Inspection Report

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

Parkside

Netherall Road, Maryport, CA15 6NT

Tel: 01900812723

Date of Inspection: 22 August 2013

Date of Publication: September 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
Meeting nutritional needs	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Cumbria Care
Registered Manager	Mrs. Linda Donoghue
Overview of the service	Parkside is owned by Cumbria County Council and operated by the in-house provider, Cumbria Care and is registered to provide accommodation and care for up to 31 older people. The home is situated close to the centre of Maryport and the local amenities. There are safe and well maintained garden areas. There is a passenger lift to assist residents to access the first floor of the home and there are appropriate bathrooms and toilets close to all the areas used by residents.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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 22 August 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, talked with staff and talked with other regulators or the Department of Health.

What people told us and what we found

We found the home to be appropriately staffed for the needs of the people living in the home. The staff team were experienced and well trained with specialist skills in caring for people with dementia. The home had developed a good working relationship with the local healthcare teams in order to ensure people had access to expert healthcare advice.

Everyone we spoke to was extremely positive about the way the staff team helped and supported them. Here are some of the things that they told us:
"The care is marvellous, staff are willing to do anything for you. I would give them an excellent rating all round." Another said, "It's excellent here, I am looked after very well and you can please yourself. Staff are always checking if you are still happy with the way they are doing things."

The organisation had good systems in place to ensure that high quality standards of care were maintained and we saw that the team monitored quality, consulted the people in the home and made improvements as necessary.

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

People we spoke with understood the care and treatment choices available to them, and said they were involved in making decisions about their care and support. We found this was particularly evident in the ways the home promoted people's involvement in making decisions and sought their consent around healthcare. People told us that staff frequently asked them if they were still happy with how the care was delivered. We observed that people's privacy and dignity were upheld and staff sought their views to influence the care, treatment and support offered.

The manager told us that they had received training on the Mental Capacity Act and the Mental Health Act and that they felt confident that they could support people if they did lack capacity. The staff in the home showed a good understanding of issues around seeking consent from people. People's files contained details of capacity issues and showed that wherever possible staff had supported people to think about important issues and about giving consent. This included recording people's legal status and who should be contacted for certain decisions, such as relatives or legal representatives.

We saw how this training had been put into action with one person. The home had felt that a person was making a decision that could have had serious consequences to their well-being. Staff had contacted relevant professionals and a "best interest" meeting was held. This had led to them making an application for a deprivation of liberty order. We saw they had contacted professionals expert in this field to seek advice and the matter was dealt with appropriately. The provider may wish to note that they should inform us, CQC, when they make an application for a deprivation of liberty order.

We looked in several individual files and we saw that a consent to care and treatment form was included in all the documentation. We saw that this service did not take a blanket approach to the issues around resuscitation. The home's manager told us they were currently undertaking a review of consent, capacity and wishes of people at the end stages of their life.

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.

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

Reasons for our judgement

We spent time talking to people in the home and observing the way staff supported them. We also read a sample of the care plans and asked staff about how they gave people support. We also checked out care delivery with local social workers and they were satisfied with the way people were cared for.

Everyone we spoke with was extremely positive about the way the staff team helped and supported them. Here are some of the things that they told us:
"The care is marvellous, staff are willing to do anything for you. I would give them an excellent rating all round." Another said, "It's excellent here, I am looked after very well and you can please yourself. Staff are always checking if you are still happy with the way they are doing things."

One person's relative had been very pleased with how the home had worked with them to help their relative settle into the home. They said they had seen an improvement in their health and felt they were now more engaged in their surroundings with the input from staff.

We saw that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for four people and found them to be relevant, informative and up to date. The care plans were a working document that gave all the necessary information to care staff in order that care and treatment was planned and delivered in a way that ensured people's safety and wellbeing. The care plans included information about how people wanted their care to be provided and what they could do for themselves. One person told us, "They (the staff) don't mollycoddle you, they treat you like a grown up and give you time to do things for yourself. I like that as it's important to stay active."

The care plans we saw were 'person centred', which meant the information was specific for the person and included information about their likes and dislikes and preferences. These style of plans were particularly well developed for people with dementia, and some had very detailed life stories and contained information designed to promote better communication with people and staff said this helped to gain a better understanding of people's needs.

The organisation, Cumbria Care, had sought advice and training from Stirling University, a nationally recognised lead in dementia care. We saw that staff in the home had really embraced the recommendations and when we spoke with them they were enthusiastic and motivated. We also saw this in how some areas of the home were set out, with clear signs and special furniture that was designed to make it easier for people to use and recognise.

