

Parkside Residential Homes Ltd

Parkside Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Our inspection took place on 24 February and 26 February 2016. The first day was unannounced, and we returned on a second day to give feedback to the registered manager who was not present at the end of the first day.

Parkside Residential Home provides accommodation and nursing care for up to 20 people, and specialises in dementia care. It is situated in a residential area of Leeds close to Roundhay Park and local amenities. At the time of our inspection 13 people were using the service.

A registered manager was 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.

At our inspection in March 2015 we found the provider was in breach of several regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found the provider was not acting within the provision of the Mental Capacity Act 2005, people did not always receive their medicines as prescribed and people did not always have their hydration and nutritional needs adequately met. We told the provider they needed to take action and we received an action plan. At this inspection we found the provider was still in breach of one of these regulations and identified further breaches.

People who used the service told us they felt safe living at Parkside Residential Home. We saw accidents and incidents were managed well, with updates to people's care plans as required. Staff understood their responsibilities to report concerns about potential abuse and we saw records which confirmed they received regular training in safeguarding.

Not all windows were fitted with restrictors to limit how far they could open, and we found one window restrictor could be removed by hand. This meant people were at risk of falling from upper floors.

Care plans contained detailed analysis of risks to people and information to enable staff to provide safe care and support.

There was a lack of information in people's care plans relating to their capacity to make decisions and how they had consented to care.

People told us there were enough staff to provide assistance when it was needed. We saw staffing levels were maintained at a level determined by a dependency calculation. We looked at recruitment records of four staff and saw appropriate background checks were made before staff began working at the service.

People were protected from risks associated with poor infection control because the environment was

maintained well. We saw staff cleaning throughout the inspection and found furnishings, bathrooms, toilets and communal areas of the home were clean and free of malodours.

We found care plans contained clear information about the support people needed to have effective nutrition and hydration. Staff we spoke with were knowledgeable about individual needs and how these were met. People who used the service told us they enjoyed the food. We saw people were asked at a residents meeting for suggestions for future menus. We concluded the provider was no longer in breach of regulations relating to nutrition and hydration.

People told us the staff were caring, and we saw the service had an informal atmosphere when we inspected. People said the staff treated them well and with respect, and we observed this during the inspection. Care plans contained information which would assist the staff in developing caring relationships with people.

The provider assessed people to ensure they were able to meet their care and support needs before they began to use the service. This information was used to develop individual care plans which contained clear guidance relating to the person's needs and how these would be met. We saw evidence care plans were regularly reviewed in conjunction with the person or their relative.

People told us how they spent their time and we saw there was a daily programme of activities on offer.

The provider had a complaints policy in place, and we saw this was displayed in a communal area of the home. There were no records of complaints made since our last inspection, however we did see records of concerns raised by staff and how these had been actioned.

On the day of inspection the current CQC rating for Parkside Residential Home was not on display, and the registered manager told us they did not know this was a requirement.

We found the deputy manager was knowledgeable about people's care and support needs, and was the main point of contact for people who used the service, their relatives and staff. The registered manager was not engaged with the care and support of people who used the service and did not have a strong leadership presence within the home.

We identified one continuing breach and three further breaches of legislation during this inspection. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The provider had systems and policies in place to ensure the safe administration and storage of medicines. Records were well kept and stocks of medicines were found to be correct.

The provider did not consistently ensure people were not at risk of falls from windows. We saw some windows lacked restriction and found one had a mechanism that could be released by hand.

People were protected from avoidable harm because risks to their safety related to their care needs were well assessed. Staff received training in safeguarding and understood their responsibility to report any concerns about abuse.

Is the service effective?

Requires Improvement 

The service was not always effective.

Care plans lacked assessments of people's ability to make decisions in line with the Mental Capacity Act 2005, records of best interest decisions and records of consent.

People told us they enjoyed the meals and we saw they were consulted about what they would like to see on the menus. Records relating to people's nutrition and hydration care needs were clear and detailed.

We saw records which showed staff were supported in their roles with regular training, supervision and appraisal. People told us the staff had appropriate skills to meet their care and support needs.

Is the service caring?

Good 

The service was caring.

People told us the staff were caring, welcoming and respectful. We observed this to be the case during our inspection.

