

Parkside Lodge Health Care LTD

Parkside Lodge Residential Home

Inspection report

28 Wykeham Road
Worthing
West Sussex
BN11 4JF

Tel: 01903235393

Date of inspection visit:
24 May 2022

Date of publication:
05 July 2022

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 Lodge Residential Home is a care home providing personal care to up to 20 people. The service provides support to people over 65 years of age with a range of physical health needs. At the time of our inspection, there were 18 people using the service.

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

People told us they felt safe and well cared for at Parkside Lodge. Systems were in place for any concerns to be reported and acted upon quickly. Risks to people were assessed, managed and minimised. Care plans provided staff with clear guidance on how best to support people. Medicines were administered safely, and the registered manager had good oversight of these. Staff received specific training and regular competency checks to ensure safe practice.

The home was clean and tidy. People had personalised their own rooms to their taste and with belongings. The communal areas were spacious, and we saw people enjoying these. People spoke positively about the food available. One person told us, "You'll see later that the food is lovely. We always get a good pudding too, usually ice cream and some fruit." People were supported to access healthcare professionals when needed and staff had a positive working relationship with external agencies.

Staff were trained and demonstrated a good knowledge of their individual role. There were enough staff to meet people's needs effectively and they were recruited in a safe manner. Staff told us they felt supported in their roles and received regular supervision.

People received support from caring staff. We observed respectful and meaningful interactions between people and staff. People's needs were assessed, and their care plans were person-centred with clear life histories, choices and preferences. Staff encouraged people to be as independent as possible and promoted their privacy and dignity.

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.

There was a robust quality monitoring system, which ensured checks and audits were carried out, people's views were obtained and listened to and shortfalls were addressed. Accidents and incidents were analysed so that lessons could be learned. The registered manager promoted a positive, open and person-centred culture.

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 the service under the previous provider was good, published on 18 July 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service and because it was under new ownership. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Parkside Lodge Residential Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Parkside Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Parkside Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service to gather their views on the care they received. We reviewed a range of records. This included five people's care records and risk assessments, and several medicine administration records (MARs). We looked at three staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with six members of staff including the registered manager, senior care workers and the cook. We also spoke with a visiting professional.

After the inspection

We spoke with two relatives via telephone. We sought feedback from professionals involved with the service, including the local authority. We continued to review evidence which the registered manager supplied.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of abuse. People told us they felt safe and their relatives confirmed this. One told us, "[Relative] is definitely safe, they wouldn't have any issue speaking up if they were worried about anything."
- Staff had received safeguarding training and told us they felt confident in recognising and responding to suspected or witnessed abuse.
- The provider's safeguarding policy was up to date. The registered manager had reported matters appropriately to the relevant agencies, for example, the local authority. Robust investigations had been undertaken when required.

Assessing risk, safety monitoring and management

- Risk assessments were in place for each person. These contained details to guide staff on what to do to minimise each identified risk and help keep people safe. For example, falls risk assessments were in place with measures of how to minimise these, additional details were included for people on blood thinning medicines.
- Environmental checks had been undertaken to protect people from risks. For example, equipment was checked and well maintained. Regular health and safety checks of the home were completed.
- Personal emergency evacuation plans (PEEPs) were in place. These set out the individual support and equipment each person would need to evacuate to a safe area if an emergency arose.

Staffing and recruitment

- The service had sufficient staff who were suitably trained to meet people's needs. People, relatives and staff all felt staffing arrangements were sufficient for people's care and daily living arrangements. One person said, "They do pop in. They come quickly if I use this [call bell]."
- Recruitment procedures were safe and robust. For example, pre-employment references were obtained and Disclosure and Barring Service (DBS) checks undertaken. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers to make safer recruitment decisions.

Using medicines safely

- Medicines were administered, stored and disposed of safely.
- Staff who administered medicines were trained and had their competency assessed, this included additional checks for those who gave controlled medicines. One staff member told us, "[Registered manager] always checks that we are doing it right. I feel confident giving medications because I've had the

right training."

- Medicine administration records (MARs) were accurate and detailed when the medicines were administered or refused.
- Medicines were regularly audited to ensure the medicines system was safe and that people received their medicines as prescribed. Any issues were identified and remedied quickly. For example, a medicine was removed and disposed of due to being out of date.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. We saw the registered manager prompting staff to ensure they were wearing PPE correctly.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visits were facilitated for people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. We observed some visitors not always wearing PPE correctly. We reminded the registered manager about the importance of encouraging visitors to comply with PPE use.

