Dale Care Limited

Parkside Court

Inspection report

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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

This inspection took place on 25 August 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. Further days of inspection took place on 30 and 31 August and 1 September 2017, and these were announced.

Parkside Court is registered to provide personal care to people living within an extra care scheme and to people who live in the wider community. At the time of our inspection 157 people were using the service, 32 of whom lived in the extra care scheme and 125 of whom lived in the wider community.

At the last inspection in July 2014 the service was rated Good. At this inspection we found the service remained Good.

At the time of our inspection a new manager had been appointed and the service was in the process of registering them as registered manager with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Policies and procedures were in place to safeguard people's welfare. People's medicines were managed safely and people told us they received them when needed. The provider monitored staffing levels to ensure enough staff were deployed to support people safely. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

People told us staff had the training and skills needed to support them effectively. Staff were supported through regular training, supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this. People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

People and their relatives spoke positively about staff at the service and said they received kind and caring support. People told us staff maintained their dignity and treated them with respect. Staff worked hard to promote people's independence. Staff we spoke with said they were motivated to provide high quality care to the people they supported. Procedures were in place to support people to access advocacy services.

People and their relatives told us they received support based on their needs and preferences. Care plans contained personalised information on people's support needs and were regularly reviewed to ensure they reflected people's current support needs and preferences.

Policies and procedures were in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service and said they were supported by the manager. People and relatives spoke positively about the manager and said they dealt with any issues that were raised. The manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service. Feedback was sought from people and staff. The manager had informed CQC of significant events in a timely way by submitting the required notifications.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Parkside Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 August 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. Further days of inspection took place on 30 and 31 August and 1 September 2017, and these were announced.

The inspection team consisted of an adult social care inspector, a specialist advisor nurse and three experts 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Parkside Court.

During the inspection we spoke with 28 people who used the service. We spoke with four relatives of people using the service. We looked at nine care plans, nine medicine administration records (MARs) and handover sheers. We spoke with the manager, three office staff and seven support workers. We looked at four staff files, which included recruitment records.

Good

Is the service safe?

Our findings

We asked people and their relatives if staff kept them safe. One person we spoke with said, "Oh yes, definitely. They are friendly. I would speak to them if anything was wrong." Another person told us, "No worries at all. They are very good." A relative we spoke with answered, ""Oh definitely. We've never had any problems." Another relative said, "Oh [named person] is very safe in every way."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. People's support needs were assessed before they started using the service. Where a risk area was identified plans were put in place to mitigate the risks to the health, safety and welfare of people and keep people safe. For example, one person's care plan contained guidance to staff on cutting up their food to reduce their risk of choking. We did see that some people who used call alarms did not have these included in their risk assessments which meant there was no guidance available to staff on how these should be used to keep people safe. We told the manager about this and the care plans were changed immediately to include this information. Risks arising out of people's home environment were also assessed to see if suggestions could be made to improve people's safety. The service also monitored accidents and incidents to see if risks to people could be reduced. Plans were in place to provide continuity of care to people in emergency situations.

Policies and procedures were in place to safeguard people's welfare. Staff had access to a safeguarding policy that offered guidance on the types of abuse that can occur in care settings and how this should be reported. Staff we spoke with said they would not hesitate to report any concerns they had and were confident action would be taken. One member of staff told us, "If I had any safeguarding concerns I'd go straight to the manager. I'd whistleblow." Whistle blowing is when a member of staff tells someone they have concerns about the service they work for.

People's medicines were managed safely and people told us they received them when needed. Care plans contained guidance to staff on how people should be supported with medicines, and they received training to do this. Medicine administration records (MARs) we reviewed were usually completed with no gaps or anomalies. We did see that two people's MARs needed more detail on the precise times that medicines should be given. We discussed this with the manager who said the records would be updated immediately.

The provider monitored staffing levels to ensure enough staff were deployed to support people safely. Staffing numbers were based on the levels of support people needed, and at the time of our inspection new staff were being recruited due to a recent increase in people using the service. People we spoke with said they were supported by stable staff teams who arrived on time. One person we spoke with said, "Dale Care (the provider of the service) let me know if carers are going to be late."