We saw evidence which showed the provider tried to involve people and their relatives in reviews of their care plans.

Care plans contained meaningful information relating to people's interests, preferences and the deputy manager had identified ways in which these records could be improved.

Is the service responsive?

Good ●

The service was responsive.

The provider ensured they could meet people's needs before they started using the service by undertaking a full assessment of their care and support needs.

There was a daily programme of activities, and people were able to tell us about a number of ways in which they passed their time.

Systems and processes were in place to ensure complaints and concerns were managed appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The deputy manager was familiar with people's care and support needs and knew people who used the service and staff well. Systems were in place to enable people to give feedback about the service.

Staff and people who used the service said they did not regularly see the registered manager.

The registered manager was not sufficiently engaged with the service. They had little involvement with the care and support provided to people who used the service.
Regulations 2014.

Parkside Residential 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.

Our unannounced inspection took place on 24 February 2016 and we returned to give feedback to the registered manager on 26 February 2016. The inspection team consisted of two adult social care inspectors and an expert by experience specialised in care of people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We did not ask the provider to complete a Provider Information Return (PIR). This 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. Before the inspection we reviewed all the information we held about the service, including past inspection reports, action plans and incident notifications sent to us by the provider. We contacted the local authority and Healthwatch to ask if they held any information which would assist our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern. We did not send a provider information request before this inspection. This 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.

During the inspection we spoke with eight people who used the service and two visiting relatives. We also spoke with five staff, the cook, the deputy manager and registered manager. We looked in detail at four people's care plans, four staff recruitment files and other records relating to the running of the service.

Is the service safe?

Our findings

During our last inspection in March 2015 we found people did not always receive their medicines when they were needed, and concluded the provider was in breach of Regulation 12, Safe Care and Treatment of the Health and Social Care Act (Regulated Activities) Regulations 2014. During this inspection we observed staff administering medication, checked the storage and stocks of medication and looked at the Medicine Administration Records (MAR) of three people. We found records were well maintained, stocks of medicines matched these and we saw evidence people received medication in line with prescribing instructions. MARs were completed correctly and carried information to help staff such as a photograph of the person and information concerning allergies.

Staff we spoke with knew which medicines required a set period between administration and the person having food, and could tell us which people who used the service needed their medicines managed in this way. We saw the staff member stayed with the person to ensure they had taken their medicine before signing the MARs.

We also looked at records relating to the administration of creams and ointments, also known as topical medicines. Topical Medicine Administration Charts (TMAR) were kept in people's rooms, to enable staff to complete them at the time the cream or ointment was applied. TMARs included body maps to show staff where creams should be applied, and we saw all records were up to date. Some medicines require separate locked storage, these are also known as controlled drugs. We checked the storage and stocks of controlled drugs and found they were appropriately stored and records were up to date. We concluded the provider had taken appropriate action and was now meeting legal requirements.

We found not all windows in the home were fitted with a mechanism to restrict how far they opened, meaning people who used the service were at risk of falling from these. One person told us they had a sash window which they could open if they felt hot. Some restrictors were not effective. For example, we saw in one bathroom the restrictor could be undone by hand, and blocks fitted to limit the opening of sash windows were at risk of being loosened when windows were opened. This was a breach of Regulation 15, (Premises and Equipment) of the Health and Social Care Act (Regulated Activities) Regulations 2014. After the inspection the service was visited by an environmental health officer who asked the service to make improvements within two weeks. The officer informed us the work was completed on schedule.

People we spoke with said they felt safe living at Parkside Residential Home. One person told us, "I have a special chair to sit on to go upstairs and someone always comes with me to make sure I'm safe. I do feel safe. Yes, I always feel safe." Another person said, "I do feel happy and safe here." A visiting relative told us, "I feel confident that [name of person]'s well looked after and safe."

We looked at records of accidents and incidents in the home. When these involved people who used the service we saw records were kept in their care plans, and we were able to see evidence of what had happened, what action had been taken and how people's care plans had been updated as a result.

Staff we spoke with had understanding of safeguarding and could tell us what they should do if they suspected abuse, or if abuse had occurred. Records we saw confirmed staff received regular training in safeguarding.

