

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

Parkside (Aldershot & District Mencap)

Parkside, 57 Guildford Road, Aldershot, GU12
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Date of Inspection: 07 February 2014

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2014

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Parkside (Aldershot & District Mencap)
Registered Manager	Mrs. Suzanne Watkins
Overview of the service	Parkside (Aldersot and District Mencap) provides care and support to adults with learning disabilities in their own homes and to enable them to access their communities.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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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 7 February 2014, 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.

What people told us and what we found

People that we spoke with told us that they treated with dignity and respect and that their independence was encouraged and that they were spoken to in a respectful way. We spoke with a relative and they felt that their relatives were very well cared for and that they were involved in making decisions about their relative's care and treatment. One relative said "I attend regular reviews and they are good".

People we spoke with told us they were able to make their own choices about what activities they took part in. People told us that they attended regular activities such as, bowling, trips to the cinema, the garden centre and local walks in their community. Staff knew exactly how each person communicated which meant people's wishes were understood and respected.

Staff that we spoke to said that training was good. However training records that we looked at showed us that a majority of staff had not received regular training updates.

We saw that the agency managed complaints well and that there were detailed investigation and correspondence records in place. However the provider had not carried out regular quality assurance audits in 2013.

A relative and people we spoke with told us that they felt safe being cared for by the agency. Safeguarding records that we looked at were well detailed and evidenced that the agency had worked with social services to ensure that people were protected from abuse and harm.

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

What we have told the provider to do

We have asked the provider to send us a report by 04 March 2014, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. During our visit we saw the meeting minutes from forums that were held with people that use the service. This showed that the wishes of people were listened to and acted upon. An example future activities and events that people wished to be involved in. We saw that there had been discussions in meetings about activities and events and that these activities and events had taken place. We also saw that the agency had discussed future fundraising events.

Staff we spoke with told us that the provision of care at the service was developed around the individual choices of people that use the service. This included people's choices about the range of activities offered in their homes and in the community. For example people were supported to attend activities such as bowling, day centre services, arts and crafts, cinema, visiting local shops to promote future independence and local walks in their communities. Relatives that we spoke with told us that the agency provides a good range of activities for people and that people are always kept active and busy. People that we spoke with also confirmed that they attend a variety of activities and feel involved in choosing their preferred activities.

We looked at three support plans that had been developed for each individual. The support plans were written in the first person and evidenced how people liked to spend their time and how they liked to be supported. We saw that one person's aim was to be able to live independently in the future and that the agency had set up a weekly plan to promote the persons independence by supporting them to access their local community and supporting them to prepare meals.

People confirmed that staff asked their opinions about their care and that they felt confident and listened to. One person told us that "I feel listened to and know who to go to if I have any problems". And their relative told us "We had a positive review today and

there have been some changes to the care plan to focus on encouraging a more healthy lifestyle and new activities" and "I feel listened to, valued and communication is very good". "I have regular reviews and they are good".

Support plans evidenced that there was involvement from people and their families. People were supported to make decisions about their care and relatives and professionals attended people's support plan reviews. Relatives told us that they felt involved in people's care and really listened to and included by the manager and staff at the agency.

People we spoke with and their relatives told us that staff spoke with and supported them in a sensitive and respectful manner. When we spoke to staff they confirmed that they promoted independence and encouraged people to do as much as possible for themselves and to access the local community. For example people were encouraged to prepare and cook their own meals as well as write their food shopping lists and shop independently with staff present to ensure that they were encouraged to make healthy choices. One person told us "My support worker is good, I can make my own decisions and choices" and "I am going to start swimming, going to the cinema and do more cooking" and "Staff help me with cooking and cleaning and going to the garden centre". This demonstrated that People were supported in promoting their independence and community involvement.

Discussions with staff, relatives and people that use the service showed us that staff were knowledgeable about people's needs and preferences and respectful and maintained people's dignity, privacy and independence. For example staff told us if people need privacy we are aware of this and ensure that this happens as people can at times become anxious and require some space to reduce their anxieties.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection we looked at three support plans for people that use the service. The support plans were written in the first person and evidenced how people liked to spend their time and how they liked to be supported. Support plans showed us that people were involved in a variety of activities. People that we spoke with said "Good staff, they help me, I do a lot of activities". "I have regular reviews and they are good". A person's relative told us "Very good communication they always keep us informed of any changes and I have a good relationship with the company".

During our visit we looked at the agencies support records to evidence that people had received regular and consistent support. Records had been completed by care staff. The records reflected the needs of people using the service and any actions taken. This showed us that people received care and support that was specific to their needs and wishes.

We saw that support plans had evidence that the provider worked closely with professional agencies. We saw that the provider had been working with a variety of professionals, such as, general practitioners and social services to ensure the care and welfare of people using the service. We saw that a person centred plans had been developed with the involvement from the personalisation team and social services.

