

Parkside (Aldershot & District Learning Disability)

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Inspection report

Parkside
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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

About the service

Parkside (Aldershot and District Learning Disability) is a charitable organisation which offers a wide variety of support to people with learning disabilities. These services include a day centre, social clubs, fitness groups, well-being groups and a domiciliary care agency. The CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The domiciliary care agency is registered for personal care and currently provides a one to one service to three people who live with families or independently. These people receive support to live in their own homes. This support is focussed on meeting people's personal care and/or daily living needs.

People's experience of using this service and what we found

People received a service that was safe, effective, caring, responsive and well led.

Systems were in place to keep people safe from the risk of harm and abuse. People's needs were met by suitable numbers of staff who knew them well. People received their medicines as prescribed and were protected from the risk of infection. Staff were not officially checked for their competency in medicines administration.

We have made a recommendation about recording the completion of staff medicine competency checks.

People using the service received planned person-centred care and support that was appropriate and inclusive for them. The service worked closely with other health professionals to ensure people's health needs were met.

People were treated with kindness and respect and staff spoke fondly about them. People's privacy and dignity were respected, and they received personalised care which was responsive to their individual needs.

People enjoyed a range of activities which they chose to do. People had support plans in place which covered a range of information about them, their life histories, preferences, likes and dislikes and their support needs. The provider sought feedback from people and their families to improve the service.

The registered manager had a sound overview of the service and had effective systems in place to monitor safety and quality.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

See our safe findings below.

Good ●

Is the service effective?

The service remained effective.

See our effective findings below.

Good ●

Is the service caring?

The service remained caring.

See our caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

See our responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

See our well-led findings below.

Good ●

Parkside (Aldershot & District Learning Disability)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with three members of staff, the registered manager and one senior care worker.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further information for recruitment files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable and had attended training on safeguarding. This informed them about the signs of abuse and what to look out for, and how to report any concerns should they have any.
- Staff felt confident the registered manager would deal with any safeguarding concerns effectively.
- People and relatives we spoke with told us that they felt people were safe. One person told us, "Yes I feel safe, all I need is there to help me."

Assessing risk, safety monitoring and management

- People had risk assessments in place to manage risks, such as the risk of epileptic seizures or falls. One person wore a lifeline pendant around their neck to press for help if needed.
- We noted that one person had safety measures in place to reduce the risk of financial abuse. The service supported this person with managing their finances and keeping them safe.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector.
- The provider's records demonstrated the required recruitment processes were followed.

Using medicines safely

- Where a person required support to manage their medicines, they received their medicines from trained staff who attended regular refresher training. Staff did not have medicine administration competency checks, however the senior workers did carry out observations of care calls which did also observe medicines being administered, they just did not record these. There had been no medicines errors to review.

We recommend the provider develops a process for recorded this as evidence that staff competency was checked.

- Records relating to medicines were accurate, complete and up to date. The provider had an effective system in place to audit records and follow up on any gaps or mistakes in records.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on staff observations.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong

- The registered manager reviewed all safeguarding reports to identify lessons and improvements to people's care. For example, the registered manager had changed the routine for one person following an incident of a person becoming distressed in the community that was triggered due to tiredness. This had been effective and there had not been a reoccurrence following the changes.
- Incidents were logged and included details of the type of incident, who was involved, and any actions taken.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or if there were any required changes needed. These were shared with staff in meetings and supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed to identify their care needs and comprehensive care plans were created which were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences, contained clear instructions and reflected best practice guidance.

Staff support: induction, training, skills and experience

- People were satisfied that their care workers were properly trained.
- Staff completed a thorough induction based on the care certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The provider also offered support for staff to complete further qualifications in health and social care following completion of their probation period.
- Staff completed the provider's mandatory training, such as manual handling, as well as training specific to people's individual needs, such as epilepsy.
- The registered manager had an effective system to monitor that staff training was up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported if required with some food preparation.
- People were encouraged to maintain their independence with eating and drinking, however staff were available if support was needed.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with pharmacies, GP's and social workers to meet people's needs; we saw evidence of this in people's care files.
- We noted in people's care files that there was effective joint working and communication with other agencies to meet people's individual needs. Such as a person's GP.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them and their healthcare needs.
- People were supported to attend healthcare appointments where needed, such as hospital

appointments.

