Leonard Cheshire Disability

Parkside - Care Home Learning Disabilities

Inspection report

79 Thicket Road
Penge
London
SE20 8DS

Tel: 02087769569
Website: www.lcdisability.org

Date of inspection visit:
29 March 2016

Date of publication:
06 May 2016

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 inspection took place on the 29 March 2016 and was unannounced. At our previous 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. At our previous comprehensive inspection on 7 and 8 July 2015 we found the provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems and process were not established and operated effectively to ensure compliance with the requirements and records in respect of each service user were not accurate, complete and contemporaneous. At this comprehensive inspection on 29 March 2016 we found that the provider had addressed the breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. Premises and internal maintenance work had been conducted and completed and maintenance records confirmed this. There were arrangements in place to deal with foreseeable emergencies. There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm. Accidents and incidents involving people using the service were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately. Staff received training that enabled them to fulfil their roles effectively and meet people's needs. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with dignity and respect and were consulted about their care and support needs. Staff respected people's dignity and privacy. People were supported to maintain relationships with relatives and friends and we observed that people were also supported to access community services.

People's support, care needs and risks were identified, assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals and with local authorities who commissioned the service to ensure people's needs were met.

There were systems and processes in place to monitor and evaluate the service provided. There was a temporary manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. People's views about the service were sought and considered through residents meetings and satisfaction surveys.

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.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

Is the service effective?

Good

The service was effective.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and were consulted about their care and support needs.

Staff respected people's dignity and privacy.

People were supported to maintain relationships with relatives and friends and we observed that people were also supported to access community services.

Is the service responsive?

Good

The service was responsive.

People's care needs and risks were identified, assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint.

The service worked with health and social care professionals and with local authorities who commissions the service to ensure people's needs were met.

Is the service well-led?

Good

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

There was a temporary manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

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 checked whether the provider was 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.

The inspection was carried out by two inspectors on 29 March 2016 and was unannounced. There were five people using the service at the time of our inspection. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection.

Not everyone at the service was able to communicate their views to us so we observed people's experiences throughout the course of our inspection. We spoke with two people using the service and four members of staff including the temporary manager. We spent time observing the care and support provided to people, looked at three people's care plans and records, three staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

At our previous focused inspection on 28 October 2015 we found that the provider had addressed the breaches of Regulation 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notices we served. These were in relation to care and treatment that was not being provided in a safe way, medicines were not being managed safely and appropriately and the premises and equipment was not clean, safe or properly maintained.

At this inspection people who were able to talk to us told us that they felt safe living in the home and staff were kind and supportive. One person said, "The staff are great and they help me when I need it." Another person said, "The staff are nice and I always feel safe." Other people who were unable to verbally express themselves appeared safe, well and relaxed in the company of staff and other people using the service.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Risks to people's physical and mental health were assessed and records included information and guidance for staff in order to promote people's health and safety whilst ensuring known risks were minimised. We saw risk assessments were reviewed on a regular basis and included areas such as physical and emotional well-being, nutrition including Malnutrition Universal Screening Tool (MUST) and monthly weight monitoring, behaviour support, medicines and skin integrity.

Risk assessments formed part of people's agreed care plan and staff showed an understanding of the risks people faced and the actions they needed to take to ensure people's safety. For example, one care plan documented the person was at risk of increased weight and required support to managed their diet and attend a weekly weight loss group. Their risk assessment instructed staff on the preparation of healthy meal options and their health action plan detailed health professional's interventions in assisting staff to manage to the person's physical health needs. Another care plan contained a comprehensive risk assessment and guidance for staff on the use of a lap strap as the person was at risk of falling out of their wheelchair. A third person also had a detailed risk assessment relating to the support they required at meal times. Guidance issued for staff by a visiting health care professional included how to support the person in the least restrictive way when assisting at meal times and we noted guidelines were displayed in the kitchen for staff reference when preparing meals.

Medicines were managed, administered and stored safely. We saw there were individual Medicine Administration Records (MAR) for each person using the service. MARs detailed people's names, photographs, date of birth, swallowing difficulties and information about their prescribed medicines including any side effects and known allergies to ensure medicines were administered safely. MAR sheets were up to date, accurate and had no recorded omissions or errors. Staff we spoke with described how to administer medicines safely and staff training records confirmed that staff had received appropriate medicines training and medicine competency assessments on a regular basis to ensure safe practice. One member of staff told us, "I have completed all my medication training and shadowing, but I cannot administer until the manager has assessed my competency to do so."

