

# Review of compliance

## Bupa Care Homes (CFC Homes) Limited Parkside House Nursing Home

<b>Region:</b>	South East
<b>Location address:</b>	Parkside Road Reading Berkshire RG30 2DP
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	June 2012
<b>Overview of the service:</b>	Parkside House Nursing Home caters for the needs of 75 older people who require nursing care. The home is situated close to Reading town centre.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Parkside House Nursing Home was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 May 2012, observed how people were being cared for, looked at records of people who use services and reviewed information from stakeholders.

### What people told us

We spoke with 14 people who used the service. All were complimentary about the quality of services provided. They commented that staff were always "approachable", "kind" "helpful" and "professional" and seemed knowledgeable about their needs. The majority of people told us the food was "tasty and well-cooked" and they were provided with a choice of meals. However, one person commented "there is too much mince on the menu" and another said "the menu is rather repetitive".

People who lived at the home told us they had spacious comfortable rooms that were always kept clean, tidy and well maintained. People told us the home was always "well-kept and homely".

At the time of our visit the majority of people had chosen to sit outside in the sunshine or in the shade of a gazebo on the back lawn. People said they enjoyed sitting in the gardens when the weather was nice. Several people were entertaining their visitors outside. One person said "you cant really ask for more, than enjoying a glass of lemonade with good company" another said "what could be nicer than sitting in the sun, on a lovely summers day".

We spoke with five relatives who told us they were always kept informed of their family member's progress and welfare. They told us they were always welcomed and offered appropriate hospitality including refreshments. They said they felt they could visit whenever they wanted.

### What we found about the standards we reviewed and how well Parkside

## **House Nursing Home was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The Provider was meeting this standard.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People experienced care, treatment and support that met their needs and protected their rights.

The Provider was meeting this standard.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The Provider was meeting this standard.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The Provider was meeting this standard.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The Provider was meeting this standard.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

People that lived at the home told us that their independence and individuality were promoted within the home. People said they were supported and enabled to do things for themselves. People were encouraged to express their views and make or participate in making decisions relating to their care.

#### Other evidence

We observed that care was provided to people with sensitivity and patience. People's privacy and dignity were respected at all times and personal support and assistance were offered in a kind and sensitive manner. It was clear the staff team knew the particular needs of each person well and were mindful of their particular preferences and wishes.

The service had policies in place about involving people in decision making and ensuring people could influence how the service was run. Staff we spoke with had received training in person-centred care and were observed to offer people appropriate choices in relation to their everyday lives.

People who used the service understood the care and treatment choices available to them. We saw examples of comprehensive person-centred care plans that had been

developed to reflect the particular needs and interests of people at the home. They documented people's wishes and preferences in relation to how their care was provided. The files contained information about peoples likes and dislikes, cross-gender care and diversity issues. They took into account peoples cultural and spiritual needs.

**Our judgement**

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The Provider was meeting this standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke with 14 people who lived at the home and five relatives who were visiting at the time of our inspection. Relatives told us they were kept well informed about changes in their family member's health and welfare. They said they had been involved with the care plans and reviews and one person said that staff were "open and approachable". People told us their care was "excellent, I have no complaints" and "they look after you well here, the staff are very good".

People told us there was plenty to do at the home. They told us there was a range of activities available that were "fun". We observed four people as they joined in a board game together. There was a lively atmosphere with laughter and jollity. One person said "I always try to join in; it gives me something to do and makes time go more quickly".

##### Other evidence

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The home practiced person-centred care which was a process that focused on the person's life from their point of view. Staff told us that they had received training in person-centred care planning as part of their induction. During handover times between the various shifts the staff team met to discuss the care and treatment of each person at the home and to prioritise how care was delivered.

We looked at eight care plans. They were written in plain language and were easy to understand. There was evidence that a full and comprehensive assessment had taken place prior to people's admission to the home. The assessment had taken place in the

individual's home or in hospital. All social and health care professionals involved had been consulted about the person's social skills, physical and mental health needs, life skills and culture. Following admission a full care plan was formulated which took into account all activities of daily life. The person's individual choices and preferences were recorded and any limitations or restrictions on people's freedom or movements were agreed and recorded. The plans included reference to equality and diversity and addressed any needs identified in a person-centred way. Care plans set out detailed action needed to be taken by staff to ensure that all aspects of the individual's health, personal and social care needs were met. Each care plan included a range of risk assessments including those for safe manual handling, risk of falls, food and nutrition, personal care and skin care.