- Staff were provided with information about people's medical conditions and how they impacted on them so they could support them effectively. One person had epilepsy. There was clear information for staff and training to be able to support this person if they were to have a seizure.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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 had the appropriate legal authority and were being met.

- Where people were assessed as lacking capacity to make a particular decision, steps were taken in their best interest and these were clearly recorded, including who had been involved and consulted in the decision making process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed that staff were kind and caring to the people they supported. One person told us, "I'm happy with the care. They [staff] are always so helpful."
- People had developed caring relationships with their care workers.
- People's individual needs, preferences and beliefs were respected by the service and any specific requirements were catered for.

Supporting people to express their views and be involved in making decisions about their care

- People were actively involved in their care and support planning and decision making, as were their relatives where this was appropriate.
- The provider ensured people and their families could give feedback regarding the service in a number of ways to gather people's views on the service provided.
- In addition to daily contact with care workers, people and relatives could speak with the registered manager at any time; they had an 'open door' policy.
- The provider sent questionnaires to people and their families to gain feedback. The latest results were 97% positive with the standard of care in the service such as the caring nature of staff

Respecting and promoting people's privacy, dignity and independence

- People and staff confirmed that people were treated with dignity, respect and that their independence was promoted as much as possible.
- Staff we spoke with told us how they promote people's independence and respected their privacy and dignity. One staff member told us, "I shut the door and curtains. I try and think of it with what I would want if I was receiving personal care."
- People's care plans considered what people could do themselves and had specific instructions for staff regarding what support people wanted from staff to meet their needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were captured in comprehensive care plans which contained detailed information about how they wished to receive their care and support.
- The provider encouraged and supported people to access activities in the community. This helped reduce the risk of social isolation and helped people to live as full a life as any, therefore meeting the standards in Registering the Right Support such as going shopping.
- People where appropriate were supported to go for outings according to their interests and preferences such as the garden centre or in to the local town.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- Where people had additional communication needs, staff used pictures and symbols to support people to understand information being shared.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints.
- There had not been any complaints since our last inspection, the registered manager told us this was due to the 'open door' policy so any concerns were dealt with prior to it becoming a complaint.
- People told us that they felt able to speak with the registered manager about any concerns they may have.

End of life care and support

- The provider was not currently supporting anyone at the end of their life.
- We discussed how the provider would support people at the end of their life should this be needed. They told us how they would liaise with the GP and palliative services.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were management systems in place to promote person-centred care.
- The registered manager worked together with the staff team to deliver high quality care.
- There was a good culture within the staff team, and staff worked in line with the provider's values, policies and procedures. One staff member told us, "We all work together, [registered managers name] is always there and we can go to her with anything."
- Feedback we received at this inspection and the feedback the provider had sought from people and relatives showed that people were satisfied with the care and support they received. In particular with regards to the care staff being 'lovely' and the providers communication.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibility to be open in communications with people and others involved in their care when things go wrong?.
- The provider had not needed to act on the duty of candour requirements since our last inspection, but we discussed how this has been managed in the past and how the registered manager would respond in any future events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had effective systems and processes in place to monitor the quality of the service.
- There were regular quality checks on care files, daily logs, medicines records, staff files and other records. However, these had not been consistently recorded due to a change in the process of who should be responsible to do this. The registered manager agreed this was something to improve and to learn from.
- Observations of care and competency checks were carried out but had not consistently been recorded. We noted that in a previous audit this had been identified as an area to improve on and the registered manager was in the process of implementing this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- In addition to day-to-day contact with people who used the service, questionnaires were given to people

and relatives to find out how they felt about the service.

- The management team had an "open door" policy and regular team meetings and supervisions to engage with staff and give staff the opportunity to feedback.

Continuous learning and improving care

- The registered manager had a service improvement plan.
- Actions in the plan came from audits, quality assurance processes and feedback. These included changes to the quality assurance and audit processes such as competency checks being logged on staff files.

Working in partnership with others

- There was a good working relationship with the local authority.
- The provider worked in partnership with other agencies, such as GP's, pharmacies, occupational therapists and specialist healthcare providers.