We looked in detail at the care records of four people. We saw individual risk had been considered and each plan contained risk assessments specific to the person using the service. These included assessments for risks associated with nutrition, falls, bathing and pressure sores. Risk assessments contained detailed information to assist staff in providing safe care and support and we saw they were regularly updated by the deputy manager.

The deputy manager told us staffing levels were determined according to the number of people using the service and their care and support needs. We saw in each person's care plan there was a 'dependency' calculation which showed the level of support they needed, for example if two staff were needed to assist the person or if they needed a hoist to help them move into or out of chairs. The deputy manager told us absences and holidays were covered by existing staff and they did not routinely use agency staff for cover. During the inspection we saw people who used the service were able to get assistance when they needed it. One person told us, "I seldom use my call bell, but they come straight away if I do."

We looked at the recruitment records of four staff. We saw background checks were made including taking up references and contacting the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information relating to criminal records, and information they provide helps employers make safer recruitment decisions by identifying applicants who may be barred from working with vulnerable people.

We spent time looking around the home, in all communal areas, some bathrooms and toilets, some people's bedrooms and the laundry areas. We found the home was kept clean, meaning people were protected from risks associated with poor cleaning and infection control, although we noted the cleaner occasionally left cleaning chemicals unattended and brought this to the attention of the deputy manager. We saw that there were hand sanitizers available for staff and visitors to use throughout the home. We were told that the home had recently had an outbreak of infection over a weekend which involved both staff and people who lived at the home. They had informed environmental health and taken measures to isolate the people and staff involved. A visiting relative told us, "I'm glad we have to sign in and out when I visit, and that we weren't allowed to visit when there was a bug. It shows they want to keep them safe."

We examined the service records such as gas, electric and water safety and found them all in order. There was a schedule of improvements, replacement and maintenance in place..

Is the service effective?

Our findings

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.

At our inspection in March 2015 we found the provider was in breach of Regulation 11 (Consent) of the Health and Social Care Act (Regulated Activities) Regulations 2014. People's care plans did not include information about people's capacity to make decisions in accordance with the MCA. People's care plans did not have any information about people's capacity to consent to taking their medicines, and there was no evidence to show best interests decisions had been made on behalf of people who lacked capacity to give informed consent to taking medicines.

At this inspection 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 looked at the mental capacity section in seven people's care plans and found these were not completed. There was no evidence to show best interests decisions had been made when appropriate. The deputy manager told us only two care plans contained mental capacity assessments, which had been undertaken when an external assessor visited in response to DoLS applications. We looked at these and found they contained detailed information including clear guidance for staff to help them understand how to support people appropriately with decision making.

There was no evidence that the provider was recording consent in people's care plans, for example consent to live at Parkside Residential Home or consent to the administration of medication.

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 are called the Deprivation of Liberty Safeguards (DoLS).

In the action plan the provider sent to us after our last inspection the provider told us they would, 'Apply for Deprivation of Liberty safeguards to be put in place for residents who lack capacity, within this process best interests decisions will be made for individuals.' We found DoLS applications had been submitted for two people in September 2015, though these had not yet been granted and the deputy manager told us they had not been followed up. No other DoLS applications had been made, although we saw doors were secured with key codes which were not given to people who used the service. These included doors linking different areas of the home and doors to the outside, which meant there was an accumulation of restrictions which could amount to unauthorised deprivations of liberty. This was also the case at our last inspection.

We concluded the provider was still in breach of Regulation 11 (Consent) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our inspection in March 2015 we found the provider was in breach of Regulation 14 (Meeting Nutritional and Hydration Needs) of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we looked at care plan records relating to hydration and nutrition, spoke with staff about people's support needs in relation to eating and drinking and made observations. Care plans contained clear information about people's needs and how to support them effectively, and staff we spoke with could tell us about people whose food and drink intake needed to be encouraged and monitored. We saw daily records were clear about what people had had to eat and drink each day, and people's weights were recorded monthly.