Medicines were administered to people from their original packaging supplied by a local pharmacist. MARs included a daily count of the remaining medicines. We checked the balances of medicines stored against the MAR for three people and found records were up to date and accurate, confirming people were receiving their medicines as prescribed by health care professionals. Where people were prescribed medicines on an 'as required' basis, for example, for pain relief, there was appropriate information for staff about the circumstances when these medicines were to be used. We looked at the drugs return book and saw this was completed accurately and drugs for return to the pharmacy were stored appropriately until collected.

Premises and internal maintenance work had been conducted and completed. Maintenance records confirmed that repairs and recordation of the home had been completed. The temporary manager told us that people using the service had been involved in the redecoration of the home and had chosen the colour scheme of communal areas and the decorative items placed in each room. One person told us, "I chose the colour of my room and the bathroom. It all looks lovely now." We saw there was a new operational system in place for people using the service to seek assistance or help from staff in the event of an emergency. People's rooms and communal areas had been fitted with a new call bell system and the temporary manager was able to monitor staff response times to ensure people's needs were met in a timely manner. 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 communal areas, toilets and bathrooms were clean and had pictorial signage displayed promoting good standards of hygiene. There were daily cleaning schedules in place to ensure the environment was kept clean and staff confirmed they carried out daily cleaning duties. Premises were safely used and equipment was stored securely to ensure people were kept safe.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely. There was a fire evacuation plan in place to ensure people's safety in the event of an emergency and staff had received up to date fire training and knew how to respond in the event of a fire. Records confirmed that staff participated in frequent fire alarm tests and checks on fire equipment within the home were conducted. Fire signage and exit points were displayed and we observed that fire exits were clear and free from hazards. Maintenance and environmental checks were carried out at appropriate regular intervals to ensure the home was safe.

There were up to date safeguarding adult's policies and procedures in place to protect people from possible harm and information on the "London Multi Agency Adult Safeguarding Policy and Procedure" was readily available for staff reference. Staff had received appropriate training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they should take. Staff told us they felt confident in reporting any suspicions or concerns they might have. One member of staff said, "Abuse takes many forms, not just obvious marks or bruises and I look out for changes in behaviour or personality." Another staff member said, "I check receipts and make sure the purchased item is in the possession of the resident." Staff explained that if they saw something of concern they would report it to the manager or in their absence, to the senior worker on duty. Staff were also aware of the provider's whistle blowing procedure and how to use it.

Accidents and incidents involving people using the service were recorded and acted on appropriately. Records showed that staff had identified concerns and accidents and had taken appropriate action to address them and minimise further risks. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted

before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms, photographic evidence to confirm applicant's identity, references and history of experience and or professional qualifications and contracts of employment which were also retained. We observed there were enough staff on duty and deployed throughout the home at the time of our inspection to ensure people's needs were met. We looked at the staff rota for the four weeks prior to our inspection and saw there were no gaps in staff cover. One member of staff told us, "The staff levels are very balanced now; they have improved a lot over the last few months." Another member of staff said, "There is always enough staff on duty, including all the extra activities residents do."

Good

Is the service effective?

Our findings

People told us they felt staff were well trained and suitably skilled to meet their needs. One person said, "The staff are very good and understand my needs." Another person told us, "The staff know what they are doing and are supportive."

There were processes in place to ensure staff new to the home were inducted into the service appropriately. Newly appointed staff undertook an induction period which included the provider's mandatory training programme and shadowing experienced colleagues. The temporary manager told us the service had implemented the Care Certificate for all newly recruited staff. The Care Certificate sets out learning outcomes, competences and standards of care that are expected of all care workers. Staff told us they were supported in their roles through regular supervision and an annual appraisal of their performance. One member of staff said, "I get supervision regularly. It helps me to understand my job better and what support I need, for example, extra training." Staff files demonstrated supervision was conducted on a regular basis in line with the provider's policy and staff received an annual appraisal of their performance which was retained in staff files.

Staff received training that enabled them to fulfil their roles effectively. Training records showed that staff received up to date training appropriate to the needs of the people using the service and which also meet the needs of staff. One member of staff told us, "We get regular training, the manager organises this." Another staff member said, "I get all the training I need to do my job well." The providers training programme included training on safeguarding adults, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, dignity and respect, manual handling, dysphagia, epilepsy, infection control, first aid, fire marshal training and management of medicines.

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 to 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.

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. At the time of our inspection we noted that applications and authorisations were applied for and in place and any conditions were being met by staff as appropriate. Where required, people's care plans contained mental capacity assessments and best interests meetings to demonstrate decisions were made in their best interest. Staff demonstrated good knowledge and understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. Staff understood the importance of seeking consent before offering support and when supporting people who could not verbally communicate, staff looked for signs from people's body language and

behaviour to confirm they were happy with the support being offered. One member of staff told us, "Our residents can make decisions in lots of areas; we just have to be observant of how they express this through their body language."

