

## Parkside Nursing Home Limited

# Parkside Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 7 February 2019 and was unannounced.

Parkside Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Parkside Nursing Home accommodates up to 34 people in one adapted building across two floors. At the time of the inspection there were 18 people living in the service.

There was a registered manager in post. 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.

When we last inspected the service it was rated Good however at this inspection we found that areas there were areas that required improvement.

Whilst we received positive feedback from people, relatives and staff we found consent was not always obtained in line with the Mental Capacity Act 2005. There were no decision specific capacity assessments in place for important decisions such as the use of bedrails. People told us permanent staff were competent in their roles. The service was using agency staff which people told us sometimes affected the quality of the care provided. The environment for people living with dementia needed to be updated to help people move around the service.

Whilst permanent staff knew people's needs very well there was a risk that care delivery could be affected as care plans contained incomplete or contradictory information. This was an area that the registered manager and staff told us work was needed to improve. Activities were provided however people told us they felt these were not always enough to help stimulate them or keep them interested. Some of the required refresher training for staff had not been completed.

There was a system of auditing in place however this had not identified the issues we found. Where audits were completed these did not always state what action should be taken to address the findings or give a timescale for this to be completed by.

People told us there were enough staff to keep them safe and we saw people being supported when they needed. A number of staff had recently left and there were plans in place to recruit new staff to address this. People received their medicines when they needed them by trained nursing staff who explained what the medicines were for. All medicines were stored and disposed of appropriately. Where there were risks to people these had been identified and managed well to help keep them safe. The registered manager monitored accidents and incidents to identify any themes or patterns. Staff spoke confidently about the

actions they would take if they had a safeguarding concern. The service was clean and staff followed safe infection control practices.

People told us they liked the food provided and their nutritional needs were met. Staff supported people at mealtimes which were calm and relaxed. People's needs were assessed and their healthcare needs met, specialist support was provided and guidance followed to maintain good health.

People and relatives told us staff were kind and caring and treated them with respect and compassion. Where possible people were able to discuss the care they received and make decisions on how this should be provided. People's privacy, dignity and independence was promoted and visitors welcomed.

People told us they would have no concerns making a complaint if necessary and were confident this would be acted upon by the registered manager and staff. There was an experienced and established staff team who worked well together and followed guidance given by external healthcare professionals. The atmosphere in the service was homely and the registered manager knew people well and was approachable to them. CQC was notified of important incidents and events.

## 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.

There were enough staff to keep people safe. Plans were in place to recruit new staff.

Medicines management was safe. People received their medicines appropriately. Medicines were ordered, administered and stored safely.

Risks to people were regularly reviewed and managed well to help keep them safe. Incidents and accidents were monitored to reduce the risk of re-occurrence.

People were safe from abuse and staff knew how to raise concerns appropriately with outside agencies.

The service was clean and staff followed safe infection control practices.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The principles of the Mental Capacity Act were not always followed to obtain consent.

Permanent staff provided effective care to people and were well trained however feedback for people about the competency of agency staff as mixed. Some aspects of mandatory training were not up to date.

Improvements to make the environment more dementia-friendly were needed.

People had enough to eat and drink and their nutritional needs were being met.

People's needs were assessed to provide effective health and social care and had their healthcare needs met. When needed appropriate referrals to specialist support were made.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness, respect and compassion and their supported emotionally.

People had a say in their day to day decisions about their care.

People's privacy, dignity and independence was promoted and visitors made welcome.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

Staff knew people's needs well however care plans were not always accurate or fully completed

Activities for people were limited and could be improved.

Complaints were responded to appropriately.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Improvements in how the service assessed and monitored the quality of the service were needed.

CQC was notified appropriately of important incidents and events.

Staff worked well together and were positive about the support provided by the registered manager.

The culture in the service was open and inclusive. People and relatives told us the registered manager and staff were approachable.