Risk assessments were well documented and covered areas such as minimising the risk of developing pressures sores or reducing falls. These assessments provided written guidance to staff to help them look after people safely while still promoting people's independence.

The home had a good working relationship with the local healthcare teams in order to ensure people had access to expert healthcare advice. We spoke with a visiting healthcare professional who told us the home was particularly good at identifying people whose health was deteriorating to allow for early interventions and in some cases this had prevented the need for hospital admissions. They said staff were good at communication and always followed any advice given.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People in the home told us that food and drink was available on demand at any time during the day in the form of snacks between the fixed meals of breakfast, lunch, tea. We observed lunch being served on the ground floor, and the quality of the food was good and the servings were matched to individual residents. The meal was a little late being served and the care staff apologised to the residents for this. Since the last inspection the menu had been updated to incorporate residents' views and the menu was displayed so people were able to see what was on offer that day.

We observed the lunchtime in one of the units and this was calm and well organised, with people getting effective and discreet support. There were good interactions with staff sat next to people and engaging with them. Where people needed a lot of support with eating their meals this was done in a sensitive and dignified manner, for example by touching a hand to gain attention and eye contact. The pace was unhurried and there were relaxed conversations.

There were two main courses being served, and everyone had one or the other. People told us that they could have an alternative such as a salad or sandwiches if they did not like what was on offer. All the people we spoke to said they liked the food in the home and all the comments we received were positive ones. They said things like, "The meal was good but then it always is." Another said, "You get food just like home here." A relative also told us, "We are very confident that she (relative) is being well fed."

We saw in peoples' notes that special dietary requirements were recorded, and where necessary people were put onto fluid and food charts. As part of a person's original assessment into the home a nutritional needs assessment was undertaken and then repeated at appropriate intervals according to need. We also saw that people's weights were taken and recorded on a frequent basis.

Staff used a formal assessment tool for people in the home requiring more careful monitoring. This was a nationally recognised way of checking people's nutritional intake. We saw how records were kept in some peoples' rooms who required more careful monitoring to ensure they were appropriately hydrated and were not malnourished. For example, nutritional assessments were completed and if special diets were required then advice from the district nurses and dietician was requested. Some people were advised to have soft diets or fortified diets. When we looked at records and spoke to staff they were

knowledgeable about these requirements.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw that the organisation had a well-established quality monitoring system to collect information and check that standards were being met. One such way was to seek people's views about their care and treatment. When we spoke with people they told us their views and opinions about their care were listened to. These views were acted on to ensure high standards were maintained. We saw some surveys which had been completed and they were all very positive about people's experiences of living the home. This had resulted in improvements to the garden area and greater variety in the trips offered to people.

The service had a suitable written complaints procedure that was given out to people when they came to live in the home. We saw that this complaints procedure was freely available around the home. People using the service and their relatives also told us they had no complaints about the service but would know what to do if they had.

When we spoke with people they said they knew the manager well and would not hesitate in speaking to her if they were unhappy about anything. They also told us that the home ran regular residents meetings, and sometimes relatives also came to them. One person said, "There's plenty of chances to speak up, staff are always checking if things are ok."

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 reports completed by the organisation's quality audit department, which included areas such as finance and records of quality checks on care plans completed by the manager and staff. For example we saw very detailed risk assessments on how to move and handle people safely. Another example was the individual fire evacuation plans, which were in good detail about how to respond in the event of a fire.

We looked at how these risks were communicated and found that systems were effective in alerting staff to any changes and from lessons learnt from past incidents. We saw how a recent fire in another of the provider's homes had brought about a full review of procedures for the safe use of smoking lounges for residents. This had included an audit of furniture and fittings to ensure they complied with the latest fire standards with advice sought from the fire department. We checked the resident's smoking lounge in the home and saw the

changes that had been made as a result.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at a sample of records the service held about people. The home had a records storage procedure which outlined how and where records should be stored and when they should be destroyed. This meant records were kept for the appropriate period of time and then destroyed securely.

All the records held about people were written in a respectful and positive way. We saw that risk assessments were written in a positive way so individuals' rights and independence were protected. The staff we spoke with confirmed that the records held gave them the information they needed to provide care and treatment to people. We saw that people had been included in developing the information held about them, wherever possible. Information was clear and concise and gave staff instructions on how to promote independence whilst also keeping people safe. Records we saw were up to date and orderly.

The manager and staff in the home carried out regular checks on the services provided, records held and the environment to ensure people continued to receive a good quality of service which met their needs and ensured their safety. We saw that staff had signed important documents such as recent changes to risk assessments or new polices.

We saw that the manager and provider monitored the quality of record keeping ensuring information was accurate and up to date. These records were stored securely to protect confidentiality.

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.

Contact us

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