Care plans contained an 'end of life care' plan where people had been offered the opportunity to say how they wanted to be cared for if they were ill or required palliative care. Staff had been trained in end of life care to ensure they could fulfil people's wishes and preferences.

18 staff had been provided with training in resuscitation since 26 January 2012 to ensure they were competent to carry out resuscitation in the event of emergency. Resuscitation equipment was checked regularly to ensure that it was in usable condition.

The staff we spoke with appeared knowledgeable about the needs of people in the home. They understood the importance of involving people with their care and helping them to remain independent. The staff said they had been involved in helping to write the care plans and had contributed to the reviews. Staff told us that they were key worker to individuals in the home and fully understood their role and responsibilities.

We saw that staff were attentive and spoke kindly to people who used the service. We saw that people were being assisted with personal care in a sensitive and discreet manner which maintained their privacy and dignity.

### **Our judgement**

People experienced care, treatment and support that met their needs and protected their rights.

The Provider was meeting this standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us they were safe and well looked after. They told us staff listened to them and kept them involved in their care. People told us they felt their rights were always maintained.

##### Other evidence

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had policies and procedures in place that informed staff how to protect people from abuse and exploitation. The service had a copy of the inter-agency safeguarding procedures and staff knew who to contact if safeguarding concerns were raised. The provider responded appropriately to any allegation of abuse.

All staff were trained in safeguarding vulnerable adults and the training had been repeated yearly as evidenced by the training records and certificates. The training provided information about the signs and types of abuse and how to report concerns swiftly, in order to protect people from harm. All staff had been trained in the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and knew how the legislation affected people in their care. The staff told us that the home had a whistle-blowing policy and they were aware of how to report any concerns.

##### Our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent

abuse from happening.

The Provider was meeting this standard.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People were complimentary about the staff they told us they appeared well trained and competent. They commented "the staff are lovely, really kind"; "they always do their best to help us".

##### Other evidence

Staff received appropriate professional development. Staff told us they had been trained before they were allowed to work with people at the home. Staff had completed an induction that was linked to the Skills for Care induction programme. This was a completed within their first 12 weeks of employment. New staff initially worked along side more experienced care staff and nursing staff as part of their induction.

Staff also undertook a mandatory training programme. This included sessions in manual handling, fire awareness, health & safety, safe use of bed rails, food hygiene, safeguarding including the Mental Capacity Act and Deprivation of Liberty Safeguards, infection control, first aid, philosophy of care and 'personal best' customer care. The aims of the service and emergency procedures were also covered in the induction programme. Non-nursing care staff were encouraged to undertake formal national vocational qualifications at levels two or three or equivalent.

There were qualified nurses on duty 24 hours a day. Nurses undertook all mandatory training provided. In addition, the majority had completed wound care, communication skills, Parkinson's care, enteral (PEG) feeding, palliative care and skin integrity.

We saw evidence of regular supervisory meetings between staff and their line manager.

Staff told us that during the meetings they talked about their training needs and discussed their future development. Staff also received an annual appraisal of their performance. Staff told us they had regular team meetings which allowed them to voice their opinions and to share their views with colleagues.

**Our judgement**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The Provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People told us they had the opportunity to express their views as the manager had an 'open door' policy if anyone had comments or concerns about the service.

##### Other evidence

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The service had systems in place to monitor the quality of its services. The service held six monthly meetings with residents and relatives where people could express their views, suggestions and concerns. The meetings were recorded and action would be taken by management to address the matters raised. There was also a comments and suggestions box in reception.

We were shown the 'home quality pack' for March 2012. This quality monitoring tool was used by management to self-assess the home against the standards required by regulation and national targets set by the organisation. The outcome showed that the home compared satisfactorily to other Bupa homes in the area.

We saw monthly reports of visits undertaken by the senior management team who audited care, staffing, medication and premises issues. The monitoring visits were outcome focused and provided an action plan for the homes manager to improve services.

The service frequently reviewed peoples care plans to ensure that care provided

continued to reflect their needs. Additionally, questionnaires were sent to the person receiving services, their family, advocates and other stakeholders on an annual basis to monitor quality and to identify where improvements in service could be made. The funding authorities also asked people for their feedback about quality of service provision during review.

**Our judgement**

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The Provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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