# Parkside Nursing Home

## 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 unannounced comprehensive inspection took place on 7 February 2019. The inspection was conducted by one inspector, a specialist nurse advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information from the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked if the service had made us aware of any notifiable events. We also contacted health care professionals and commissioners to give feedback on their view of the service.

During the inspection we carried out observations of the care and spoke with six people, four relatives and a visitor to the service. We also spoke to six staff, including the registered manager, providers quality assurance manager, and a visiting health care professional. We looked at four care plans, medicines administration records and records relating to the management of the service.

Following the inspection the registered manager provided us with further information in respect of medicines management and staff training records.

# Is the service safe?

## Our findings

People and relatives told us they felt the service was safe. One person told us staff knew how to keep them safe and were "Brilliant".

There were sufficient staff employed to meet people's needs. The registered manager told us some staff had recently left which had put pressure on the staff team. This had led to an increase in the use of agency staff, with other staff, including the registered and deputy manager having to work additional hours. The registered manager told us they tried to use the same agency staff where ever possible to help ensure consistency. Staffing levels were appropriate on the day of the inspection with people being attended to promptly. One person said, "They have been using agency staff a lot. Some agency staff are brilliant," whilst another told us, "Yes, it's safe here but some of the agency staff that are used are not so good." A relative also told us, "Staffing is a problem here but the team work very well together."

The registered manager acknowledged the difficulties with staffing and told us she was recruiting new staff after receiving a number of job applications. Once these had been reviewed she told us she would be arranging interviews for this. There had not been any new staff employed since the last inspection.

Medicines management was safe. One person told us, "I'm on quite a few medications and I always get them on time. They are very good about that." We observed a medicine round and saw medicines were dispensed safely and appropriately by trained nursing staff. Records were completed accurately on the medicines administration records (MAR). Each MAR had a photo of the person to ensure medicines were given to the right person. The way medicines were administered was person-centred. Staff gave people time to take their medicine and, if people were sleeping did not wake them.

Medicines were organised and stored securely in a locked room and within locked cupboards or trolleys which were kept clean. Excess medicines were also stored securely. Room temperature checks were completed and recorded daily to ensure the medicines would not be affected by excessive heat. There was an appropriate procedure in place for disposal of unused medicines which was recorded and prepared to be collected for disposal. The deputy manager told us they had a good relationship with the local pharmacy and they had visited to understand what medicines people required.

We identified that detailed 'as required' (PRN) protocols were not always in place or accurate for people. For example one person had a PRN for medicines for when they became agitated but did not state how the person may display this so staff would be aware. Pain charts were not routinely used. One person's PRN stated they had tablets but this had been changed on to liquid. Several people had antibiotics on 'standby' however there were no protocols in place for when this should be administered. Having standby antibiotics for people having recurrent infections to avoid deterioration of their condition showed the service was trying to proactively manage this. We raised this with the registered manager who immediately told us this would be addressed and sent evidence of this being done after the inspection.

People were kept safe as risks to their safety were well managed. Staff knew people well and were able to

describe to us how they kept people safe. Risks were identified and well documented assessments were in use, regularly reviewed and up to date. These were specific to the individual and their known risk and included how people should be moved safely, their risk of falls and any other known risks. One person with capacity was at risk of falling from their bed and the use of bed rails was recommended. They had refused this so the registered manager had reduced the height of the bed to help keep them safe. Another person required a pressure mattress due to poor skin condition, we saw this was in place and had the correct setting to help prevent their skin deteriorating. Where incidents or accidents had occurred these were recorded and analysed regularly by the registered manager to help identify patterns or trends and reduce the risk of re-occurrence.

People felt safe from abuse and were cared for by staff who were knowledgeable about safeguarding procedures. Staff understood their role and responsibilities to report any potential abuse or unsafe practice. Staff had received mandatory safeguarding training. One staff member told us, "I would report any concerns to the manager or speak to the local authority." Since the last inspection there had not been any safeguarding concerns reported to the local authority or CQC.