People who used the service told us they liked the food served to them. One person said, "The food's very good. You get plenty, and you can have a choice, as long as it's sensible. They do try. They give us plenty to drink." Another person told us, "The food is good. We have a good cook for the midday meal. Teatime is a bit of a mix of left overs or sandwiches and cake." We observed the lunchtime meal during the inspection and saw it was a sociable, unhurried occasion. We saw the food looked appetising and people were asked if they would like more when they had finished their meal. Staff were attentive to people and encouraged them to eat. We saw they offered alternatives to people who said they did not want any of the main choices and provided hot and cold drinks during and after the meal. During the resident and relatives meeting held on the day of the inspection, people were asked for suggestions for things they would like to have added to the menu.

We concluded the provider had taken appropriate action and was now meeting this legal requirement.

Records showed arrangements were in place to ensure people had access to external health professionals to make sure their health needs were met. We saw visits to or from services including GPs, dieticians and opticians. One person who used the service told us, "I got taken to a clinic for my hearing aids. The optician came out to see me here. The doctors are very good and come out to see us if we're poorly."

People told us they were cared for by staff with appropriate skills and knowledge. One person said, "The staff are very good. They know what I'm able to do and help me when I need it." One person's relative told us, "I feel absolutely confident that [name of person] is well cared for. Not many care homes would take in someone with their problems."

We looked at training records and saw staff had completed a range of training which included moving and handling, dementia awareness and health and nutrition. The deputy manager told us they identified and planned staff training, and we saw a number of staff had completed nationally recognised qualifications in care.

Staff had been supported through regular supervision meetings with the deputy manager. Supervision is where staff attend regular, structured meetings with a supervisor to discuss their performance. We saw a schedule of planned staff supervision, and staff we spoke with confirmed they had had regular supervision from the deputy manager. Records we looked at confirmed this. The deputy manager showed us a plan for annual appraisal meetings with all staff.

Is the service caring?

Our findings

People and their relatives gave positive feedback when asked whether the staff were caring. One person said, "I love it here. The staff are gorgeous." Another person told us, "You'd have a job to beat it. It's not regimented. It feels like home." A relative of a person who used the service told us, "When I first came to look around I just dropped in and they showed us around, made us a cup of tea and were very welcoming. Now I have an open invitation to stay for lunch. It's a tremendous relief to know [name of person] is here."

We observed there was a relaxed and informal atmosphere in the home on the day of our inspection. We saw staff were friendly in their interactions with people and gave people help when they needed it. People who used the service said they were treated well and were relaxed when speaking with staff. One person told us, "They help me with my shower. They're all very good and treat you with respect." Staff we spoke with were able to tell us about the care and support needs of individual people. We saw people looked well presented in clean clothes and with evidence personal care had been attended to. One person was unshaven, however staff told us the person had identified staff they trusted to do this for them, and preferred to wait until they were on duty.

People who used the service told us they could not say how the provider involved them in writing and reviewing their care plans, however we saw evidence of how staff had tried to include them in discussions. For example in one care plan we saw detailed information about how the deputy manager had tried to involve the person and how they had responded. A visiting relative told us, "When I came and saw how [name of person] is treated, I was in seventh heaven, and they've really developed her care package in conversation with me."

Care plans we looked at contained information about people's preferences, interests, social lives and work histories, and the deputy manager showed us how these sections were being re-written in the person's own voice to improve the person-centred approach to information about people. We saw information was recorded in a way which would assist staff in developing caring relationships with people.

Is the service responsive?

Our findings

Care plans we looked at showed the provider undertook a thorough assessment to ensure they could meet people's needs before they began using the service. These assessments were used to develop individual care plans for a range of needs including mobility, communication, medication and continence. The individual care plans contained guidance for staff to support them in meeting people's needs including a description of how the person needed support, an objective for the care plan and actions that needed to be taken in order to meet the person's needs.

Care plans showed evidence of regular review by the deputy manager, and they told us they used a planner to show when sections of people's care plans were due to be reviewed. This meant the process was controlled and enabled the deputy manager to ensure all care plans were reviewed in a timely way. The care plans showed clearly when and where changes had been made to a care need, an objective or the actions to be taken. We saw reviews were regular and recorded who had been involved in the review. We saw evidence people and their relatives were consulted in reviews, and where people had declined or been unable to contribute this was clearly documented.

