

Pridell Care Limited

Care at Parkside

Inspection report

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Date of inspection visit:
24 September 2020
01 October 2020

Date of publication:
30 October 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Care at Parkside is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

The provider had made improvement in medicine processes. However, improvement was required with medicine records. Medicine care plans were sparse and lacked detail. Best practice guidance for medicines was not always followed.

Staff had an understanding in infection control and had completed the relevant training. The home had increased infection control practises and implemented risk assessments during the COVID-19 pandemic, however not all areas of best practice were considered. We have made a recommendation about the provider implementing best practices in infection prevention and control.

We saw activities taking place and information about people's interests had been gathered as part of the assessment process. However, the information was not always used to develop or inform meaningful activities or opportunities for people. Documentation in relation to activity planning and recording was poor.

Quality monitoring systems were not always robust. Audit systems had not picked up on the discrepancies found during the inspection. Daily recording processes were not effective.

The provider had appointed a new manager who intended to register with the CQC. The manager had started to implement some changes to systems and processes; however the new systems had not yet embedded to make a positive impact.

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 requires improvement (published 22 July 2019) and there was a breach of regulation 12. 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 enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns identified at the previous inspection; in respect of medicines, activities and records. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Requirement Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a new breach in relation to governance systems and records.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Care at Parkside

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the specific concerns we had about medicines management, activities and records. We will assess all of the key questions at the next comprehensive inspection of the service .

This was a targeted inspection to check whether the provider had met the requirements of the Requirement Notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by three inspectors.

Service and service type

Care at Parkside 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 did not have a manager registered with CQC. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager. The provider had appointed a manager who intended to register with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and also make arrangements to speak with people, relatives and staff by telephone after our site visit. This helped minimise the time we spent in face to face contact with the

manager, staff and people who used the service. Inspection activity started on 23 September 2020 and we carried out the site visit on 24 September 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, manager, senior care workers, and care workers.

We reviewed a range of records. This included three people's care records, multiple medication records, activity records and infection control practises.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at infection control records.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the requirement notice we previously issued. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. 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.

- The provider had made some positive changes since the last inspection. A new pharmacy was involved to streamline medicine processes. There were clear and completed medication administration records (MARs). Cream charts were used consistently and included body maps to indicate where prescribed creams were to be applied. Staff had received appropriate training and competency checks.
- People told us they received their medicines on time and their comments included, "I receive my medicines on time and the carers are trained in what they do." A relative added, "[Relative] is always having their medicines changed. [Staff] seem to know what they are doing and always keep in touch with myself and the GP."
- Although improvement had been made in medicine systems, improvement was required with medicine records. Medicine care plans were sparse and lacked detail. Medicine risk assessments were not always clear. One person who was receiving their medicines covertly did not have a best interest meeting recorded.
- Best practice guidance from the National Institute for Health and Care Excellence (NICE) 'Managing medicines in care homes' were not adhered to. NICE provides national guidance and advice to improve health and social care. Two entries, which had been hand written on the MARs had not been checked and countersigned by another member of staff to ensure they were correct. The date opened on cream tubes or eye drops was not always recorded.
- The service was not following the provider's medicine policy and best practices in relation to 'as required' (PRN) medicines. We found guidelines for PRN medicines were not always in place, therefore staff had limited direction of when people may have required specific medicines.

We found no evidence that people had been harmed. However, the provider had failed to maintain accurate complete and contemporaneous records of medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded to the concerns during the inspection. A best interest meeting was arranged for the person receiving medicines covertly, and PRN protocols were implemented.

Preventing and controlling infection

- Staff had an understanding in infection control and had completed the relevant training. We watched a staff member remove and put on personal protective equipment (PPE) correctly and in line with current guidance. Staff told us, "There is plenty of PPE. We wear aprons, gloves and masks as standard at the minute due to COVID-19. We have visors and goggles if somebody came from hospital and we needed them to isolate."
- The home had increased infection control practises and implemented risk assessments during the COVID-19 pandemic, however not all areas of best practice was considered. PPE, such as masks were held centrally in an office therefore, they were not easily accessible to staff. By the end of our site visit, masks were placed around the home.
- The home was clean and cleaning products were securely stored. However, the cleaning products did not correspond with products in the control of substances hazardous to health (COSHH) folder. Also, COSHH products being used had not been confirmed as suitable for killing coronavirus. The registered person has replaced the cleaning products and ensured the COSHH folder had been updated.
- A notice board provided information for staff, residents and visitors about infection control topics. However, during the current pandemic, signage needed to be increased and this was completed by the end of the site visit.

We recommend the provider implements best practices in infection prevention and control.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

- We made a recommendation at the last inspection about the provider seeking advice and guidance on providing meaningful activities and opportunities for everyone living at the home. Although people told us activities took place, there was room for further improvement.
- Documentation in relation to activity planning and recording was poor. The home had no activities planner, therefore people did not know what activities would be taking place each day. Paperwork relating to activities was not up to date and three people's records had not been reviewed or updated since July 2019.

The provider had failed to maintain accurate complete and contemporaneous records. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw activities taking place and information about people's interests had been gathered as part of the assessment process. However, the information was not always used to develop or inform meaningful activities or opportunities for people. People told us, "They do play games most days, but it's not always things I want to play" and, "I'd like to do more, I have told the carers I'd like to do more."

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about the service. We will assess all of the key question at the next comprehensive inspection of the service.

Continuous learning and improving care

- Areas of improvement identified at the last inspection had not been fully addressed.
- Quality monitoring systems were not always robust. Audit systems had not picked up on the discrepancies found during the inspection. Activity records had not been updated since July 2019 and audit systems did not address this.
- Daily recording processes were not effective. The provider operated a system where people's daily logs were recorded in a book for all people. However, the daily logs were written retrospectively at the end of each care worker's shift, and they were not time specific.

The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. They had not maintained accurate and complete records. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had appointed a new manager who intended to register with the CQC. The manager had started to implement some changes to systems and processes. However the new systems had not yet embedded to make a positive impact.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. They had not maintained accurate and complete records.