, it's really good. I know agency nurses have suggested it to other nursing homes they work in." This helped keep people safe from known risks.

Preventing and controlling infection

- Staff generally wore appropriate PPE in line with Government guidance. We observed two instances where

PPE was not being worn correctly by housekeeping and catering staff. We discussed that with the registered manager who addressed it straight away.

- People lived in a clean environment. People's rooms and communal areas were clean and there were no unpleasant odours. We discussed, with the registered manager, some minor cleaning issues we had observed, and they ensured the cleaning schedules were amended.
- People were protected from the risk of infections. Appropriate arrangements were in place to reduce the spread of infections and the provider had acted to minimise the risk to people, and visitors, from catching infections. Shielding and social distancing rules were in place and we saw they were being followed.
- Although the care home was not able to accept new residents at the time of the inspection, we saw they had the necessary infection control arrangements in place to do so safely once they were authorised.
- The layout of the care home supported infection prevention and control arrangements. People's rooms had their own toilet and washing facilities; and one wing of the care home had been designated for use by people who may need to self-isolate.
- Safe visiting arrangements were in place. Visits took place either outside or in a room set aside for that purpose. PPE was provided to visitors, and enhanced cleaning took place after each visit.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed; and the provider had safe medicine procedures in place.
- People received their prescribed medicines safely. A person told us, "The staff get me whatever I need, the [nurse] is very nice." Qualified staff administered people's prescribed medicines, when people required them.
- When people's care needs indicated they required their prescribed medicines to be administered covertly, the care plan was clear and concise. Arrangements were regularly reviewed and had been authorised by the individual's GP.
- Medicines audits were carried out by the provider. The registered manager identified any medicine recording errors and formally discussed them with the staff member concerned. Those open discussions helped ensure medicines management was safe and the likelihood for error reduced.

Learning lessons when things go wrong

- Lessons were learned from incidents. The registered managers reviewed all incidents to identify themes. Those reviews were shared with care staff, and partner organisations.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from improper treatment and abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- Staff understood how to safeguard people from abuse. Staff had received safeguarding training, were aware of safeguarding procedures, and knew how to use them. A staff member told us, "I would report any issues to the management team straight away. If they didn't do anything I would report to the regional manager and operations manager. I would always ring the Safeguarding team myself if I needed to."
- Staff had access to safeguarding policies and procedures. Details were loaded onto hand held devices. A

staff member told us, "All the policies are on the App. We login and read them. All the updates are on there, and it's good. If I need to quickly look for something, it's to hand." The provider could also monitor the system to check when staff read any updates.

- People were protected by the provider's procedures. The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to relevant authorities. These arrangements helped to ensure people were protected from the risk of abuse.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough competent staff available to meet people's needs and ensure their safety. This was a breach of regulation 18 (Staffing) 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 18.

- People were supported by enough staff to meet their assessed needs, and in line with the provider's dependency assessment tool. A staff member told us, "We have plenty of staff, the floating staff member is really helpful, as they go around encouraging people to drink fluids and have chats with people. If anyone rings in sick, we always have an on-call person, and that works really well. We've used less agency staff and that is really good."

- The provider had an effective recruitment policy and procedure in place. The provider's pre-employment checks helped ensure people were supported by suitable staff.

- People were supported by well trained staff. The provider had a training co-ordinator on site and the training records indicated all staff had received the necessary training to work safely.

- People were generally supported by staff they knew. The provider had developed a stable staff team and had reduced the use of agency care staff. Agency nurses were still sometimes used, but the provider aimed to use the same agency nurses, so they became familiar with people's care needs.

- Agency staff were safely recruited. The provider ensured appropriate pre-employment checks had been carried out by the agency. Those details were held on file at the care home. That helped to ensure agency care staff were safe to work with vulnerable people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to treat people with dignity and respect. This was a breach of regulation 10 (Dignity and respect) 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 10.

