

Leonard Cheshire Disability

Parkside - Care Home Learning Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 and 8 July 2015 at which breaches of legal requirements were found. We took enforcement action and served two warning notices on the provider in respect of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included Regulation 12 as care and treatment was not provided in a safe way for service users and medicines were not managed in a safe and proper way and Regulation 15 as premises and equipment were not clean, safe, suitable and properly maintained. The provider sent us an action plan detailing the action they would take to meet these legal requirements.

You can read the report from our last inspection, by selecting the 'all reports' link for 'Parkside Care Home Learning Disabilities' on our website at www.cqc.org.uk.

We carried out this unannounced focused inspection on 28 October 2015 to check the provider's action plan had

been completed and the service was meeting the warning notices we served. This report only covers our findings in relation to the follow up on the breaches of Regulations 12 and 15. We have asked the provider to send us an action plan telling us how and when they will become compliant with the other breach. This breach will be followed up at our next comprehensive inspection of the service.

Parkside care home is registered to accommodate up to seven people with learning disabilities living within the community. At the time of our inspection the home was providing care and support to five people.

At this focused inspection on 28 October 2015 we found that the provider had addressed the breaches of Regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notices we served. We have revised and improved our rating for the key question

Summary of findings

'Safe' to 'Requires Improvement' as at this time systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

People were protected from the risk of receiving inappropriate or unsafe care and treatment as risk assessments were conducted where appropriate and were reviewed on a regular basis in line with the provider's policy.

Medicines were stored, administered and managed safely.

Premises were safely used and equipment was stored securely. Premises and equipment were kept clean, safe and properly maintained.

There were systems in place to detect and control the spread of infections and to promote good standards of cleanliness throughout the home.

Following our inspection a new call bell system was being installed for people using the service to seek assistance or help from staff in the event of an emergency.

Summary of findings

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 this inspection we found action had been taken to improve safety within the service in relation to Regulations 12 and 15.

Risks to people were managed appropriately and reviewed in line with the provider's policy.

Medicines were stored, administered and managed safely.

Premises and equipment were clean, safe, suitable and appropriately maintained. Premises were safely used and equipment was stored securely.

A new call bell system was being installed for people using the service to seek assistance or help from staff in the event of an emergency. Although this was not in place at the time of our inspection we saw evidence confirming that it was due to be installed the next day.

Requires improvement



Parkside - Care Home Learning Disabilities

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 to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook this focused inspection of Parkside Care Home Learning Disabilities on 28 October 2015. This inspection was conducted to check if improvements had been made to meet the legal requirements and warning notices for two breaches of the regulations we found at our comprehensive inspection on 7 and 8 July 2015. We

inspected the service against one of the five questions we ask about services, 'Is the service Safe'. This is because the service was not meeting legal requirements in relation to this question and enforcement action was taken.

The inspection was unannounced and undertaken by two inspectors. Before our inspection we reviewed information we held about the home which included the provider's action plan, which set out the action they would take to meet the legal requirements.

We looked at the care plans and records of three people living at the home, four staff files and records relating to the management of the service. We spoke with the manager in post during our inspection and three members of staff. We also looked at the home environment and external grounds.

Is the service safe?

Our findings

At our last inspection on 7 & 8 July 2015 we found that risks to people were not always managed appropriately or reviewed in line with the provider's policy. Medicines were not stored or managed safely and appropriately and the premises and equipment used within the home was not clean, safe, suitable and properly maintained. This was in breach of Regulation 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and served warning notices on the provider requiring them to meet the regulations.

At this inspection on 28 October 2015 we found people were protected from the risk of receiving inappropriate or unsafe care and treatment as risk assessments were conducted where appropriate and were reviewed on a regular basis in line with the provider's policy. For example one person's manual handling risk assessment was reviewed in September 2015 after a visit from a health care professional. We saw guidance for staff was documented after the visit and was contained within the person's care plan and risk assessment detailing the use of specialised equipment staff used to ensure safer mobilising and transferring. Staff we spoke with demonstrated they had a good awareness of the documented guidance and were knowledgeable on how to use the equipment safely. This meant people were receiving appropriate care, treatment and support to ensure their safety and well-being.

Another person had a risk assessment in place for smoking due to identified possible risk of fire and burns and we saw staff were aware and accompanied the person when smoking to ensure their safety. We also saw the person was at risk of choking and there was an up to date risk assessment in place which ensured the person's safety when eating. This also provided guidance for staff on the person's nutritional needs, for example providing a soft diet to minimise the risk of choking. Risk assessments in place were up to date and reflective of the person's current health care needs.

Another care plan contained risk assessments which detailed the person was type 2 diabetic and required oral medicines to help control and manage their condition. This provided staff with guidance on how to support the person to manage their condition, signs to look for which may indicate the person was unwell, actions to take to ensure the person's well-being and safety and health care

professionals guidance and contact details should staff need to make contact. We also saw the person's care plan was reviewed in October 2015 and documented that the person required support from staff to manage their diet and weight which was a contributing factor to their diabetes. Weight records were kept within the person's health care plan and were completed on a monthly basis by staff to promote and ensure good health.

