



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Parkside House Care Home

**1-2 Park Road
Penarth
CF64 3BD**

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Description of the service

Parkside House Care Home is a large converted house situated in a quiet area of Penarth near the seafront and town centre. The home is registered to provide accommodation, personal care and support for up to 40 service users. At the time of the visit the service was registered to provide care for:

- 17 people aged 60 years and over requiring personal care,
- 22 people aged 60 years and over with dementia requiring personal care,
- one person in the category of mental health requiring personal care.

The home is owned and operated by Llangoedmor Properties Ltd. There is a nominated responsible individual (RI) who oversees the management of the home. The registered manager (RM) is Alison Aplin who was present during the inspection.

Summary of our findings

1. Overall assessment

Overall, the quality of the care given at Parkside care home is of a good standard. People living in the home are generally happy and have opportunities to take part in activities they are interested in. The people we saw were well presented and appeared relaxed and content. We found that staff support people with warmth and in a person centred manner.

2. Improvements

New person centred care plans have been introduced.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service

1. Well-being

Summary

We found that people have a sense of belonging in the home. We observed people to be content and comfortable in their surroundings and saw positive relationships between staff and people living in the home. They are generally able to do things which matter to them and as far as possible, are protected from harm.

Our findings

People are encouraged and supported to make choices and have their individual routines recognised. We spoke to staff who told us that although people had routines for going to bed at night or getting up in the morning, these were their choices and if people did not want to get up in the mornings then they did not have to. This was confirmed by people spoken with. People told us they had a choice of what food and drinks they wanted. People were able to freely use the communal spaces and sat where they chose to. We saw staff asking people what they wanted for that day's lunch from a choice of two hot meals. This demonstrates that people can do things that matter to them and their choices are respected.

People can feel safe and protected from harm or neglect. Staff spoken with were clear about their responsibilities around protecting the people they looked after. They were clear about the action they would take if they had any concerns about a person's well-being. Policies relating to safeguarding, including whistleblowing, were available in the office. Deprivation of Liberty Safeguarding applications had been made when it was felt that a person lacked the capacity to manage their own safety. The home also had access to a local advocacy service if people required independent support for any issues that affected them. Their contact details were available for anyone who wanted them. Care plans were in place to support the applications and helped to keep people safe. One person told us "*I feel safe here*". This shows that people are safe and as far as possible protected from harm.

People are provided with opportunities to engage in suitable activities. We saw that there was a dedicated activity co-ordinator five days a week, also care staff were encouraging people to be as active as possible within their individual abilities. We saw a programme of activities which people told us they could take part in if they chose. We observed one person having their nails painted and others were enjoying the music being played. We saw photographs on the walls of a variety of occasions where people had engaged in group activities. Recently people had the opportunity to build a snowman, carers brought snow in from outside during the recent bad weather. People also told us that they had enjoyed a concert the previous day. We were told that planned activities included an Easter concert, music and movement and shopping trips. Regular film days with popcorn are held. A relative described the activity coordinator as "*the bee's knees*" and people told us "*I'm not usually a joiner in but X got me joining in*" and "*we go out for the day sometimes*". People are given the opportunity to engage with a range of activities which enhances their well-being.

People experience warmth and respect. We saw that staff treated each person as an individual. They were very attentive and responded to people's different needs with

appropriate prompting and support. We spoke with people living in the home, who told us they liked living there. People told us *“it’s very nice here”*, *“the staff are very helpful”* and *“the staff are very cheerful, and that’s a bonus”* When we observed staff it was clear that they knew the people living in the home well and we saw them actively engaging in conversations. People looked relaxed and comfortable in the presence of staff. Staff conversed in a friendly, caring and respectful way and people responded positively. A relative told us *“the staff are welcoming, respectful, kind and patient”* People have positive relationships and feel like they belong.

2. Care and Support

Summary

People benefit from the care and support provided at the home. Each person is encouraged to be as healthy as they can be. Care records contain clear guidance for care workers in respect of how people are supported. Medication is managed appropriately and people have access to specialist and medical support where necessary. People receive care in a timely manner. Their health needs are supported by effective liaison and communication with a range of health and social care professionals, in addition to the daily support from a dedicated staff team.

