

Mrs Zeenat Nanji & Mr Salim Nanji

# Parkside Lodge Residential Home


## Inspection report

Address: 28 Wykeham Road,  
Worthing, BN11 4JF  
Tel: 01903 235393  
Website: [www.southcarehomes.com](http://www.southcarehomes.com)

Date of inspection visit: 23 November and 02 December 2015  
Date of publication: 22/03/2016

### 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 

### Overall summary

This was an unannounced inspection that took place on 23 November and 02 December 2015.

Parkside Lodge is a care home registered to provide accommodation for older people who require personal care. The service can accommodate up to 20 people and is located in the Worthing area.

The home had a newly appointed manager, who had submitted an application to the Care Quality Commission to become a registered manager. 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 and associated Regulations about how the service is run.

People and their relatives thought the service provided by the home was of a good quality. They told us that the home had a friendly atmosphere and them and their

# Summary of findings

relatives enjoyed living at Parkside Lodge. They thought there were enough staff to meet people's needs and found the staff team were skilled, caring, attentive and provided care and support in a kind and friendly way.

The records kept were comprehensive and up to date. They recorded information in a clear and easy to understand way, were fully completed, and regularly reviewed. This meant staff were enabled to understand people's needs and how to meet them. People and their relatives were encouraged to discuss health needs with staff and had access to community based health professionals, such as GPs if required. They were protected from nutrition and hydration associated risks with balanced diets that also met their likes and dislikes. People had balanced diets that met their nutritional and hydration needs and their preferences. However the manager acknowledged that further work could be done with the planning of menus to ensure people's likes and dislikes were taken into account.

Parkside Lodge was well maintained, furnished, clean and provided a safe environment for people to live and staff to work in. The staff we spoke with were competent and knowledgeable about the people they worked with and care field they worked in. They had appropriate skills and training and were focused on providing individualised care and support in a professional, friendly and supportive manner. Staff said the home's manager and organisation provided access to good support and there were opportunities for career advancement.

People using the service and their relatives said the management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were appropriate numbers of skilled staff that followed effective safeguarding and risk assessment procedures.

People's medicine was administered safely and records were up to date.

Medicine was audited, safely stored and disposed of if no longer required.

Good



### Is the service effective?

The service was effective.

People received care and support from well trained and qualified staff.

People's care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures and staff were provided with training. The legislation was being followed to ensure people's consent was lawfully obtained and their rights protected.

Good



### Is the service caring?

The service was caring.

People felt valued, respected and were involved in planning and decision making about their care.

The care was centred on people's individual needs.

Staff knew people's background, interests and personal preferences well and understood their cultural needs. They provided support in a kind, professional, caring and attentive way. They were patient and gave continuous encouragement when supporting people.

Good



### Is the service responsive?

The service was responsive.

People had their support needs assessed and agreed with them and their families.

People chose and joined in with a range of recreational activities.

People's care plans identified the support they needed and it was provided.

People told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Good



### Is the service well-led?

The service was well-led.

There was a positive culture within the home that was focussed on people as individuals.

People were enabled to make decisions in an encouraging and inclusive atmosphere.

Good



# Summary of findings

People were familiar with who the manager and staff were.

Staff were well supported by the manager and management team and advancement opportunities were available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

# Parkside Lodge 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 checked 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 was an unannounced inspection and took place on 23 November 2015 and 03 December 2015. This inspection was carried out by two inspectors and an expert by experience that had experience in older people's services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

There were 15 people living at the home. We spoke with 6 people, two relatives, four staff, the cook, the manager and the providers.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. A notification is information about important events which the service is required to send to us by law.

During our visit we observed care and support provided, were shown around the home and checked records, policies and procedures. These included staff training, supervision and appraisal systems and home's maintenance and quality assurance systems. We looked at the personal care and support plans for five people living at the home and three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The service was last inspected on 13 November 2013 when no concerns were identified.

# Is the service safe?

## Our findings

People and their relatives said they thought the service was safe. They said that Parkside Lodge was a relaxed place for people to live and provided a supportive atmosphere that made people feel safe. People and their relatives also told us they thought there were enough staff to meet people's needs. This meant people's needs were met in a safe, unrushed way. One person told us, "Staff look out for me and make me feel safe." Another person said, "I think they're doing alright. We're very well looked after. You always think they could have more [staff] but they are not lacking and you can see they are trying to do their best." A relative said, "A very happy, safe place."