At our last inspection in July 2015 we found medicines were not stored and managed safely and staff did not have access to appropriate medicines reference guides. At this inspection on 28 October 2015 we saw medicines were stored, administered and managed safely. There was a robust medicines policy in place which had been reviewed by the provider in September 2015. The medicines policy included areas such as medicines audits, administration of medicines, medicines ordering and receiving and the home's local medicine policy.

Systems and processes were in place to ensure the safe and proper management of medicines and we saw the latest medicines audit which was completed by the home's manager in October 2015. We also saw that medicines were audited on a weekly basis by staff who had received medicines training to ensure safe practice. Staff we spoke with confirmed all medicines were audited on a daily basis at staff handover meetings between staff shift changes. The manager told us the home was also audited by an external pharmacist which we noted had been completed in July 2015.

We looked at three people's medicines administration records (MAR) and found they had been correctly completed with no omissions or errors. We noted photographs were kept on people's MAR records to identify them to new staff which ensured medicines would be administered to the right person. Records of allergies were also recorded on people's MAR charts to prevent the risk people could receive medicines they were allergic or have an adverse reaction to.

Medicines were now stored safely. Medicines were locked in a secure medicines cabinet within a locked cupboard that only authorised staff had access to. We were shown the locked cupboard within the staff office where medicines which needed to be returned to the pharmacy were stored.

Is the service safe?

Staff administering medicines told us they had received training and competency checks relating to the management and administration of medicines. Records confirmed staff had received medicines training and competency assessments within the last two months to ensure safe practice. We saw staff had access to up to date medicines reference guides.

We spoke with the manager about medicine errors. They told us there had been no medicine errors since our last inspection in July 2015 and this was confirmed by records we looked at. We noted the home had a medicines error notification form which had been reviewed in August 2015. The manager told us all medicine errors would be reported to the provider's management team and an investigation would occur which enabled lessons to be learnt along with further medicines training if it was deemed appropriate.

At our last inspection in July 2015 we found equipment was not always stored safely and appropriately. At this inspection on 28 October 2015 we found the premises were safely used and equipment was stored securely. We observed the ground floor laundry room safely stored controlled substances hazardous to health. These were kept within a locked cupboard that only staff had access to which ensured people using the service were not at risk of potential harm.

At our last inspection in July 2015 we found there were no systems in place to detect and control the spread of infections and ensure the environment was kept clean. At this inspection on 28 October 2015 we saw there were systems in place to detect and control the spread of infections and to promote good standards of cleanliness throughout the home. During a tour of the building we observed that toilets and bathrooms were clean and had a good supply of toilet paper, hand towels, hand soap and antibacterial hand gel present for people and staff to use. We also observed pictorial signage displayed within toilets and bathrooms promoting good standards of hygiene and guidance on correct safe hand washing techniques. We saw there were daily cleaning schedules in place to ensure the environment was kept clean and staff confirmed they carried out daily cleaning duties.

At our last inspection in July 2015 we found the premises and equipment were not clean, safe, suitable and properly maintained. At this inspection on 28 October 2015 we saw the premises and environmental concerns had been remedied and maintenance work and the redecoration of

parts of the home had been conducted. Maintenance records we looked at confirmed that work we highlighted as a concern and that required attention and repairs had been completed. Light switches and fittings within the home that were broken or faulty had been replaced with new fittings and were safe to use and complied with safety regulations and standards.

Kitchen utility cupboard doors had been fitted correctly and securely to ensure the risk of personal injury was minimised. The kitchen door which housed a long glass window had been replaced and fitted correctly complying with fire regulations. A storage cupboard located in the hallway had maintenance work completed to ensure the door frame surround was fitted correctly allowing the door to close securely and safely.

We observed that maintenance work and the redecoration of bathrooms had been completed. For example we saw lino floorings in bathrooms had been repaired, replaced and or cleaned to ensure people's safety and well-being. Toilets, baths, walls and skirting boards were clean and had been redecorated in colours chosen by people using the service. Rotted wooden skirting boards that covered water pipes in bathrooms had been replaced with easy to clean plastic coverings and conduits and holes in wall partitioning's had been repaired to maintain privacy and were redecorated.

At our last inspection in July 2015 there was no operational system in place for people using the service to seek assistance or help from staff in the event of an emergency. At this inspection on 28 October 2015 we saw that the old call bell system had been removed from people's rooms and communal areas and was due to be replaced with a new call bell alarm system that was being installed the following day. The manager told us the new system was being installed in people's bedrooms and in communal areas throughout the home. They said staff would be provided with a pager device which is carried on them and would alert them anywhere in the home if someone called the bell for support. They told us that the new system would also allow them to monitor staff response times to ensure people's needs were met in a timely manner. However we were unable to monitor this at the time of our inspection.

We found that the provider had addressed the breach of Regulation 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were

Is the service safe?

compliant with the warning notices we served. We have revised and improved our rating for this key question to

‘Requires Improvement’ at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.