There were risk assessments in place that identified the specific risks for people, the level of the risk and the measures that had been put in place to manage these risks. For example, people had safety in the home risk assessments, moving and handling risk assessments, falls risk assessments and finance risk assessments. We saw that risk assessment had been reviewed regularly. A relative and staff that we spoke with confirmed that they had always been involved in the review process. People that we spoke with also confirmed this.

Support plans were personalised and detailed people's individual needs and preferences. Support plans identified the individual needs of people, the agreed outcomes and actions taken. We saw that people were able to make their own choices. After speaking with people and a relative we identified that people could choose which activities they took part in and when they took part in these activities. People that we spoke with confirmed that

they were able to make their own choices and were always given time to make their own choices.

A relative that we spoke with told us that they had been involved in the development and review of care plans. The relative also felt that they had been listened to by the provider and that the provider and staff kept them informed and updated in relation to their relatives care. Records that we looked at during our inspection showed us that the provider had regularly communicated with relatives.

There were arrangements in place to deal with foreseeable emergencies. During our visit we saw the agencies business continuity plan and emergency procedures. For example we saw that the agency had procedures in place to deal with adverse weather conditions, floods, loss of communication as well as electricity and power failure. We also saw that the provider had identified an alternative building if there were the need to re locate the office. We saw that these procedures were currently under review.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

People who use 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. During our visit we saw that the agency had identified individual safeguarding concerns for people that use the service. For example we saw that one person had a support plan and risk assessment in place around safeguarding their finances. We saw that the agency had identified appropriate control measures such as providing the person with a safe in their home to safely store their money and valuables as well as important paperwork and supporting the person to carry out weekly financial audits. During our visit we saw contact sheets that demonstrated that staff carried out weekly financial audits with this person and that these were always recorded. We also saw records that the provider had worked closely with adult services and attended various safeguarding multi agency case conference meetings this showed us that the provider responded appropriately to any allegation of abuse.

Staff we spoke with had good knowledge around safeguarding procedures and were able to explain the different forms of abuse and what they would do if they had any safeguarding concerns. However the provider may wish to note that staffs knowledge around the deprivation of liberties safeguards was minimal.

A family member we spoke with told us that they felt their relatives were always safe. People that we spoke with also confirmed this.

We saw that staff had received safeguarding training. However the provider may wish to note that not all staff had received their refresher training. The manager told us that they were aware of this and that they had taken action to address this by allocating two members of staff to attend the train the trainer safeguarding course in order for them to deliver the training to the whole team throughout March and April 2014.

During our visit we saw the agencies safeguarding policies and procedures. The safeguarding procedures were clear, informative and provided staff with a flow chart for how to respond and report any safeguarding concerns. We saw that this procedure had been reviewed in February 2014.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were enough staff to meet people's needs however a majority of staff had not received regular refresher training.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs however staff training was not up to date. The registered manager was aware of this and showed us training schedules to evidence that staff training had been booked for 2014. This showed us that there was a plan in place to address this.

Staff that we spoke with told us that they had received regular training and that they thought the training was really good. However training records that we looked at showed us that a majority of staff had not received refresher training. We spoke with the registered manager about this and they were aware of the training gaps identified during the inspection and had a plan in place to address this.

We saw staff rotas during our visit. These showed us that there was enough staff to meet the needs of people that use the service. Staff rotas detailed the time of support and any activities that were due to take place during the support session as well as when staff were on holiday.

A relative and people that we spoke with told us that staff were reliable and on time for their support. One person told us "Staff are good at their jobs".

Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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. During our visit relatives and people who use the service told us that they felt listened to and valued and that communication was very good with the agency. One relative told us that they had received a satisfaction survey but was unsure how often they received these.

Records that we looked at and discussions with staff and a relative showed us that decisions about care and treatment were made by the appropriate staff at the appropriate level. A relative told us that they had attended a care plan review on the day of our inspection and that changes had been made to their family members care plan.

The provider took account of complaints and comments to improve the service. We saw the agencies compliments and complaints file. Records showed us that complaints were dealt with effectively. We saw that the manager had responded to complaints in a timely matter and had carried out investigations and resolved complaints satisfactorily. We were only able to see one compliment that had been received in 2007. We asked the manager about how they receive compliments for the service and they told us that they receive many verbal compliments but these were not recorded formally.

The provider was not able to provide any quality assurance audits for 2013. During our visit we saw quality assurance audits for 2012. However an independent quality assurance group has been established to address this requirement and to gather feedback from relatives and people that use the service. We saw a copy of the letter that had been developed to inform relatives and people about this new service.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010
	Staffing
	How the regulation was not being met: Staff records showed us that staff had not received regular training as required.
Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010
	Assessing and monitoring the quality of service provision
	How the regulation was not being met: The provider had not carried out any quality assurance audits or gained feedback from relatives, people and professionals in 2013.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 04 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. 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. We monitor the implementation of action plans in these reports and, if necessary, take further action. 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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