- Staff interacted positively with people. They were attentive, and it was clear people had developed positive and trusting relationships with staff.
- The care provided was person centred. A person told us, "The staff are nice, they help me when I need it. Yes, they are kind." We observed staff were compassionate and kind towards the people they cared for; and spoke about them in a positive way.
- Staff had the right skills to make sure people received compassionate support. A relative told us, "I have found the service to be a caring environment. Not only for my [relative] but also for me when I visit, the staff and management make it feel like I'm visiting my [relative's] home." We observed staff take the time to understand what a person wanted, and their preferences.
- People's equality and diversity support needs were met. The registered managers assessed those needs and ensured they were considered when planning people's support.

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

- People were supported to make choices. Care staff supported people to make everyday choices about their care and support, for example about what clothes they wanted to wear and how they wanted to spend their time. This enabled people to be involved in making decisions about their care.
- Relatives, who provided feedback, mostly told us they had been involved in care planning meetings for their loved ones. Some relatives told us some meetings had been cancelled. One relative told us, "Regarding care planning, I did have an appointment, but Covid came and this has been cancelled. But I think we could at least have a telephone appointment rather than none."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was respected. A staff member told us, "Residents are treated with respect. We always give them privacy and we support independence." We observed that to be the case.

- People's dignity and wellbeing was respected. A relative told us, "It's brilliant, all [my relative's] wrinkles seem to have gone! They look really fit and well now."

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant that although there had been improvements since the last inspections, the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure good governance and leadership. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider carried out regular quality monitoring of the care home. The provider's audits had not identified the environmental safety issues we found during the inspection. This was discussed with the registered managers and, following the inspection, we were told those issues were now being addressed.
- Provider risk assessment information was not always readily available to the registered managers. The provider's risk assessments, for fire safety and legionella prevention, had been carried out prior to the two registered managers taking their posts. However, details of actions, still required to ensure the living environment was safe, were not readily available to the registered managers. We discussed that with the provider who subsequently told us they have updated their risk assessment governance system to prevent a recurrence of that issue.
- Regulatory requirements were understood. The registered manager ensured the necessary notifications had been made, and understood their responsibility for reporting incidents, injuries and other matters that affected the people using the service. Notifying the CQC of these events is important so we are kept informed and can check that appropriate action had been taken.
- Staff understood their roles. All the staff we spoke with understood their roles within the service. The registered manager had a good understanding of regulatory requirements for people's care.

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

- People achieved good outcomes. The registered managers supported the care staff to achieve good outcomes for people. A relative told us how the registered managers had supported people during the pandemic, "I think this is brilliant. I was worried that I may never see my mum again safely, but now I can, thanks to their effort."
- The registered managers and all the staff we spoke with and observed, told us they were committed to

providing person centred, high quality care. A staff member told us, "The morale is the best it has been while I have worked there, (over a year) the atmosphere is always lovely and there is always lots of fun and laughter which the residents love." Another staff member told us, "I would have my dad here, I know how he would be looked after well, they'd take an interest in him as a person, they wouldn't just look at his illness."

- The registered managers provided supportive leadership. Staff told us the registered managers were approachable and they felt supported by them. A staff member told us, "I feel things were bad, but we've really improved with [registered managers]. I had thought about leaving, but then thought anyone can jump off a ship when it's at rock bottom; but how proud I am to be part of the team that's helped turn it around."
- The registered managers recognised the contribution of their staff. A registered manager told us, "Our team are so caring and compassionate. When we started the staff team were depressed by the last CQC report. We had some disgruntled staff initially, but now we see real dedication. A close-knit team working on behalf of the residents."

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

- The registered managers understood, and acted on, their duty of candour responsibility by contacting relatives, after incidents involving family members occurred. This ensured relatives were notified of the incident and made aware of the causes and outcome.

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

- People were asked for feedback on the service. The provider sent out satisfaction surveys to residents, families and staff. Information from the surveys was reviewed for issues and trends, which were acted on to improve the service where necessary.
- People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This was available to guide care staff and was supported by staff training.

Continuous learning and improving care; Working in partnership with others

- Incidents were regularly reviewed by the registered managers. Action had been taken because of those reviews to implement improvements.
- The registered managers, and care staff, worked in partnership with other professionals and agencies, such as GPs and community health services to ensure people received the care and support they needed.
- The registered managers worked in partnership with people and their relatives, through regular communication, to ensure people's views about the care being provided was listened to. A relative told us, "The staff and managers are very, very, caring. I had letters and emails from them during Covid, they couldn't have done more."