# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Parkside House Nursing Home

Parkside Road, Reading, RG30 2DP

Tel: 01189528910

Date of Inspection: 15 April 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Consent to care and treatment** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Requirements relating to workers** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |
| **Complaints** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Bupa Care Homes (CFC Homes) Limited |
| Registered Manager | Miss Elizabeth Gondo |
| Overview of the service | Parkside House offers residential, nursing, respite and palliative care to people living in the home. The building is purpose built and rooms have ensuite facilities. The home has three floors with nursing and care staff providing support for up to 75 people. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

### What people told us and what we found

We found that staff asked people living in the home for their consent before they proceeded with any care or treatment. Staff also told us why consent was important to the people they support.

People's care and treatment was planned and delivered appropriately. People told us that they felt well cared for and that staff understood their needs and preferences. One person told us "the care is excellent".

The home was well maintained, clean and free from odours. People we spoke with told us that there rooms were cleaned on a daily basis. One person told us "mum's room is always spotlessly clean".

There were appropriate recruitment processes and pre employment checks for new staff. We saw records to confirm this. People we spoke with told us they felt staff were well trained and experienced.

Parkside House had a comprehensive assessment and monitoring process to check the quality of service. We found that staff and people living in the home were regularly asked their views and these were acted upon.

The home had a compliant policy which was available to all people living in the home and staff. People told us that they had raised concerns in the past and these were dealt with swiftly.

You can see our judgements on the front page of this report.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Consent to care and treatment** ✓ Met this standard

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Staff told us that the people living in the home, their relatives or representatives were involved in developing the care plans.

We looked at ten care plans of people living in the home. These were updated to show how the person and their relatives or representatives were involved in developing their care plan. This meant people were also involved in making decisions about their care. We observed staff interacting with the people in a positive way. People were involved in what was going on in the home and were continually given choices.

We spoke with staff about consent. One staff member told us how they enabled people to help themselves and when to ask the person if they needed assistance. They also told us about the importance of allowing the person time to respond. People we spoke with told us how staff encouraged them to make choices about day to day living and being independent. We spoke with seven people living in the home. They told us how staff offered them choices about their care and helped them when they needed assistance. One person told us "the carers are always polite and ask me if I want a shower or wash in the morning. It is always up to me" and "they always help me choose what I would like to wear for the day".

Where people did not have the capacity to consent the provider acted in accordance with legal requirements. Most people living at Parkside House were able to make decisions about their care and treatment. However, staff explained how best interest meetings would always be held with relatives, social services and a health professional. These meetings were held to discuss the best care and treatment options available to the person. Any decisions taken took the person's wishes into consideration. Staff we spoke with told us that they met with people regularly to discuss their care. We saw records to confirm this.

Staff also told us that had attended Mental Capacity Act training. This meant staff understood the key elements of the act when determining a person's capacity to make decisions for themselves.

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

## Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The ten care plans we looked at contained a consistent set of documents. They provided information about the person's needs and the care they would like to receive. All of the care plans included a "Map of life" document. This included the life history of the person, their likes and dislikes, important people, preferences and hobbies. The associated "Who am I" document outlined how the person wanted to receive care and treatment. We saw records to confirm these documents were reviewed regularly to capture any changes in the person's wishes.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each day the home had a 'resident of the day'. This meant that staff from different areas of the home were able to meet with the person to discuss any suggestions, issues or concerns. People we spoke with told us how they had been able to discuss their concerns about the house keeping of their rooms, food and menu choices and new activities at these meetings. This meant people's wishes and preferences were regularly up dated in the care plans and implemented where appropriate.

We spoke with seven people living in the home. Most people told us that the care they received was good and that staff understood their needs and preferences. One person told us "the care is excellent and there is always someone available if I need anything". Two people we spoke with told us that they were not always treated gently or spoken to in a positive way. On the day of inspection we heard one member of staff talking abruptly to one a person living in the home, whilst providing personal support. The provider may wish to note the negative behaviour and feedback given on the day of inspection to ensure consistent positive care.