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure their well-being. Staff told us weekly menus were discussed and planned with people to ensure they took account of people's preferences, dietary requirements and cultural needs and wishes. One person told us, "I love the dinners we have here. We always get to choose what we want." People were offered menu choices and we saw picture cards of various foods and menu options available for people who were unable to verbally express their choice and to aid comprehension. Staff were knowledgeable about people's nutritional needs such as soft or moist diets to reduce the risk of choking and smaller plates to reduce portion sizes where this was people's preference. People's care plans documented and monitored any risk relating to people's nutritional needs and health. Care plans also documented guidance for staff on people's diet and nutrition. Guidance by health care professionals such as dieticians, nurses and speech and language therapists were in place to ensure people received the appropriate care and support to meet their needs. Staff we spoke with demonstrated a clear understanding of these guidelines and emphasised the importance of following them. One member of staff told us, "There is no debate about this; we have to do exactly as the guidelines state."

People had access to health and social care professionals when required. People had a health care plan which detailed the support they required to meet their physical and mental health needs. Records of health care appointments and visits were kept in people's records documenting the reason for the appointment and any treatment required or received. Staff worked with health care professionals and we saw consultations with a speech and language therapist and dietician around concerns about a person's swallowing reflex and nutritional needs. People had access to the optician, dentist and chiropodist.

Good

Is the service caring?

Our findings

We observed that caring relationships had been developed between people and staff. We saw people were cared for by staff that were attentive and understood people's individual needs. One person told us, "The staff are kind and know me well." Some people were not able to verbally communicate their views to us about the service and staff so we observed the care and support being provided. We saw that staff were familiar with people needs and knew how best to support them and how to respond to them respectfully. We saw that staff had good knowledge of people's behaviour and were able to communicate with them effectively.

Communal areas were relaxed and welcoming and we saw staff took their time and gave people encouragement whilst supporting them. Staff respected people's choice for privacy as some people preferred to remain in their own rooms throughout the day. It was evident throughout the course of our inspection that staff knew people well and understood their needs. We witnessed examples of good care and saw that people were treated with understanding and dignity. We observed staff actively listening to people and encouraging them to communicate their needs. Staff supported people to express their views and to be involved in making decisions about their care, treatment and support needs as much as possible. We saw that staff had good knowledge of people's behaviour and body language and were able to communicate effectively for example when enquiring if they wanted to participate in an activity. Staff addressed people by their preferred names and tried to answer people's questions with empathy and patience.

We observed positive and supportive relationships between staff and people using the service. For example, a member of staff gave a manicure to one person using the service. We saw there was a consistent level of conversation as this activity was being performed. We noted how this person's care plan emphasised their wish to 'look good' and also how touch was the most effective way to communicate with them. Other observations included how comfortable people were with the staff team, this included offering and making tea for each other. One member of staff told us, "I treat the residents as I would wish to be treated, how could I not?" Another member of staff commented, "As long as the residents are happy, then I am because that way I know I am doing a good job for them."

Care plans demonstrated that where possible people had been involved in decisions about their care including sourcing social activities and independent advocates where appropriate for people who required support to make choice about their care. People were allocated their own keyworker who co-ordinated all aspects of their care and keyworkers met regularly with people to review their care needs. People's end of life care needs and wishes were documented and contained within their care plans to ensure their wishes and choices were respected.

Staff respected people's dignity and privacy and treated people with respect. Privacy and dignity was also reflected in people's care plans, for example, by documenting how people preferred to be supported with their personal care needs. Staff described how they worked with people to ensure their dignity and privacy was maintained, for example by ensuring doors and curtains were closed when supporting people with

personal care.

People were supported to maintain relationships with relatives and friends and we observed that people were also supported to access community services such as social clubs. Care plans documented where appropriate that relatives were involved in their family members care and were invited to review meetings and events. People and their relatives were also notified about any significant events or visits from health and social care professionals and these were recorded within people's care plans.

Good

Is the service responsive?

Our findings

At our last inspection on 7 and 8 July 2015 we found people's care and support needs were not always reviewed in response to their needs and in line with the provider's policy and there were failings to ensure accurate records of people's needs were kept and maintained.

At this inspection we found care plans and records demonstrated people received care and treatment in accordance with their identified needs and wishes and these were reviewed and maintained in line with the provider's policy. One person told us, "Staff are good and my keyworker always speaks to me about my care plan."

People's needs were assessed and individual care plans were developed with people's participation to ensure their choices, safety and welfare were considered. Pre admission assessments were completed of people's physical and mental health care needs ensuring that the service could meet their individual needs appropriately prior to admission. Care plans included assessments of peoples physical and mental health needs and detailed people's strengths, aspirations and objectives including risk assessments to support independence and positive risk taking in a safe and controlled way, for example when visiting the local community.