Learning lessons when things go wrong

- There were effective arrangements in place for the ongoing monitoring and review of people's individual safety needs.
- The registered manager monitored and analysed accidents and incidents routinely to check for any trends or patterns. This information was used to help inform or improve people's care and prevent any further reoccurrence, when needed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Pre-admission assessments were carried out before people moved in. This was to make sure the home was suitable for them and their care needs could be met. Care plans were then developed from this initial information.
- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of developing skin pressure damage, provision of pressure relieving mattresses and cushions were made.
- People's needs were reviewed on a regular basis and when their condition changed. The records showed actions were taken to make sure people's changing needs continued to be met.

Staff support: induction, training, skills and experience

- Newly employed staff completed a robust induction. This included time to review policies and procedures, undertaking training and meeting people in order to get to know their needs.
- Staff training was up to date and relevant to ensure they had the knowledge and skills needed for their role. One member of staff told us, "[Registered manager] is always on it with our training, it's impossible to forget to do it. We get both online and some in-house. We're going to be doing diabetes training soon."
- Regular supervisions and appraisals took place to support staff in their roles. Staff we spoke with said they found this useful and supportive, and could raise any issues they had.

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

- People were complimentary about the food and drinks available. Comments included, "The food is very nice, they come around each day and ask what we would like to eat." Also, "It is good. We get choice. I think its pork today."
- People's nutritional needs were being met. Staff knew people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- People's food and fluid intake was monitored, and their weight was regularly checked to ensure that their health and nutritional needs were met.
- We observed hot and cold drinks being offered regularly throughout the day to prevent dehydration. Some people chose to eat in their own rooms. Staff ensured those people received their meals, snacks and drinks throughout the day.

Adapting service, design, decoration to meet people's needs

- The environment was adapted to promote people's safety and independence. For example, there were grab rails in bathrooms to support people to use these more independently.

- Appropriate signage and information was visibly displayed around the building to help guide people.
- We saw people enjoying the communal lounges and dining spaces. There was also a garden area, that people told us was used well in the summer months for BBQs and other gatherings.
- People's rooms were personalised to their tastes and with their belongings. People spoke positively about taking pride in their bedrooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with external professionals to ensure people received effective and timely care. For example, a person had seen an occupational therapist and told us, "That's my frame, it's so good. So much better than a stick, you can fall over with a stick, but not with that it's much safer."
- People and their relatives told us that they were supported to access a wide range of external professionals to maintain and promote their health and wellbeing. We saw evidence in people's care plans that regular contact was made with professionals, for example, the GP.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked their consent for the support they received. Where people did not have capacity to make decisions this was done in their best interests after discussion with relevant parties and decisions recorded.
- Staff had completed appropriate training in the MCA and showed a good understanding of what support people needed in this area. One staff member told us, "It's about helping people choose for themselves. Even someone with advanced dementia can make some day to day decisions."
- DoLS were appropriately applied for and monitored. Any conditions associated with the DoLS were followed correctly. For example, ensuring a person had regular medicine reviews.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives spoke positively about staff. One person said, "It's wonderful here. The staff are lovely. We're such a happy bunch." A relative added, "[Staff] are very caring. [Relative] is very happy and that's all that matters."
- We observed people being treated with kindness and respect by staff. Staff knew people well and understood what was important to them for their care, daily living arrangements, personal and family relationships. People's views and preferences were recorded in their care plans for staff to refer to when needed.
- People's religious and cultural differences were respected by staff. The registered manager supported people to access community links for those people with religious or cultural needs.