People were protected from the spread of infection because they lived in a clean environment. Cleaning staff kept people's rooms and the communal areas regularly cleaned and we saw staff using gloves and aprons when providing care to people. Staff practised safe infection control and there were hand gel dispensers throughout the service which staff regularly used.



## Is the service effective?

### Our findings

People and relatives told us staff routinely asked for consent when providing care and for day to day decisions. One person told us, "They ask and get consent whatever it is." 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's rights were not always protected as consent was not always obtained appropriately. There were a number of people living with dementia who lacked capacity to make important decisions. There had been generic assessments completed to obtain consent for all people living in the service, however important decisions such as the use of bedrails or sensor mats were not specific. For example, one person who lacked capacity had bedrails without consent being lawfully obtained. Staff told us, "All the information is the same for people who lack capacity." We raised this with the registered manager who told us this was something that would be addressed.

The service had not always acted in accordance with the Mental Capacity Act 2005 and obtained consent appropriately which was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where people were being deprived of their liberty there were appropriate referrals made to the local authority.

People were supported by competent and well trained permanent staff who knew them well, however the use of agency staff sometimes affected the quality of care provided. The service had been using agency staff due to the number of vacancies. People told us that regular staff were well trained and efficient however felt this didn't apply to some agency staff. One person told us, "Some of the agency staff that are used are not so good," another said, "They have been using agency staff a lot. Some agency staff are brilliant, but some are absolutely useless," whilst a third told us, "Generally, it's the same carers but there has been a big turnover. We have agency at least twice a week and have lost two nurses." The registered manager told us two nurses and two care staff had left recently. To address this shortfall the service had used agency care staff who were supervised by permanent staff. Agency nursing staff had not been used.

Staff received training and supervisions to help provide them with the skills to deliver good care. Training records showed that not all staff had completed refresher training that the provider had determined was mandatory. This was also something the local authority quality assurance teams had identified at a recent visit. Staff told us they felt the training they were provided with was effective. There had not been any new

staff employed at the service but we were told there would be a thorough induction process followed. Nursing staff kept up to date with clinical practice.

We recommend the provider reviews their training schedule to ensure all staff have completed mandatory training.

Improvements could be made to the environment to make it more dementia-friendly. There was a variety of different flooring in the service which could confuse some people living with dementia. The signage in the home was not always clear and needed to be situated at a level people could see and be in larger and of a brighter colour. There were no areas of sensory stimulation for people to occupy themselves with. Peoples bedrooms doors were the same which did not aid orientation.

People were supported to eat well to maintain good health. People were complimentary about the food on offer. One person told us, "Normally the food is very good." We observed the lunch time meal and saw that staff supported people appropriately when they needed help to eat. The chef ensured that people who required a soft or pureed diet were provided with this. The food was fresh and locally sourced. People weight was regularly monitored and records showed weight was maintained. The registered manager told us relatives of former residents regularly joined people at mealtimes. One person with a specific dietary preference had their own fridge freezer and went shopping with staff who bought the food they wanted.

People's needs and individual requirements had been assessed thoroughly before they moved into the service. This was clearly documented, following clinical guidance and covered different aspects of a person's life. The assessment included whether people had any cultural or religious needs, their communication needs, emotional health, and social needs as well as their physical, medical and dietary needs.

People's health care needs were met and they received medical support when needed. There was evidence in care records that people could see a chiropodist, their community nurse, GP, pharmacist, optician or social worker on a regular basis. One person required specialist input from the tissue viability nurse in relation to their skin and this was provided. There were also evidence of referrals and collaborative working with specialist services such as the local challenging behaviour service. One healthcare professional told us, "They're really good here, they care and work with us to find solutions."