Our findings

People are as healthy as they can be because they receive proactive care. There was evidence on the care files viewed of involvement from health and social care professionals when needed. We evidenced referrals to health professionals when support was needed. Staff spoken with clearly knew the individual needs of the people they were supporting. We looked at the medication management in the home and found the system to be robust. Staff told us and we saw from records that they had undertaken medication training. We looked at the falls records and management; a monthly audit had been undertaken. A relative told us *"I'm very happy with the care provided"*. We concluded that people receive the right care at the right time and are supported to be healthy.

People's individual nutritional needs and preferences are understood and anticipated. People told us they enjoyed the food with one saying: *"the food is very good"*. We observed people using the short observational framework for inspection tool (SOFI) at lunchtime in the dining room and saw that they were offered a choice of food and drinks. Staff were attentive and sensitive to people's needs offering support and assistance where required in a calm manner. Meals were freshly prepared and the daily menu options were clearly displayed in the dining room. We were told that staff worked closely with people to enable them to choose what and when they liked to eat. We also saw evidence that a variety of special diets were catered for and that individual preferences were understood by staff. People told us that the food *"is very good"*, *"not bad"* and we saw that there was plenty of choice and portions were generous. Fresh hot and cold drinks were available and accessible to people. We observed one person being supported to eat their lunch in a caring and helpful manner. Snacks and drinks were offered between main meals and at suppertime. People's health is promoted because their dietary needs are recognised and catered for. People benefit from a positive mealtime experience.

People are supported by staff, who understand them and their health and care needs. During discussions with staff they were able to tell us about the people they cared for, medical conditions they had and the social history of the individual. The care records we read provided specific information about the person that included historical information. However, daily logs could be more informative and include people's emotional wellbeing. We noted that care plans provided good details of the person's needs and how these were to be met and they, along with associated risk assessments, were being reviewed within the required timescales. We saw that people's nutritional needs had been assessed and their food and drink preferences identified within care records. People's weight had been

monitored monthly and referrals made to medical or specialist services where required. However, there was a lack of detail in care plans regarding people's end of life wishes. We saw that food and fluid charts had been introduced where required; however, one we looked at lacked detail as to portion size and fluid amounts. There was evidence in some but not all care records that the individual and/or their representative were involved in their care planning. This was discussed with the manager who acknowledged that this was an area in need of further development. Overall, we consider that people's health and care needs are being met.

People are treated with kindness and compassion in their day to day care. Staff were providing supervision in all areas of the home enabling them to respond to people's needs and requests calmly and quickly. We saw kind respectful interactions between staff and the people they were supporting and also heard people laughing and enjoying humorous exchanges with staff. People living in the home told us "*it's very nice here*", and "*we have a laugh*". The atmosphere throughout our visit was relaxed yet professional. Discussions with staff demonstrated that they regarded people with respect and clearly got to know the person by talking to them and reading the care files. People spoke highly of the staff who supported them. A relative told us "*it's excellent*" and "*X is very happy here*". The evidence showed that people have positive relationships with the care staff that support them.

3. Environment

Summary

The home is welcoming and the environment is clean, well maintained and decorated to a good standard. Overall it is suited to meet people's needs. People are able to personalise their rooms with their own items. The home has a comfortable and homely atmosphere, which supports people's well-being.

Our findings

People feel valued because they are cared for in a comfortable clean, homely and personalised environment. However, consideration is required as to the purpose of CCTV cameras currently being used in communal areas in respect for peoples' privacy. We saw that people had their own rooms which were personalised with photographs and items which were important to them. We saw communal areas where people could socialise and meet with visitors. We saw that people were relaxed and contented whether they were in the lounges or their rooms. When we arrived we felt that the premises were welcoming and homely and when we toured the home we saw that it was tidy and odour free. Accommodation for people living in the home was set over three floors with a passenger lift to access all floors. All areas of the home viewed were clean and tidy. This shows that people live in accommodation which is homely, clean and comfortable.

The need for confidentiality is anticipated and respected. Employee personnel records were stored securely in the manager's office. Care records were also securely stored. DoLS records were easily referenced in the care records. In addition, people were safe from unauthorised visitors entering the building. All visitors had to ring the bell on the main door prior to gaining entry. In addition they were requested to complete the visitor's book when entering and leaving. Care staff knocked people's bedroom doors and awaited a response before entering the room. People's privacy and personal information is well protected.