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

- People were able to choose what they wanted to do and when. One person told us, "I prefer to spend time in my room, staff know this and pop in to see me."
- People had the opportunity to take part in 'resident's' meetings. These meetings gave people the opportunity to communicate with one another and to make suggestions. The registered manager understood the importance of involving people in making decisions for themselves wherever possible.
- Staff knew people's choices and preferences in relation to their care, they involved people in decisions about their care and respected people's choices. Care plans also detailed wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently ensured people's dignity, privacy and independence when they provided care. For example, they knocked on doors before entering bedrooms and ensured doors were closed when support was being given. Also, checking people were happy and comfortable before leaving them.
- People's care plans contained information on what the person could do themselves and how staff could support them. Staff demonstrated a good understanding of how to promote people's independence and the importance of this. We observed a person being encouraged to use cutlery independently at lunchtime.
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely on computers which were password protected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received personalised care which was specific and tailored to their needs and wishes. Care plans detailed people's preferences and guidance to staff to deliver care and support in line with people's wishes.
- The home had a person-centred culture. Staff knew people well and interaction was warm and engaging. People told us they felt involved in their care and were able to express their choices freely.
- Changes to people's needs were responded to quickly and appropriately. People had regular reviews of their care and relatives were involved when appropriate. Daily handovers were in place to ensure staff were fully aware of any immediate changes to a person's care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly documented in their care plans and measures taken to meet these effectively.
- Relevant information was provided for people and their relatives in other formats if needed, such as large print or pictures. Staff also used a whiteboard to communicate with people who found it difficult to hear.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records reflected what was important to them. Life histories, preferences and interests were recorded in their care plans.
- People were happy with the range of social activities provided. Activities were varied and planned based on people's interests. One person told us, "There's always something going on. We have themed nights. The last one was Polish; it was fun and we get to learn about different cultures."
- Where people did not want to participate in group activities, staff spent one to one time with them on an activity of their choice. One member of staff told us, "We get the time to spend with the residents. I love talking, dancing, singing with them. We're always doing something with them depending on what they want to do."

Improving care quality in response to complaints or concerns

- Systems were in place to respond to and address complaints. People and relatives told us they knew how

to raise concerns if they needed and would be confident to do so. One relative said, "I would know how to if I needed to. I would do it in writing, straight to [registered manager], she's very responsive."

End of life care and support

- At the time of the inspection, no one was receiving end of life care. People's care plans reflected their needs and wishes for staff to fulfil when the time came.
- Staff had received training in how best to support someone nearing the end of their life. One staff member told us, "We are aware of people's wishes, we speak to them and their family to make sure we get it right."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives spoke positively and were satisfied with the management and running of the home and said they would recommend it to family and friends. One person told us, "You should give them an outstanding banner. There's our boss lady [registered manager]. She's brilliant. She always puts us first above everything else. Everything she does is for our benefit."
- There was an open, welcoming and inclusive atmosphere at the home. We saw people and staff engaging in meaningful conversation, it was clear staff knew people well and care was delivered in an individualised way.
- The registered manager and staff were committed to a person-centred approach for people living in the home. The registered manager promoted an ethos of openness and transparency, which had been adopted by staff. A member of staff told us, "[Registered manager] is the best manager. They are more than a manager, their door is always open and they're always here for all of us."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager and senior staff provided strong leadership and everyone we spoke with told us the management team were approachable and friendly. Everyone had a clear understanding about their individual roles to ensure the home was run effectively.
- The registered manager monitored the quality of care delivered within the home on a regular basis. They completed regular internal audits, for example, of medicines, accident and incidents, health and safety, which helped them to monitor the home.
- People, relatives and staff spoke positively of the new owners of the home. The provider was in regular contact with the registered manager. They were aware of any improvements which were needed, and the registered manager stated that issues were quickly resolved.
- Information was submitted to CQC in a timely way about significant events that occurred in the service. The registered manager was aware of their responsibility under the duty of candour and conducted themselves in an open and honest way.

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

- There was a system in place to formally gather feedback about the quality of care people received. A range

of methods were used to involve and consult people and their relatives, for example, surveys or regular discussions with the registered manager.

- Regular 'resident' meetings were held throughout the year. We saw that ideas expressed during these meetings had been implemented. For example, people wanted a readily available breakfast menu and this had been put in place.
- Regular staff meetings were held. Staff we spoke with told us they felt confident in sharing their views and that they were listened to. Copies of the meeting minutes were shared with staff. Any immediate changes were communicated to staff via an electronic messaging service.

Working in partnership with others; Continuous learning and improving care

- The registered manager was open, honest and transparent. Their oversight allowed areas of development to be identified and where lessons could be learned this was communicated to staff. This led to improvements being made within the service.
- The registered manager and staff ensured they had effective working relationships with outside agencies such as the local authorities, community nursing teams, GP practices, the safeguarding and DoLS teams and CQC.
- Professionals we spoke with gave positive feedback about working with Parkside Lodge. One professional told us, "They are very caring here. I have given instruction and they have followed it to a tee for positive results for the [people]."