

Pridell Care Limited

Care at Parkside

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care at Parkside is a residential care home providing accommodation and personal care for up to 24 people. The service is based in Oldham. At the time of our inspection there were 15 people living at the home.

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

We found improvements were needed in the documentation used for the administration of medicines and in the governance of the service. Although audits and checks were completed regularly, some were not effective and action had not always been taken when problems were identified.

On the whole, feedback from relatives about the home was positive. Staff had received training in safeguarding and knew how to identify and report any concerns. There were enough staff to meet people's needs and keep them safe. The home was clean and nicely decorated and good infection control practices were followed. Equipment was regularly checked and serviced in line with guidance. However, no action had been taken when bathroom water temperatures were found to be too high. This concern was rectified after our inspection.

Care records were person-centred and described people's likes and dislikes and how they wished to be supported. People were encouraged to take part in activities. There had been an improvement in the way participation in activities was recorded in people's care records.

Since our last inspection there had been a change to the management structure of the service, with the owner taking on the additional responsibility of managing the home on a day to day basis. They were in the process of registering with the CQC to become the registered manager.

Staff, people who used the service and relatives were encouraged to provide feedback about the home and the care and support provided. This was used to drive forward change. On the whole relatives felt they were kept informed and communication was good, although one person we spoke with felt this could be improved.

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

Rating at last inspection and update

At our last inspection (report published 30 October 2020) we did not rate the service. However, we identified a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

At the last inspection that we provided a rating (report published 20 July 2019) this service was rated requires improvement.

Why we inspected

We undertook this focussed inspection to follow up on enforcement action we took following our last inspection and to confirm the service now met legal requirements. This report only covers our findings in relation to the key questions of Safe, Responsive and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care at Parkside on our website at www.cqc.org.uk.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At this inspection we have identified a breach in relation to the governance of the service. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Care at Parkside

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.

This was a focussed inspection to check whether the provider had met the requirements of the requirement notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Care at Parkside is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. They were the owner of the home. The registered manager 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

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. 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 five relatives on the telephone about their experience of the care provided. We spoke with the manager in person, and two carers and the deputy manager on the telephone.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision records, infection control policies, staff rotas, information about activities and revised care plans.

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 where we provided a rating, this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to maintain accurate medicines records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Written guidance was not always in place when people were prescribed medicines to be given "when required."
- Records for the application of creams were inconsistent. Staff did not always have accurate information, such as a body map, about how and where creams should be applied.
- One person had been prescribed a potent steroid cream to be applied for two weeks only. However, staff had continued to apply this cream for a further week without discussing this with the person's doctor.
- Documentation of the use of fluid thickeners, which were prescribed to ensure people with swallowing difficulties were not at risk of choking, was not always accurate. For example, one person's nutrition care plan and risk assessment did not mention they needed their drinks thickened.
- The stock count of some medicines had not been maintained accurately.

We found no evidence that people had been harmed. However, the provider had failed to maintain accurate medicines records. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately after the inspection with some improved documentation.
- Staff who administered medicines received training and their competency was assessed to make sure they had the necessary skills.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Staff we spoke with were aware of the process for reporting any safeguarding concerns.
- Relatives were happy with the care and support provided by staff. One relative said, "Staff are wonderful."

Other comments included; "They (staff) are friendly, kind and spend time with mum." and "Staff always seem friendly."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing had been identified and assessed. Guidance around managing people's risks was documented in their care records for staff to follow.
- We found one example where a person's nutritional risk assessment was not up to date. It did not contain information that they were at risk of choking. The manager updated the risk assessment after our inspection.
- All equipment within the home had been serviced and was regularly checked to ensure it was safe to use.
- Weekly checks on the water temperatures in the downstairs shower and bathrooms had shown that the water was sometimes hotter than the recommended maximum temperature. However, no action had been taken. The manager rectified this immediately after our inspection.
- Accidents and incidents were recorded appropriately. We saw examples of how staff learned from errors and used them to make improvements to the service.

Staffing and recruitment

- Staff were recruited safely. The correct pre-employment checks had been completed prior to new staff starting work.
- There were enough staff to meet people's needs and support them appropriately.

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 assured that the provider was using personal protective equipment (PPE) effectively and safely.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

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

At the last inspection where we provided a rating, this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found documentation about participation in activities was poor. This contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in the way activities and participation in social events was recorded in people's care files.

- Information about people's likes and dislikes, favourite music, television programmes and hobbies and interests was recorded in their care files. This helped staff plan activities that people enjoyed.
- Staff helped people participate in activities within the home, such as board games, craft sessions and celebrations of events, such as birthdays.
- People were supported to keep in touch with family and friends. When visiting the home was prohibited due to the COVID-19 pandemic, people spoke on the telephone or used social media to keep in contact with their loved ones.
- Visits to the home were facilitated safely, through a booking system, in line with government guidance.

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

- Staff knew people well and supported them in line with their wishes. People's choices were respected.
- People had care plans which contained detailed descriptions of how they liked staff to support them.

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.

- People's communication needs were met.
- Care plans clearly identified if people had any problems with communication and provided information about how people liked to communicate with others.

Improving care quality in response to complaints or concerns

- Effective systems were in place to manage complaints.
- The manager confirmed there had been no recent complaints. One relative told us, "I've no complaints. We sort out any concerns informally."

End of life care and support

- There was nobody receiving end of life care at the time of inspection. However, the service was able to care for people approaching the end of their life, with the support of the district nursing service and GPs.
- People's end of life wishes were documented in their care files where they were easily available to staff.

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 where we provided a rating this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had been a recent change to the management of the home. The home owner was in the process of registering with the CQC to become the registered manager. A new deputy manager had been appointed and was in their probationary period.
- The provider used a range of audits and monitoring systems to assess the quality of the service, including checks on medicines management and the safety of equipment. These had been completed regularly. However, the shortfalls we identified at this inspection had not been picked up by these audits. Some medicines audits had not been completed accurately. Action had not been taken when water temperatures were too high.
- Improvements needed to medicines records following our last inspection had not been fully implemented.

This meant there was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

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

- Staff and relatives spoke positively about the home. One care assistant told us, "I like that I make a difference. We have a good team and a good manager."
- During our inspection we observed positive and caring interactions between people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- We received mixed comments from people's relatives about how the service communicated with them. Most relatives told us they were kept informed about their loved one's health. However, one person felt communication from the home was poor.
- The provider and staff team worked closely with visiting professionals such as GPs and specialist nurses and with the local authority, to ensure people's health needs were met.
- People were involved in making decisions about the care they received. People's choices were respected.
- Complaints, accidents and incidents were reviewed monthly. We saw evidence that the service had taken action to make improvements following incidents.

- Staff and people who used the service were encouraged to give feedback and share ideas of changes they would like to see. For example, some staff had recently commented about the need for more flexible shifts and the provider had responded positively to this suggestion. A recent comment about food had resulted in the cook discussing menu options with people who used the service.

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 understood their responsibility around the duty of candour, to be open and transparent if something went wrong.
- Accidents, incidents and concerns were reported to the CQC and local authority appropriately.

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 17 HSCA RA Regulations 2014 Good governance The provider had not operated robust governance systems, particularly in relation to medicines documentation.

The enforcement action we took:

warning notice