During our visit there was sufficient staff cover to meet people's needs and the numbers of staff on duty matched those on the staff rota. This meant people's needs were met in a safe, unrushed way that they enjoyed. This was also reflected in the positive body language and responses to staff by people who had difficulty communicating verbally. The care practices we observed during lunch showed that staff met people's needs in a timely way and no one was kept waiting for their lunch. The manager told us that the staff rota was flexible to allow them to meet people's needs. Extra staffing was supplied as required and there was access to extra staff should they be needed. Staff said they felt there was enough staff on each day to meet the individual needs of people and keep people safe.

Staff were trained in safeguarding and aware of how to raise a safeguarding alert and when they should do so. Safeguarding information was provided in the staff handbook and a safeguarding pathway with local authority contact numbers was available to staff. There was one safeguarding alert currently being investigated. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from abuse and harm. Staff were trained in them and they were followed by staff during our visit. We asked staff to explain their understanding of what abuse was and the action they would take if they encountered it. Their response met the provider's policies and guidance. Staff told us that protecting people from harm and abuse was one of the most important parts of their job and included in their induction and refresher training.

People's care plans contained assessments of risk that enabled them to take acceptable risks and enjoy their lives safely. Staff evaluated and compared risks with and for people against the benefits they would gain from activities. There were assessments for relevant aspects of people's lives that included health, social activities and interactions with others.

The risks were regularly reviewed and updated when people's needs and interests changed. The risks were assessed and managed according to individual people's needs and were up to date. The risk assessments recorded included areas including fall risk assessment, waterlow risk assessment, nutritional risk assessment and moving and handling. Staff shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be comfortable using. The care plans contained action plans to help prevent accidents such as choking. For example a person was identified as being at risk from choking, a risk assessment had been completed and the care plan updated, the action plan stated a soft diet was needed, a list of meals were documented on what the person enjoyed and would be safe. A list of health professionals was documented such as the neurological team and a dietician with details of details of how to contact them if circumstances changed and how often to review the care plan.

The organisation had a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Successful candidates were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of the client group they would be working with. References were taken up prior to starting in post. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them. All staff had completed Disclosure and Barring Services (DBS) checks to ensure people were kept safe by making safer recruitment decisions.

There was accurate recording of medicine administered. We checked the medicine records for all people using the service and found them to be fully completed and up to date. Therefore it confirmed that people had received their

## Is the service safe?

medicines as prescribed. The staff who administered medicine were appropriately trained and this was refreshed annually. They also had access to updated guidance in relation to safe administration of medicines. Medicines kept by the home were regularly monitored at

each shift handover and audited. This was to ensure they had correct stocks, medication was being stored safely and to ensure people had received their medicines. The drugs were safely stored in a locked facility, administered and appropriately disposed of if no longer required.

# Is the service effective?

## Our findings

During our visit people said they made their own decisions about their care and support and that their relatives were also able to be involved. Staff encouraged and enabled them to make decisions for themselves, were aware of people's needs and met them. They provided a comfortable, relaxed atmosphere that people said they enjoyed living in. The communication skills of the staff we observed showed us that people were able to understand them and this enabled staff to meet people's needs more effectively. People said the type of care and support provided by staff was what they needed. It was delivered in a friendly, enabling and appropriate way that people liked.

Newly appointed staff received an induction training programme to prepare for work at the service. The manager told us this was comprehensive and covered the aims, objectives and purpose of the service. It also included an induction checklist to confirm staff were instructed in lone working, the care of people and staff conduct amongst other areas. Staff confirmed they completed the induction and that the induction involved observation and assessment of their competency. The manager had implemented the Care Certificate which is a nationally recognised induction process set out by Skills for Care. The manager said this is the induction that any newly appointed staff would complete.

Staff training needs were also identified during monthly staff meetings. Quarterly supervision sessions and annual appraisals were also partly used to identify and fill any gaps in individual training. The manager maintained a spreadsheet record of staff training in courses considered mandatory to provide effective care and when staff had completed these. This allowed the manager to monitor this training and to check when it needed to be updated. These courses included infection control, moving and handling, fire safety, first aid, health and safety, equal opportunities and food hygiene.

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 (DoLS).

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. Mental capacity was part of the assessment process to help identify if people's needs could be met. The capacity assessments were carried out by staff who had received appropriate training and the outcome was recorded in people's care plans. Appropriate DoLS applications had been submitted by the provider and applications for DoLS had been authorised. The provider was complying with the conditions applied to the authorisation to ensure that they were meeting the requirements of the legislation as well as protecting people's rights. Best interest meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves.

Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities in relation to this legislation. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit to encourage their choice and consent. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

People had annual health checks. Records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with to ensure people's good health.