## Is the service caring?

### Our findings

Without exception people and relatives told us staff were kind and caring towards them. One person told us, "Staff treat us well," whilst another told us, "There's so much interaction between staff and people, so many connections. It's like a big family unit." One relative told us staff were "brilliant and kind, whilst another said, "I'm really happy with the service that they provide." We spoke to a regular visitor to the service who told us, "They're (staff) just wonderful, I can't imagine it could be better, I've see other homes and this is definitely the best," whilst another visitor said, "It's the care they give here, they're so kind."

Staff were aware of how important respecting people was and we saw positive and caring interactions throughout our inspection. One member of staff told us, "I'm happy here, people are like my family." Staff clearly knew people well and had developed close and positive relationships with them. We saw staff spent time with people that needed their support and engaged in conversations with them, taking time to listen to what they said.

Staff also maintained people's dignity and treated them with respect. People told us staff were very respectful and undertook all personal care in the privacy of their bedrooms with the doors closed. Some people were either nursed in bed or had chosen to stay in their rooms. When staff attended to them they knocked on their doors and waited for an answer before they entered.

Staff told us it was important to respect people's individuality and to maintain their privacy. They provided support respectfully and sensitively. Staff also encouraged people to be independent as this was important to them. One person became agitated, staff noticed this quickly and spent time sitting with them to help calm them down. "

People were involved in their care and supported to express their views on it. There were resident's meetings where discussions could be had about all aspects of the service they received. One relative told us they were involved in the care provided to their loved one. People were supported to maintain their family and close relationships. Visitors were welcomed to encourage people to maintain relationships that were important to them. Relative sand visitors told us they could spend time with people when they wanted. People had been able to personalise their rooms and bring items with them to make it more homely.

## Is the service responsive?

### Our findings

People were at risk of not receiving personalised care as care plans either had contradictory information in or information that was not current. The registered manager told us that care plans "Need updating."

Whilst care plans had some appropriate information in place to guide staff there were relevant sections that needed updating so that staff would know how best to support them. One person was diabetic and sometimes incontinent of urine and had spoken about the use of continence aids to help with this. They had received specialist input from the community continence nurse who had suggested plans on how staff could help manage this by regularly offering them the opportunity to use the toilet. Action had not been taken to implement this. People living with diabetes need to have their food and fluid intake and blood sugar regularly monitored. The care plan for food and fluid intake lacked detail and there was no diabetic care plan to guide staff on what the signs of them having too much or too little sugar or the actions to take should this happen. There was nothing to guide staff on this, particularly agency staff, who might not know the person's needs.

Another person was identified as needing staff support to use the toilet but in the section of their care plan relating to this it stated they could use the toilet independently. The registered manager told us this was because the person's health had improved. Another person had suffered a stroke and had been identified as having a weakness on one side of their body. No care plan had been developed to guide staff on how best to position this person to make them comfortable.

One person's notes had 'post-it' notes as corrections and additions to the care plan. The deputy manager told us they had asked care staff who knew people's needs well to identify any gaps or other changes so care plans could be updated.

Care plans did not always hold accurate information about people's care which was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the staff handover, this took place twice each day, in the morning and afternoon. This gave staff time to discuss people's health and to highlight any changes that may have occurred. A form was used which held up to date and relevant information for new and agency staff or anyone who did not know people's needs well. Staff who attended demonstrated they knew people well.

Activities for people required improvement. We received mixed feedback about the activities on offer. One person told us, "I find sitting in the lounge very depressing so I choose not to go out there," whilst another told us, "I enjoy the quizzes and the faith services but otherwise I'm bored here," whilst a third person said, "I do attend the religious service that they have and I quite like a quiz." One relative told us, "It's quite difficult....but staff do try to encourage them."

On the day of the inspection the activities co-ordinator was off duty. A large number of people were cared for in bed. The activities schedule we were given stated staff had 'One-to-ones' with people in the morning but

we did not see staff undertaking this. In the afternoon there was a religious service which some people attended. Other activities listed centred around people having one-to ones, quizzes and reminiscence sessions were more variety might help people remain engaged and stimulated. The registered manager told us after the inspection that care staff would have interacted with people when giving personal care and when they moved into the lounge area.

