

Cumbria County Council

Parkside

Inspection report

Netherhall Road
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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

This unannounced inspection took place on the 04 August 2016. The service was last inspected on 22 August 2013 when the provider met all the standards inspected on that date.

Parkside is owned by Cumbria County Council and is registered to provide accommodation and personal care for up to 31 older people some of whom may be living with dementia. There were 29 people living in the home on the day of our inspection.

The home is situated close to the centre of Maryport and the local amenities. There are safe and well maintained garden areas.

There is a passenger lift to assist people to access the first floor of the home and there are appropriate bathrooms and toilets close to all the areas used by people who live in Parkside.

There was a registered manager in post on the day of our inspection visit.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy living in Parkside and that they 'felt very safe'. Relatives told us they were very happy with the care provided.

People were protected by staff who knew how to keep them safe and managed individual risks well. Staffing levels were appropriate which meant there were sufficient staff to meet people's needs and support their independence. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had been recruited following a thorough recruitment process and they were clear about their responsibility to promptly report any concerns or safeguarding issues.

We saw that, throughout our visit, staff treated people with respect and preserved their dignity. This did not mean staff did not have time for a laugh and joke with people and one person said, "I really enjoy having a good laugh with the lassies".

The registered manager provided details of the staff training plan that evidenced staff training was up to date. Staff confirmed they received training appropriate to their roles within the staff team.

People had access to external health care services which ensured their health care needs were met. Staff

had completed training in safe handling of medicines and the medicines administration records were up to date.

People were provided with sufficient food and drink in order to maintain good levels of nutrition and hydration. People told us "We have a choice of meals and if there is anything we don't like we can choose something else" and "The food is excellent and all home cooked". Dietary needs and nutrition were well managed

People had their care and support needs assessed and kept under review. Staff responded quickly when people's needs changed, which helped to ensure their individual needs were appropriately met.

Health care needs were met through good working relationships with external health care professionals. Health and social care professionals were positive about the care and support delivered. The registered manager provided us with evidence to show that the staff team worked well with other professionals.

The management and staff at the home worked well with external agencies and services to make sure people received care in a consistent way.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

There was an appropriate internal quality audit system in place to monitor the quality of the service provided.

The home was managed by a registered manager who was experienced and qualified to run the service. Staff felt well supported by a registered manager who promoted strong values and a person centred culture. Staff said they were pleased to work for such a good service and were supported in understanding the values of the organisation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had been recruited following a thorough recruitment process and they were clear about their responsibility to promptly report any concerns or safeguarding issues.

There were sufficient numbers of staff to ensure that people had their needs met promptly and safely.

Medicines were managed appropriately and the records were up to date.

Is the service effective?

Good ●

The service was effective.

Staff training was up to date and staff received training appropriate to their roles within the staff team.

There were systems in place to assess people's personal care needs and we saw evidence that people's needs were regularly reviewed so they continued to receive appropriate care.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were being followed.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and respected their privacy and dignity.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

All the people we spoke to expressed satisfaction with the service and felt they were well cared for.

Is the service responsive?

Good ●

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

The management and staff at the home worked well with external agencies and services to make sure people received care in a consistent way.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

The service was well-led.

The registered manager had developed a strong and visible person centred culture at Parkside. Staff were fully supportive of the aims, values and vision of the service.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission (CQC) promptly by the registered manager.

Quality assurance and audit systems were used to monitor and assess the service's performance and to drive a culture of improvement.

Good ●

Parkside

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 was planned to check 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 inspection took place on 04 August 2016 and was unannounced. The inspection was conducted by adult social care inspector.

Before the inspection we gathered and reviewed information about the service. A Provider Information Return (PIR) was sent to the registered manager for completion. The PIR 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. This was returned in a timely fashion and contained detailed information.

During our visit we met with six people who lived in the home and spoke to three of them in depth. We spoke to three people who were visiting their relatives on the day of our inspection.

We looked at six care plans and checked on the administration and storage of medicines.

We spoke to three members of the care staff team, one domestic, the cook and two supervisors. We also spoke to two nurse practitioners and the podiatrist who were in the home during our visit.