People told us there were things to do at Parkside Residential Home, and the activities co-ordinator planned a seven day programme of activities including games, baking, film nights and singalongs for each week. On the day of our inspection the activities co-ordinator was off work, but the hairdressing and a resident's meeting still went ahead as planned. We spoke with the deputy manager about whether hairdressing was personal care rather than an activity. They told us, "People enjoy it. It becomes an occasion."

People told us about how they spent their time. One person said, "I mostly watch tv, but once a fortnight two music ladies come and we do quizzes and tambourines and we sing. I love it when they come. We play ball and catch, and exercises and that." Another told us, "I stay in my room most of the time. I read and write letters. There's plenty going on, you can join in if you wish. I can go out if I have someone with me. My relative takes me out to the park sometimes."

The provider had a complaints policy which had been made available to people. We saw it was clearly displayed on a noticeboard in the entrance hall, and staff we spoke with told us if people or their relatives raised any concerns with them they would report these to the deputy manager. Staff told us they were confident the deputy manager would take appropriate action. We looked at records of complaints and found there were none recorded since our last inspection. We saw staff had raised an issue about equipment and the deputy manager had recorded actions they had taken to resolve the issue.

Is the service well-led?

Our findings

At our previous inspection we rated this domain as requires improvement. We found the rights of people who lacked capacity were not promoted and protected. We found little improvement in this area during this inspection.

The registered manager told us they were not aware of the regulation requiring the current CQC rating of a service to be on display legibly and conspicuously in their service, and the current rating was not on display in the home on the day of our inspection. After the inspection we checked the provider's website and saw there was no information relating to the current rating of the service. This was a breach of Regulation 20A Requirement as to display of performance assessments of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the service had a registered manager who was supported in their role by a deputy manager. In this service the registered manager was also the provider. When we asked staff, people who used the service and their relatives about the leadership of the service they told us about the deputy manager. When asked about contact with the management of the service people told us they found the deputy manager approachable and responsive. One person's relative said, "I take my hat off to [name of deputy manager]. She's listened to me and acted on my advice." People we spoke with did not refer to the registered manager when discussing leadership of the service.

During the inspection we found the deputy manager had a good knowledge of people's care and support needs and saw they had a relaxed and engaging relationship with the staff. Staff we spoke with said they respected the deputy manager. Feedback included, "She is fair," and, "She is good and approachable," and, "She gets things done." We did not see the registered manager interacting with staff or people who used the service, and staff told us they did not always know when the registered manager was in the building. One member of staff told us, "The manager talks to us in passing." The registered manager told us they also owned two other services where they were not the registered manager and tried to be at Parkside Residential Home three days per week.

The deputy manager was conducting a rolling programme of environmental and service audits from which they produced action plans to address any concerns arising. The deputy manager and registered manager told us they discussed the outcomes of these, however recognised the need to improve recording of these meetings to ensure action points were clearly identified and completed.

People and their relatives were invited to regular meetings to give feedback about the service. During the meeting held on the day of our inspection we saw the deputy manager encouraged people to participate and share their opinions, giving people time to reflect and answer at their own pace. We saw minutes of a previous meeting displayed in a communal area of the home. Photographs had been added to make these attractive and engaging. People told us they felt able to give feedback or raise concerns at any time. One person told us, "I can talk to [the deputy manager] if I'm worried. She listens." A relative said, "[The deputy manager] is always available. She talks to you and asks if you have any comments."

The registered manager told us they intended to step down from the position of registered manager in order for the deputy manager to become the registered manager of the service, but there was no plan in place to ensure the deputy manager had appropriate training and support in place to prepare them for this role. For example, no formal supervisions had taken place at which progress could be discussed. We found the registered manager had little involvement with the care and support provided to people who used the service. For example, people's care plans were kept as computerised records and the registered manager told us they did not look at them. There was no evidence on the system that the registered manager reviewed information such as accident and incident records, risk assessments and care plans. This was done by the deputy manager.

We concluded the provider did not adequately monitor the service This was a breach of Regulation 17 (1) (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who used the service were not adequately protected against falls from height.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager was not sufficiently engaged with the service. They had little involvement with the care and support provided to people who used the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care plans lacked assessments of people's capacity to make decisions, best interests decisions for people who lacked capacity and consents.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The rating from our previous inspection in March 2015 were not being displayed.

The enforcement action we took:

Fixed Penalty Notice