We recommend activities are reviewed to ensure they reflect people's preferences.

The deputy manager had good knowledge on how to provide good end of life care to people and had received training in relation to this. The registered manager told us that, as new nursing staff needed to be recruited, they were reluctant to admit people nearing the end of their life until there was enough staff to care for them effectively. Healthcare professionals told us the service worked well with them to ensure people who were nearing the end of their life received good care.

Complaints were responded to appropriately and resolved wherever possible. People told us they were confident that any concerned would be taken seriously by the registered manager and staff. One person told us, "Yes, I am quite capable of making a complaint and I speak to the manager or the deputy," another person told us, "If there is a complaint Mary (registered manager) gets on to it straight away and she always feeds back."

## Is the service well-led?

### Our findings

People, relatives and visitors to the service were complimentary about the registered manager and felt the service was well run. One person told us, "She's always got a smile on her face." Another person said, "Mary (the registered manager) is the catalyst, she knows everybody." One relative told us, "I'd give it nine out of 10 overall here." Staff also were very happy with the registered manager's approach. One member of staff told us, "She's a caring person. She's approachable and I can talk to her." A health care professional told us, "Whenever I've visited the home the staff have always been friendly and welcoming and appear to work well together under (the registered manager's) leadership."

Despite this positive feedback there were aspects of the service that required improvement. Quality assurance audits were regularly completed in relation to care plans, infection control and health and safety. These had not identified the issues we found in relation to inconsistent or contradictory information in care plans and how the Mental Capacity Act was being applied. Where audits had identified areas for improvement these did not always detail how issues would be followed up on.

For example in the September 2018 infection control audit there was a section that looked at whether staff were keeping their nails short and free from varnish or extensions. The audit recorded that clinical staff were not always following this and this had been identified as an issue again in the audit completed in December 2018. There was no section to record how this would be followed up or the timescale for this to be addressed by.

In the care plan audits completed in October 2018 and January 2019 a number had been reviewed and sections had been identified that required improvement, for example where people did not have life stories completed. There had been no action plan developed to address this with timescales for completion. We discussed this with the registered manager and quality assurance manager who agreed this was something to be addressed.

We recommend the provider reviews its quality assurance systems to ensure areas for improvement are identified.

People and relatives felt involved in how the service was run. The registered and deputy manager had detailed knowledge and understanding of people's needs and were passionate about providing good care to them. The registered manager had been managing the service for a number of years and staff trusted her and worked together well. As previously mentioned there had been a number of staff leave the service. This had led to staff working additional shifts to cover the shortfall whilst this was being addressed by the registered manager. The culture of the service was open with people, relatives and staff felling able to speak up about any concerns or ideas they may have. The registered manager operated an 'open door' policy which allowed people or relatives to approach her if they wished. On the day of the inspection the registered manager was visible in the service and took time to speak to people.

Staff told us they were supported and felt involved in the service and spoke well of the registered manager

and the way they worked. One member of staff told us the registered manager, "Trusts me to do my job and she is always willing to help." Another told us, "We pull together as a team." Staff told us they had regular meetings together where they could discuss all aspects of how care was provided and raise any issues or concerns.

The service had good connections with their local GP, the challenging behaviour service, the tissue viability nurses and consulted professionals and sought advice over care issues when needed. The service took part in a 12-month hydration project which highlighted the importance of good hydration for people and held events to support this. The service was also involved in other projects relating to how pressure sores were monitored and how falls and attendance at hospital could be reduced.

Services that provide health and social care to people are required to notify the Care Quality Commission (CQC) of important events. Statutory notifications were being sent appropriately to the CQC, including safeguarding concerns or incidents. Services are required to display their ratings and we saw the last CQC inspection report and rating was visibly displayed.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Care plans did not always have accurate or up to date information on peoples needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Decision specific capacity assessments were not always being completed in line with the Mental Capacity Act.