We spent time with the registered manager and spoke to the operations who visited the home during the inspection.

As part of the inspection we also looked at records and care plans relating to the use of medicines and assessed medicine management, storage, administration and disposal.

We looked at care plans and other records pertaining to the running of the service.

Is the service safe?

Our findings

People and their relatives described the service as very good. One person visiting told us, "I visit on most days and my impression of the service is very good, I definitely feel that my [relative] is safe and well looked after." Another relative commented, "From what I have seen I feel that my (relative) is safe, there is enough staff".

When we asked people who lived in Parkside if they felt safe their comments to us were very complimentary. One person said, "I have always felt safe with these girls they are fantastic" and another person said, "If course I feel safe. Who wouldn't feel like that living here".

People were safe because systems were in place to help reduce the risks of harm and potential abuse. The provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, we saw that the registered manager had taken appropriate action liaising with the local authority and reporting any concerns immediately. Notifications were also sent to CQC.

Specific care plans had been developed where people displayed behaviour that may challenge the service or other people who lived in Parkside. These provided guidance to staff so that they managed the situation in a consistent and positive way. This helped to protect people's dignity and rights. The care plans were reviewed regularly and where people's behaviour deteriorated in any way we saw that referrals were made for professional assessment and advice at the earliest opportunity. This included help from members the Care Home Educational Support Services (CHESS) team who visited the home to offer support and advice when requested.

We saw, throughout the day, there were sufficient staff on duty to meet the needs of people who lived in Parkside. The home was divided into three units, two of which cared for people who lived with dementia. The remaining unit of eight supported physically frail older people. There were two members of staff in each of the dementia care units and one member of staff in the physically frail unit throughout the working day. There were three members of staff on waking night duty. The off duty rosters evidenced these findings. Also on duty were domestic and catering staff, a supervisor and the registered manager.

The registered manager had recently submitted a business plan for more staff hours to cover domestic duties and care hours on a flexible basis. This had been agreed so the home had benefitted from these extra domestic and care hours with the registered manager deploying staff in a way that suited the best interests of the people who lived in Parkside.

We saw that safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included making sure that new staff had all the required employment background and police checks and references had been taken up.

As part of our inspection we observed how medicines were handled and found people were asked for their consent to take their medicines. We looked at the records and found these were all in order and up to date. We saw that medicines were ordered, stored, administered and disposed of appropriately. There were clear protocols for giving 'as required' medicines and when given had been clearly recorded. This helped to make sure that people received the medicines they needed appropriately.

We saw the environment was homely and comfortable for the people who lived there. The moving and handling equipment we saw in use, such as hoists, were clean and being regularly maintained through annual service level agreements. We saw that people had been assessed for the safe use of all the equipment in the home. Some of the care staff were key workers for moving and handling as they had been trained to facilitate staff training in the use of equipment to assist people who had mobility issues. This ensured all staff training in moving and handling was always up to date.

The home had two infection control leads and regular infection control audits were completed. On the day of our visit the home was clean and tidy and free from any offensive odours. There had been a recent problem with the carpet on the upper floor but this was being replaced on the day of our inspection visit.

Is the service effective?

Our findings

People we spoke with who lived in Parkside told us that the staff supporting them respected their choices and the decisions they made. People who lived there told us the staff who supported them knew how they liked to be supported and always checked with them how they wanted to be helped. We spoke to one person who told us, "I like to stay in my room during the day but do go downstairs for my meals. I have a television and like to watch it. The girls pop in to see me and respect the fact that I stay in my room".

We saw that care staff at Parkside communicated well with the people who lived there and gave people the time they needed to express their wishes. We saw that people who had capacity to make decisions about their care and treatment were supported to do so. We saw that staff were able to communicate with people who had limited speech so that all those who lived in the home had their needs met in the most effective way.

We looked at the staff training records and saw they were all up to date. The registered manager explained that staff training was organised through the provider's electronic system and she always managed to access what she wanted when she wanted it. Training had been completed in living with dementia, safeguarding, fire warden and fire safety, medicines management, emergency aid, an awareness of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). More in depth training in the MCA and DoLS had been organised for later this year for all staff as the registered managers within the organisation had already completed this.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager confirmed that 14 people were living with a DoLS order and there was one application pending a decision. We saw all the necessary documentation pertaining to the DoLS applications was in place.