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to provide their employment history, written references and proof of identity. Disclosure and Barring Service (DBS) checks were also carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer

recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Good

Is the service effective?

Our findings

People told us staff had the training and skills needed to support them effectively. One person told us, "Yes, they do everything very well. They are very good with the hoist. They are brilliant with it and it now makes getting washed a pleasure instead of a challenge and a chore." Another person said, "They are well trained." A relative we spoke with told us, "I've never had any reason to question the staff training."

Staff received mandatory training in a number of areas. Mandatory training is training and updates the provider thinks is necessary to support people safely. This included training in areas such as safeguarding, moving and handling, infection control, food hygiene and first aid. Training consisted of classroom learning and online courses. Newly recruited staff were required to complete an induction process that included mandatory training and observing more experienced members of staff before they could support people without supervision.

Staff who had not previously worked in a care setting or who felt they needed additional training completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. Staff spoke positively about training at the service. One member of staff said, "We're always updating it (training). I get all the training I want."

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of such meetings showed that staff were asked about their career aspirations and any support needs they had. Competency checks and observations were carried out to see if staff needed additional support or training. Staff said supervisions and appraisals were useful. One member of staff said. "They see how we're getting on and if we have any concerns."

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. The service was working within the principles of the MCA. People had consented to their own care. Where they lacked capacity to do so consent had been given appropriately on their behalf. The manager and staff were knowledgeable about when people might need a mental capacity assessment. The involvement of Lasting Powers of Attorney (LPA) and Court of Protection deputies were recorded in people's care records.

Some people received support with food and nutrition. Where this was the case systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. For example, one person's care plan contained guidance to staff on preparing food in a way that reduced the person's choking risk. People who had meals prepared said they chose what they wanted and that food and drinks were hot, how they liked them and nicely presented.

People were supported to access external professionals to maintain and promote their health. Care records contained details of visits by health and social care professionals such as social workers and district nurses. Staff knew how to engage with external healthcare services to ensure people received the support they needed. One member of staff gave us an example of this and told us how they had actively followed up a review assessment with a person's social worker.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about staff at the service and said they received kind and caring support. One person told us, "Kind and caring. The care covers everything. They do a proper job. I am very satisfied." Another person said, "Very nice, they've all been very nice. They know what they're doing, a proper job. Very kind and pleasant people." A third person told us, "I'm well cared for." A fourth person we spoke with said, "They do seem to care about you, always ask if there is anything they can do."

A relative we spoke with said, "[Named member of staff] goes above and beyond the job. She is wonderful." Another relative said, "They are all very chatty with [named person]. I can hear them talking away while he is in the shower." A third relative told us, "It's exceptional care and no one will have any problems." A fourth relative we spoke with said, "They are happy all the time, will do anything for him. Cheer him up immensely."

People told us staff maintained their dignity and treated them with respect. One person told us, "Whilst taking me to the toilet they are very understanding." Another person said staff always made them feel comfortable when they were in the shower. A third person we spoke with told us, "They stay as long as I want, are patient and don't rush about." People told us staff respected their choices and asked for their consent before delivering support. Staff we spoke with understood the importance of maintaining people's privacy and treating.

Staff worked hard to promote people's independence. One person we spoke with said, "If they can help they will help, but always trying to keep you mobile and independent." Another person told us, "I can only do what I can do, yes it is encouraged." A third person said, "I like to have the chance to walk as I use a wheel chair most of the time," they added that staff supported them to do this. A relative we spoke with said, "Carers help [named person] to retain their independence." A member of staff told us, "We try and encourage independence. For example, we try and get people motivated." Another member of staff said, "We don't want to take that (independence) away from them."

Staff we spoke with said they were motivated to provide high quality care to the people they supported. They said they knew the people they supported well and enjoyed supporting them. One member of staff said, "I know people inside out. I feel I know them well." Another member of staff told us, "We're dealing with people's lives and you've got to think of them as you would your own family."