We saw care plans were person centred and were kept up to date with regular reviews. The care plans were supported by a comprehensive risk assessment process. This included assessments for falls, moving and handling, behaviour and nutritional needs. We spoke with staff about the care and welfare of people who used the service. They told us that risk assessments were reviewed monthly. This happened sooner if a concern arose or there had been a change in the persons care. This meant people's needs were assessed and changed regularly, where appropriate. People we spoke with told us how they were involved with the regular reviews. Two of the relatives we spoke with told us that they had

been invited to attend the monthly reviews. One person said "If I can't attend the meeting then the nurse will always call to ask my opinion of how things are going".

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The manager told us how the home contacted local health professionals when they had concerns or issues in relation to people living in the home. We saw that the care plans had records of the contacts with external health professionals. We also noted the home was in regular contact with the local GP practice, pharmacy and district nursing team. On the day of inspection we spoke with a GP who visited the home. They said the nurse clearly explained the reasons for the GP visit and the exact nature of the person's condition. They told us how the person they had visited that day appeared well cared for and staff understood their needs.

There were arrangements in place to deal with foreseeable emergencies. Staff received basic life support training and we saw certificates to support this. The registered manager told us about the homes emergency plan. This included information about what action should to be taken in event an emergency. This plan ensured the needs of the people would be met during such an emergency and any disruption to the service.

**Cleanliness and infection control** ✓ Met this standard

**People should be cared for in a clean environment and protected from the risk of infection**

## Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

## Reasons for our judgement

People were cared for in a clean, hygienic environment. We found the environment to be mostly clean and free from odours. The communal areas were clean and well maintained. We looked at a few of the bedrooms and they were also very clean. One person we spoke with told us how the cleaning staff tidied and cleaned their en-suite bathroom everyday. A relative told us "mum's room is always spotlessly clean". Some of the communal bathrooms were used as storage areas for equipment. We found some of the bathrooms had stained flooring and appeared to be dirty. Some of the hoisting equipment was also dirty and appeared not to have been cleaned on a weekly basis, as reported. We spoke with the manager about this. They told us that there was a regular cleaning programme for equipment and that new floor cleaning equipment had been purchased to clean the hard floors of the home. Staff had recently attended training on how to use the equipment, which would now allow them to deep clean areas such as the bathroom floors.

There were effective systems in place to reduce the risk and spread of infection. We spoke with staff who explained how they had attended infection control training. Staff were able to explain the laundry segregation system on each floor to ensure soiled bedding or clothing was dealt with appropriately. They also told us about the importance of infection control and the prevention of spreading infections. We were told the right equipment and personal protective items such as gloves and aprons were supplied. We noted cleaning products were securely stored and the home had an up to date control of substances hazardous to health (COSHH) risk assessment.

All equipment was well maintained and services and repairs were routinely organised. We saw that audits and regular checks of the standard of cleanliness were being completed by the manager.

**Requirements relating to workers** ✓ Met this standard

**People should be cared for by staff who are properly qualified and able to do their job**

## Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

## Reasons for our judgement

There were effective recruitment and selection processes in place. We saw each member of staff had completed an application form and had attended an interview prior to employment. Staff were asked questions about their experience and knowledge of health and social care. Interviews were conducted by two BUPA home managers or senior staff. We saw offers of employment in all of the staff files and each member of staff had a contract and up to date job description. We spoke with seven people living in the home and they all felt staff were well trained and experienced.

Appropriate checks were undertaken before staff began work. The home had an appropriate pre employment process which was followed. We looked at ten staff records and found the employment checklist in place. This included a request for two references, training qualification and professional registration checks and a Criminal Records Bureau (CRB) check. The manager also arranged for medical assessments to be undertaken to ensure staff were fit enough to undertake their role. We saw records of these assessments. Staff we spoke with told us about the pre employment checks that were undertaken before they were able to start work.