People told us they enjoyed the meals provided. One person using the service said, "There's a choice of what to eat for lunch and supper and if you don't like [what's on offer] there's a another list of extra choices. And yes it's tasty and it's hot." A relative told us, "The food is wonderful." Another relative said, "I bring soup in for my mother because the supper is not to her choice, and sometimes (referring to today's lunch) she (the resident) has trouble chewing the meal. It is hard to eat beef stew when you are older. Maybe they could offer eggs or cheese for supper like they used to".

## Is the service effective?

During our visit we spoke to the cook who explained there was no menu because she had worked with the people living there for years and knew their preferences. The current manager was not aware of this when we informed her. The manager immediately put in place an action plan to ensure a menu was compiled and for people to choose what they would like to eat rather than for their preferences to be assumed. This did not appear to have a big impact on people and overall people told us they enjoyed the food. The meals were observed to be of good quality and special diets on health were provided. For example people who were diabetic were offered alternative low sugar drinks and food. The lunch was well presented, nutritious and hot. Meals were monitored to ensure they were provided at the

correct temperature. There was information available in people's care plans regarding the type of support people required at mealtimes and we saw it was appropriately provided.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat in order to assess whether there had been any significant changes. Staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided to staff and there were regular visits by dietician and other health care professionals in the community, such as district nurses.

# Is the service caring?

## Our findings

People and their relatives told us that the service treated them with dignity, respect and compassion. Staff responded to people promptly and knocked on doors and awaited a response before entering people's rooms. People said they enjoyed living at the home and were supported to do what they wanted to. Staff listened to what people said, their opinions were valued and we were told staff were friendly, patient and helpful. Staff made themselves available for people if they wished to talk about any problems or if they just wanted a chat and we observed this throughout our visit.

One person said, "The care is good here". Another person said, "Anytime night or day they will bring you a cup of tea if you want one." A further person told us, "We're very well looked after." A relative said, "All (staff) are so kind and I feel lucky to have found a place here for mum."

The manager and staff were kind to people using the service and welcoming to visitors to the home. Staff made an effort to ensure people's needs were met and this was reflected in their care practices. They were skilled, patient and knew people and their needs and preferences well. Staff made an effort individually and as a team to ensure people led happy and rewarding lives. People were treated equally and as equals with staff.

People were listened to and their views and opinions valued. This was documented on monthly meetings with allocated staff members for each person. Minutes of those meetings reflected people had been involved in when they wanted to see medical professionals such as a dentist, what activities they wanted to do, which was reflected on the activity programme and what time they wanted to get up each and go to bed each day. They were treated with kindness and understanding. Staff made an effort to take an interest in people and treated them with compassion.

They spoke to people in an unhurried way so that people could understand what they were saying. Staff made eye level contact and used appropriate body language that people responded to. The caring approach of staff was supported by the life history information contained in care plans that people, their relatives and staff contributed to and regularly updated so that staff could understand people's backgrounds.

During lunch we saw people who appeared disorientated having their needs met by staff in a patient, inclusive and encouraging way. People were given meal choices and staff spent time explaining to people what they were, what they were eating and checking they had enough to eat. This was repeated as many times as necessary to help people understand, re-assure them and make them comfortable. People were stimulated by staff who prompted conversations with them and other people using the service. The conversations made the room come to life providing a convivial, interactive and relaxed atmosphere.

There was an advocacy service made available through the local authority to support people in making decisions about their care. Currently people did not require this service. The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. There was a policy regarding people's right to privacy, dignity and respect that staff followed throughout the home, in a courteous, discreet and respectful way, even when unaware that we were present.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

# Is the service responsive?

## Our findings

People and their relatives said that staff and the management team asked for their views, opinions and choices, formally and informally. These types of interaction took place during our visit. Staff enabled people to decide things for themselves, listened to them and took action to ensure people's needs were met and support provided appropriately. One person said, "We do have [activities] organised here from time to time. The routine is very flexible".

There was a timetable of events running in the Christmas period giving a programme which was participatory, enjoyable and productive. We spoke with the activities co-ordinator who appeared very enthusiastic, positive and plenty of ingenuity. We sat in one of the sitting rooms during the afternoon whilst two carers, the activity co-ordinator and several people using the service worked together decorating the lounge with Christmas decorations. We also observed an exercise session which a number of people participated in. The activities co-ordinator ensured she spent time with people individually, ensured people were comfortable and doing exercises at the pace of the individuals participating.

People who were unable to sit at the table had something they could do in their armchairs, an example of this were people making Christmas decorations for their bedrooms. Others sat at the other end of the room chatting. There was a lovely warm cosy inclusive seasonal atmosphere.