Care plans provided clear guidance for staff about people's varied needs and how best to support them whilst promoting choice and enhancing independence. Care plans were detailed; person centred and provided good information for staff to follow. For example, there were specific guidance for staff on how to support people with daily choices and decisions, including the most effective method of communication and guidance around the gender of staff that should assist with personal care. A member of staff told us, "We must read the care plan to understand how best to support people, according to their wishes." Details of how people preferred to receive their care and support was also documented and focussed on people's levels of independence, for example when choosing what to wear and what to eat.

People's diverse needs, independence and human rights were supported and respected. People were supported by staff on a daily basis to access community services which promoted greater independence. People were encouraged and supported to personalise their bedrooms with personal belongings and furniture making it a reflection of their personality and more homely and comfortable for them. People were supported to be as independent as possible and were encouraged to engage in a range of social activities that reflected their interests. Care plans detailed peoples preferred activities such as visiting family and friends, shopping or attending social clubs or events. People had weekly activity planners contained in their care plans which detailed their preferred activities and their frequency. We saw that activities which people were engaged in on the day of our inspection correlated with their individual activity planner. For example, one person had been accompanied to the bank and on their return, they communicated to us that they had done their banking and had lunch whilst out. In addition, three people who used the service were accompanied by a member of staff to attend the provider's head office for a leaving party for a long established member of staff.

There was a complaints policy and procedure in place and information on how to make a compliant was on display in the entrance hall of the home. We noted there was also an easy read pictorial version available so that it was accessible to all. Information provided guidance on the complaints handling process and how complaints could be escalated. People told us they knew how to make a complaint if they had any concerns. We looked at the complaints records which showed there had been no complaints recorded since our last inspection. We noted that complaints were appropriately recorded and managed detailing any investigation undertaken and actions taken in response to complaints.

Good

Is the service well-led?

Our findings

At our last inspection on 7 and 8 July 2015 we found that although the provider had systems in place to assess and monitor the quality of service these were not always implemented, followed or conducted on a regular basis. For example, there were no cleaning schedules in place or environmental and infection control audits conducted to ensure the quality and safety of the service provided.

At this inspection we found there were cleaning schedules in place which ensured the home environment was clean and appropriately maintained and supported good standards of infection control. During our inspection we observed staff completing cleaning duties using appropriate personal protective equipment and colour coded mops and buckets correctly as detailed in the staff cleaning schedules. One member of staff told us, "We all have cleaning duties now which ensures the home is always kept clean." One person using the service said, "The home is nice now and we keep it clean." The temporary manager told us that they completed frequent spot checks of staff cleaning schedules and the environment to ensure their cleaning duties were undertaken and records we looked at confirmed this. The temporary manager showed us audits and checks that were conducted to ensure the quality, cleanliness and safety of the home environment. These included health and safety audits, unannounced visits and checks from the provider's head of operations, service manager's checks and the service manager's monthly report which was feedback to the provider for any actions to be monitored.

There were systems and processes in place to monitor and evaluate the service. The temporary manager showed us audits that were conducted in the home on a regular basis. These included health and safety, environmental, care plans and records, weekly and monthly medication audits, infection control, incidents and accidents and safeguarding which were analysed by the provider for learning purposes. Audits we looked at were up to date and any records of actions taken to address highlighted issues were recorded. There were also frequent senior manager's visits and reports which were essentially collections of quality assurance audits within the home.

There was a temporary manager in post at the time of our inspection. They told us they had been in post at the home since August 2015 and knew the service well. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. It was evident from our discussions with staff that morale and motivation was high. One member of staff we spoke with said, "The manager has made such a big difference to the environment, it is more homely." Another staff member told us, "They have made sure there is more going on for the service users and he is very approachable and supportive. He always has a pleasant smile, even if he might be having a bad day." Staff also told us they felt confident they were listened to. One staff member said, "I feel more involved in the day to day organisation of the home. We have been assigned areas of responsibility such as health and safety or medication, which is good for personal development." Staff handover meetings were held three times a day which provided staff with the opportunity to discuss people's daily needs and to allocate tasks. General staff team meetings were held every two months and were well attended by staff both day and night workers.

Residents meetings were held on a monthly basis providing people with the opportunity to be involved in the way the service is run and to enable them to have a voice. One person said "I go to the meetings. I like to know what's going on and to make suggestions." We looked at the minutes for the meeting held in February 2016. Discussions included future activities and events and the purchasing of pots and flowers for the garden.

People's views about the service were sought and considered through satisfaction surveys that were conducted across all of the provider's services on an annual basis. The temporary manager told us that a survey had just been completed in March 2016 and they were awaiting the results from the provider. The provider had also conducted a staff survey in March and the results were also pending.