The registered manager had arranged for a Deciding Right's facilitator from the West Cumbria Hospice at Home to come to speak to the staff about the choices people can make with regards to their care and treatment. They also spoke about how care was provided and who could assist people if they were unable to make the decisions without help.

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 were being met. We saw that mental capacity assessments had been used with people to assess their ability to make specific important decisions. We noted that multi-disciplinary meetings had taken place to discuss individuals needs and best interests meetings had been held to help make sure that decisions were taken in a person's best interests. Evidence of these meetings was recorded in people's care plans.

We saw, from the care plans we looked at, there was information held on file with regards to people who held Lasting Power of Attorney (LPA) for those who lived in Parkside. It also stated if the LPA was in respect of finances or care and welfare or both. This information showed who had the legal authority to make decisions on a person's behalf when they could not do so themselves in respect of financial and/or care and welfare needs.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at six people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals had been made to the dietician or the speech and language therapist (SALT) for specialist advice.

Weights were recorded monthly or more frequently if this was necessary for staff to be aware of anyone who may be at risk of becoming malnourished. Food and fluid charts were kept for people who need their nutrition and hydration reviewed to ensure they received a balanced and nutritious diet.

People told us they enjoyed their meals and we saw there were drinks and snacks available throughout the day.

Healthcare needs were met through close working relationships with the local GP practice and the community nursing service. We spoke to two community nurses who were visiting the home on the day of our inspection. They both told us the staff were extremely helpful when they came to see the people on their list. One said, "The girls are always very good and ask if there is any way they can help when we visit. They are always receptive to any suggestions we make when they ask for our advice".

Is the service caring?

Our findings

The service had a stable staff team, the majority of whom had worked at Parkside for a long time and knew the needs of the people well. This continuity of staff had led to people developing meaningful relationships with all the staff.

People and their relatives told us that staff were very caring. They were also respectful of people's privacy and dignity. One person told us, "I am very happy here." One relative told us, "I am very happy to have my relative here, their anxiety levels have reduced and they are much more relaxed".

Visitors were appreciative of the care provided by the staff. One relative said, "The manager and all the staff are lovely and they care for me as much as they do for my relative who lives here".

We observed, during the inspection, how staff were respectful when talking to people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discreetly about their personal care needs.

We spent time in all parts of the home during our visit. During our time on the units where people lived we saw that the staff offered people assistance but respected their independence. We saw that staff took the time to speak with people and took up opportunities to interact with them, engage and offer reassurance if needed.

All the bedrooms were for single occupancy and this meant that people were able to spend time in private or see people in private if they wished to. Bedrooms we saw had been made more personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things. There were other small seating areas or lounges around the home. These enabled people to meet with visitors in private or just sit quietly on their own.

Visitors were appreciative of the care provided by the staff. One visitor said, "I come in most days and the staff always ask me how I am and if I need anything. I can also make a drink for me and my relative".

We observed highly motivated staff whose primary interest was the care of the people they supported. One member of staff said to us, "Every person in this home knows they are cared for and loved".

We found that information was available for people in the home to help support their choices. This included information about the services offered, about support agencies such as an advocacy service, 'People First' that people could use. An advocate is a person who is independent of the home and who can come into the home to help support a person to share their views and wishes.

We discussed, with the registered manager, how the service supported people who were nearing the end of their life. The registered manager confirmed that when people wished to remain at home local healthcare providers were consulted and appropriate plans were put in place to ensure people's wishes were adhered

to.

Is the service responsive?

Our findings

People we spoke to during our visit told us they thought the staff were very responsive to their needs. People told us, "I like living here as I can move around the building if I want to. The girls [staff] don't mind if I stay in my room all day. That is my choice as I am used to my own company. I do join the others for my meals though".

We looked in detail at six care plans all of which confirmed that a detailed assessment of people's needs had been undertaken by the registered manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people who lived in Parkside. We saw that, wherever possible, people had signed their care plan and consented to the care and treatment to be provided.