Staff began work by completing an induction and work shadowing. The induction training consisted of training in fire safety, moving and handling and food hygiene. We saw induction certificates to confirm this. Staff were also asked to read the policies and procedures. Each member of staff had an initial probation period with reviews to assess progress. We spoke with seven staff and they told us about their induction and how they were well supported through this process.

**Assessing and monitoring the quality of service provision** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

## Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People using the service were regularly asked for their views at 'resident of the day meetings' which happened on a monthly basis. Activity staff also told us that they would often speak to people or send out a survey about the different activities people would like to try. We saw minutes of a recent residents meeting where people had asked to go on a trip outside of the home. It was agreed that some people would be taken to a local garden centre to choose flowers for the garden. The manager and activities coordinator told us that the outing was going to take place once the weather had warmed up. We spoke with people living in the home and they told us that staff listened to their suggestions and concerns and always worked hard to address them. One person told us how they wanted to have their room moved around so they could see the garden and people walking by. The home had started to move their room around on the day of inspection.

The provider undertook regular staff surveys to collect the views of staff working in their homes. Staff were also asked to provide feedback at a variety of team meetings held in the home. We spoke with seven staff and they told us that they had all been asked to complete a recent staff survey. They also explained how they were encouraged to raise concerns or issues informally at any time, at one of their meetings or during supervision.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw records of risk assessments. These included fire, health and safety, building maintenance and security. There was a regular programme which maintenance staff undertook and managed. The manager told us that any building maintenance concerns or issues were recorded in a log and these were dealt with swiftly. We saw two staff at the home on the day of inspection dealing with reported issues.

We saw the quality assurance processes that had been developed by the manager and provider. Each day the service held meetings where senior staff reported on items such as

planned training, GP visits, changes to the circumstances of people living in the home, staff absence and serious incidents. We joined one senior staff meeting on the day of inspection and saw the records of previous meetings. This meant the manager was able to understand and address any major concerns or issues arising on the home on a daily basis. The manager and staff told us about the other meetings which were regularly held in the home. We saw the minutes of all of these meetings. Each unit manager was also asked to provide a daily written report on the issues, concerns or changes that had arisen on their shift. The manager also provided a weekly report to the regional manager on matters arising in the home. We saw records of the quarterly regional manager visit. This meant the provider had systems in place to assess and monitor the quality of care provided in the home.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The manager told us how they had identified a person living in the home who had recently had a significant number of falls. They reviewed the persons care plan with staff and their representatives and agreed on the appropriate course of action. This meant the number of falls reduced significantly and lowered the risk of harm to the person. There had only been a few other incidents in the last 12 months. These were recorded appropriately within a specific log. We saw incidents and accidents were also discussed at team meetings and actions agreed. This ensured the manager was monitoring and assessing incidents and accidents on a regular basis. The manager took account of complaints and comments to improve the service and these were reported to the provider on a weekly basis and discussed with the manager on a quarterly basis.

**Complaints** ✓ Met this standard

**People should have their complaints listened to and acted on properly**

## Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

## Reasons for our judgement

People were made aware of the complaints process. We saw a copy of the provider's complaints policy in the reception area of the home and within the service user guide. Staff that we spoke with told us about the complaints process and who they would report a complaint to.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We asked for and received a summary of complaints people had made and the provider's response. There had been a few concerns and no complaints raised since the last inspection. The concerns were investigated and dealt with in accordance with the provider's complaints/concerns policy. We spoke with relatives and people who use the service and they told us that they had not needed to make a complaint but knew how to if the need arose. Three people we spoke with told us how they had raised concerns previously and these were addressed quickly by the manager or staff.

We spoke with the manager about how the service periodically evaluates and analyses complaints. A formal review process was completed, recorded and discussed with the team and the provider. We saw records to confirm this.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – 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.

**Moderate impact** – 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.

**Major impact** – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

| | |
|---|---|
| Phone: | 03000 616161 |
| Email: | enquiries@cqc.org.uk |
| Write to us at: | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |
| Website: | www.cqc.org.uk |