At the time of our inspection nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Procedures were in place to support people to access these should they be needed.

Good

Is the service responsive?

Our findings

People and their relatives told us they received support based on their needs and preferences. One person told us, "It's all been very clever in that respect, they seem to know what I want at the moment." Another person said, "I was involved initially (in setting up the care plan) and it's been updated to what I need now."

Before people started using the service their support needs were assessed across a number of areas, including medicines, nutrition, communication, personal care and mobility. Where a support need was identified a care plan was developed setting out how it could be met. Care plans we looked at contained personalised information on people's support needs. For example, one person's personal care plan detailed the routine they liked to follow, tasks they would like to complete themselves and things they would like staff to help with. Another person's care plan set out how staff could reduce the risk of them experiencing falls, for example by working at a slow, steady pace when supporting the person.

Daily communication notes were kept for each person. These contained a summary of support delivered and any changes to people's preferences or needs observed by staff. This helped ensure staff had the latest information on how people wanted and needed to be supported. People also had an assigned keyworker who was responsible for ensuring their care plans were up-to-date and reflected their needs and preferences.

Staff told us care records contained all of the information they needed to support people. One member of staff told us, "We get to know people's preferences along the way by asking them questions. We also read the care plans, and update the office on any changes." Another member of staff said, "I think the care plans have enough detail. They get updated when they have any changes." A third member of staff said, "We're currently updating care plans and involving staff in drawing up a step by step guide to calls. It's really good."

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. Review meetings took place every three months, and in between these a care coordinator regularly contacted people by telephone to ask if they were happy with their care. People and their relatives told us they were involved in these reviews. One person we spoke with said, "People from the office ring every now and again to check that everything is ok." Another person said, "Every few months someone pops in to make sure I'm ok." A relative we spoke with told us, "Recently [named member of staff] did the review. She came out and asked me some questions about his needs and his medication."

Policies and procedures were in place to investigate and respond to complaints. People were provided with a copy of the provider's complaint policy when they started the service. This set out how issues could be reported and how they would be investigated. People and their relatives told us they knew how to raise concerns and gave examples of where they had done this and what action had been taken. One person told us, "I have had times when I was sent a carer I did not like, phoned and they didn't send them again." Another person said, "Complaints? It's the opposite in fact - only praise, and lots of it."

Good

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service. One member of staff said, "All the staff get on and there is good management." Another member of staff told us, "The staff are all lovely and get on with anyone." A fourth member of staff said, "I feel involved and part of a team."

Staff said they were supported by the manager. One member of staff told us, "If I have any problems I go to the manager and they sort it out." Another member of staff said, "The manager is fine. I can always go to the office with problems and they are always dealt with." A third member of staff said, "The manager is lovely. Firm but fair. She has no favourites and is respected."

People and relatives spoke positively about the manager and said they dealt with any issues that were raised. One person told us, "I have no complaints but if I did the manager would sort." Another person said, "The manager is very approachable." A third person said, "It's well managed and I'm happy."

The manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits included checks of care plans, medicine records and daily visit books. The provider had a compliance team that assisted with audits, and the provider's regional manager carried out monthly visits. Records confirmed that remedial action was taken where audits identified issues. For example, a February 2017 audit of daily record books identified that some important information was missing. The staff responsible received additional support and training to reduce the risk of similar mistakes in future.

Feedback was sought from people using the service through an annual questionnaire. This had last been carried out in April 2017, when the service received 62 responses. We reviewed the feedback from the survey and saw that it was mostly positive. For example, only 2 people who responded said they were unhappy with their care. Where issues were raised they were added to the provider's action plan and remedial action was taken. People we spoke with confirmed they received questionnaires and were asked for their feedback on the service.

Feedback from staff was sought at staff meetings, and more informally when staff attended the office. Staff said the manager acted on their feedback.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility

for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager left the service in August 2017 and the new manager was in the process of applying to be registered.