The care plans ensured staff knew how to manage specific health conditions such as diabetes or mental health needs. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing behaviours that may challenge the service and/or people who lived in the home.

Entries in people's care plans confirmed that where there were changes to people's assessed needs their care plan was updated immediately. This helped to ensure the appropriate level of care was always provided. We saw, from the care plans we looked at, that the changes were written by hand so that the information for the staff team was always up to date. At the monthly review the changes were then detailed on the computer system and that became a new, revised plan of care.

We saw that each person had an individual care plan which was underpinned with a series of risk assessments. Care plans were personalised and it was evident people's specific needs, choices and preferences had been discussed with them and their family members. Risk assessments were in place to minimise risk of falls, developing pressure ulcers, mobility issues and poor nutrition.

We spoke with two visiting community nurses who told us that the service was "a very good home". One told us that all staff regardless of their role were involved in people's care. They commented, "All the staff, from the manager down, are very responsive and do their absolute best to help people. This is one of the better homes I visit." They also told us, "The care staff have a good attitude; they are always upbeat, very helpful, approachable and friendly".

The registered manager had deployed staff hours previously in place to provide a second checker for medicines administration to be used for a member of staff to organise activities for people who wished to take part. We saw a programme of activities which included music and movement, games and outings during the warm weather. A pantomime had been performed by an external theatre company and they had been back since to do another show. They had been booked for another pantomime for the coming

Christmas festivities.

People living there told us they were able to follow their own faiths and beliefs. They told us that they could attend the monthly religious service if they wanted to. They could also see their own priests and ministers as they wanted to take communion.

We saw the service had contingency plans in place in the event of foreseeable emergencies and personal emergency evacuation plans were in each care plan should people ever need to be moved to a safer area in the event of an emergency. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear.

The provider had a policy and procedure for recording complaints but there had been only one recent minor complaint since the previous inspection. This was dealt with as soon as possible and, as a result new carpet was being laid on the day of our visit. We asked people who they would speak to if they had any complaints and were told, "I would speak to any of the staff but I have never had reason to complain about anything".

Is the service well-led?

Our findings

There was a clear management structure in Parkside including a registered manager who had been in post for some time. A registered manager is a person who has registered with CQC to manage the service.

The registered manager promoted strong values and a person centred culture. Staff said they were pleased to work for such a good service and were supported in understanding the values of the organisation.

Staff we spoke with told us they felt the registered manager listened to them and that they had regular staff meetings to promote communication and discussion.

Staff told us the registered manager was very supportive to all the staff. One member of staff said, "The manager is very firm but very fair. She has extremely high standards and expects the staff to follow her lead. I like that as it means people who live here get a very good quality of life".

People who used the service, their relatives and staff, were fully aware of the roles and responsibilities of manager, supervisors and staff and the lines of accountability.

When we spoke to the registered manager we talked about of the importance of effective communication across the service. Regular meetings took place, including daily chats, where any pressing concerns or new issues could be addressed. Staff supervision was up to date as were annual work appraisals. The registered manager had an open door policy and made herself available for people who lived in Parkside, their relatives and members of the staff team.

The registered manager used the internal quality audit systems in place to assess and monitor the quality of the service provided. There was an established auditing programme for the registered manager to follow as well as other forms of quality monitoring. Care plans and medication audits were done regularly. Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. Records showed that incidents were recorded and reviewed.

Questionnaires were sent out annually and we were able to see the results of the last survey recently completed. Comments included, "I am very impressed. My relative was given a private room for visitors if she wanted to use it", "I cannot see how this home can be improved" and "Sometimes staff are unaware I am in mum's room and I can hear staff interacting with other people in the home. There is never any friction just laughter and encouragement".

The main point to come out of the last quality audit was a request for 'more weekly activities'. The registered manager was in the process of organising this with the extra staffing hours she had been allocated.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

There were also regular monthly visits from the operations manager for Cumbria Care responsible for the running of this service. During these visits they completed their own checks on aspects of the service and monitored the standards in the home as well as providing supervision and support for the registered manager.