Throughout our visit people were consulted by staff about what they wanted to do and when. We saw this during activity sessions where people were encouraged but not pressurised to join in. People were also encouraged to interact with each other rather than just staff. There were daily activities provided that included quizzes, bingo, arts and crafts. This meant the service promoted people to have a fulfilled lifestyle.

People were provided with written information about the home and what care they could expect, before moving in and fully consulted and involved in the decision-making process. They were invited to visit as many times as they wished before deciding if they wanted to live at Parkside Lodge. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. Before a person moved into the

home, information about their history, needs and previous treatment was shared with the home's staff by the management team to identify if people's needs could initially be met.

The home carried out a pre-admission needs assessments with the person and their relatives. People's visits were also used as an opportunity to identify if they would fit in with people already living at the home. There was a review of the placement after six weeks. The home's pre-admission assessment formed the initial basis for the care plans. The care plans were focussed on the individual, contained social and life history information, personal care guidelines, pressure care and wound care guidelines, the persons likes and dislikes and how the person would like to be supported. They were live documents that were added to by people using the service and by staff when new information became available. The information gave the home, staff and people using the service the opportunity to identify activities they may wish to do. People's needs were regularly reviewed, re-assessed with them and the care plans re-structured to meet their changing needs.

People agreed goals with allocated staff that were reviewed monthly and daily notes also fed into the care plans. The daily notes confirmed that identified activities of interest had taken place. People were encouraged to take ownership of their care plans and contribute to them as much or as little as they wished. Care plan goals were underpinned by assessments of risk to people to ensure their safety.

In the short space of time the manager had been in post, she had identified people with dementia needs and made appropriate referrals to external professionals for their needs to be assessed and met. This had also involved people's families. A relative told us how they have been involved since the new manager had been appointed and felt this was a positive change.

People and their relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff said they had been made aware of the complaints procedure and there was also a whistle-blowing procedure for staff to raise any practice issues that they may observe in their work.

# Is the service well-led?

## Our findings

The home had a newly appointed manager who had been in post for six weeks. The manager had submitted an application to the Care Quality Commission to become a registered manager.

People were actively encouraged to make suggestions about the service and any improvements that could be made. Relatives told us there was an open door policy that made them feel comfortable in approaching the manager, staff and organisation. One person said, “The atmosphere is good. I could tell as soon as I came here that they wanted me here.”

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said that they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties. There was a charter for people using the service that outlined what they could expect from Parkside Lodge, its staff and the home’s expectations of them. We also saw people and their relatives being actively encouraged to make suggestions about the service and any improvements that could be made.

There were clear lines of communication within the organisation and specific areas of responsibility within the staff team. There was a whistle-blowing procedure that staff said they would be comfortable using to raise any issues related to practices they observed. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Staff told us that they received very good support from the manager and management team. They thought that the suggestions they made to improve the service were listened to and given serious consideration by the home. They told us they really enjoyed working at the home. A staff member said, “You couldn’t wish to work in a better place.” Another said “[Manager] sees the vision of home to help people live their own life and be valued. Sees an open culture, it’s been easy to fit in. The new manager and owner are both interested in me and ask how I’m doing; I could go to them any time.”

There was a robust quality assurance system that contained performance indicators to benchmark how the home was performing in different areas. This identified areas that required improvement and areas where the home was performing well. A range of feedback methods were used in respect of service quality. These included audits, home meetings, review meetings that people and their family attended, operations managers’ monthly visits, pharmacy reviews, weekly and monthly health and safety checks and operational business plans. In response to these systems, training had been updated to ensure it was more comprehensive such as safeguarding, complaints procedure had been reviewed and updated to show the provider being more transparent. One of the most recent audits demonstrated the manager felt the care packages could be more personalised and had compiled an example folder of how she wishes for them to look in the future, the folder showed they would be written from the person point of view for example they currently read as “please support [name] with brushing her teeth”, to “please support me to brush my teeth by”. This would help the person feel like their care plan does belong to them.

Relative surveys had been completed in September 2015, feedback was requested on how staff presented, did relatives feel welcomed, involved in their relatives care and suggestions for improvement. There was seven questionnaires completed and all relatives who had responded were happy. Responses from relatives included “Staff are excellent”, “Always made to feel welcome”, “The staff are very, kind, caring and friendly. My aunt is very content and happy at Parkside Lodge; she enjoys the relationships with the staff. I have little experience with care home. However that said I think Parkside Lodge and the staff do an excellent job which reflects in how happy my aunt is”, “All staff are very kind towards my mother, and also with any questions I have when visiting. My mother has been at Parkside Lodge for 5 years and I would not want her in any other home. She loves the staff and atmosphere within the home.”