People living in Parkside care home are cared for in a well maintained environment. We were shown the maintenance records; these evidenced that all appropriate measures were taken to ensure equipment was suitably maintained. The CIW registration certificate was displayed together with the Employer Liability Insurance Certificate. People could be assured of effective and efficient fire procedures, testing and training. Records showed the fire alarm was tested every week. We were shown the laundry facilities which were suitable to meet the needs of people living in the home. We saw window restrictors in place. The manager told us that the maintenance team responded quickly to any issues identified from regular checks of the environment and equipment. Overall, people are cared for in a safe environment which is designed to ensure that people's individual needs are met.

4. Leadership and Management

Summary

People living in Parkside benefit from having an established management team which has a clear vision and purpose. They have embedded a culture of support and continuous improvement within the service. Staff are valued and supported with developing their knowledge and skills.

Our findings

People can access information to help them understand the care, support and opportunities available to them. There was a statement of purpose that sets out the aims of the service and what people can expect. Staff and managers spoke passionately about providing a high standard of care and their commitment to this was evidenced through their enthusiasm and attentiveness. One member of staff told us *"I feel very proud of the home"*. People told us they were happy at the home. We saw that there were robust company policies and procedures for staff to follow. We looked at a selection of policies and noted that some but not all had been reviewed. We saw complaints, protection of vulnerable adults and whistleblowing and medication. Overall, the values and vision of the service are clear.

The service has quality assurance systems in place in order to develop and improve. We saw there was a strong commitment to improvement, and the quality of the service was regularly assessed, to meet legal requirements. We were shown a number of systems designed to assess the quality of support people received. All records were completed to date and clearly presented. We examined monthly audits that monitored medication and care plans. Records confirmed that quality monitoring visits were carried out on behalf of the responsible individual. An annual quality report was available. We were told by relatives *"it's fantastic there"* and *"staff are brilliant"*. The staff we spoke with told us they felt management listened to them and were very approachable. People receive support from a provider who maintains effective quality monitoring and continuous quality improvement.

People could enjoy being cared for by motivated staff who want to make a positive difference to people's lives. People could be confident that there was a sufficient level of staffing. We saw the staff rota which had been completed in a timely manner. During our visit we saw that there was enough staff on duty to provide people with the support they needed when they needed it. Staff told us they were fully supported by the management and that the manager was very approachable. Staff told us *"I love it here"* and *"it's like a big family here"*. We observed that staff were unhurried when carrying out their duties and took time to talk with people as they did so. Staff we spoke with said they enjoyed their job and found it rewarding. We examined four care workers' personnel files that demonstrated all the required checks, clearances and information had been conducted. We saw that there were training and support programmes in place. Staff told us that they had undertaken a lot of training recently and felt they were suitably skilled to fulfil their roles. The staff that we spoke with stated that they felt fully supported by the management and we saw evidence of regular one to one supervisions. Staff meetings had been held regularly and minutes were readily available. A relative told us that *"staff were well trained and skilled"*. Based on our findings we believe staff are well valued, supported and trained.

People living and working at the home benefit from the stability provided by an experienced and well-established management team with a visible presence. The registered manager provided day to day management of the home. We observed that interactions between the manager and residents and staff were relaxed and friendly but respectful. We saw that residents and staff approached the manager with ease. People, staff and relatives we spoke with all stated that the manager was approachable and helpful. We concluded that the management of the home is visible and approachable.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

No areas of non compliance were identified at the previous inspection.

5.2 Recommendations for improvement

We made the following recommendations:

- End of life wishes to be considered and included in care planning.
- Food and fluid charts to be completed accurately.
- The use of CCTV cameras to be reviewed to ensure that people's privacy is respected.
- Evidence to be demonstrated of service user/advocate involvement in care planning.
- Daily logs to be more detailed and include people's emotional wellbeing.
- Evidence to be demonstrated that policies and procedures are kept under review.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 8 March 2018.

The following methods were used:

- We looked at care files for five people
- We spoke with people living in the home and we observed interactions between residents and staff
- We looked at four staff files
- We had a tour of the building
- We had a discussion with the manager
- We had discussions with staff members
- We had discussions with visiting relatives
- We looked at a range of documents that included statement of purpose, policies and procedures, staff training and the annual quality of care report
- We looked at a schedule of activities and menus
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Llangoedmor Properties Ltd
Registered Manager(s)	Alison Aplin
Registered maximum number of places	40
Date of previous CSSIW inspection	3 October 2016
Dates of this Inspection visit(s)	08/03/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: <p>This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use, their service. We recommend that the service provider considers Welsh Government's '<i>More Than Just Words follow on strategic guidance for Welsh language in social care</i>'.</p>	