

Parkside Nursing Home Limited

Parkside Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Parkside Nursing Home is a residential care home providing personal and nursing care to up to 34 people. The service provides support to older people and those who live with dementia. At the time of our inspection there were 26 people using the service.

People's experience of using this service and what we found

There was a lack of robust management oversight of the service. Quality assurance processes were not effective in identifying and delivering required improvements to the service which meant people were at risk of not receiving a consistent or safe service in line with their needs.

Risk assessments for those with specific healthcare conditions did not always provide consistent information around the additional care needs associated with those conditions. We found that there was an inconsistent approach to good hygiene practices. Damage to the fabric of safety equipment meant they posed an infection risk to people. Some equipment was not tailored to one person's needs and posed an injury risk to them. The environment did not meet the needs of people who lived with dementia. In addition, certain areas of the service were in need of refurbishment.

Some people told us the quality and provision of activities was inconsistent. At times, we observed minimal staff engagement with those who were more difficult to engage as well as with those who were cared for in their rooms. We made a recommendation that the provider explores ways in which to improve communication.

People and their relatives told us they felt safe. There was robust oversight of medicines management. There were appropriate systems for recruiting, training and supporting staff. The staff felt supported and valued. We observed that they appeared to know the people they were caring for and treated them with respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Family members told us engagement with the home had improved and the manager was approachable and readily available to them. They also told us that staff were consistently respectful, kind and caring. We observed how staff engaged with people in a warm and friendly way. Staff told us they felt supported and valued.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 April 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 01 March 2022. Breaches of legal requirements were found. We served Warning Notices in relation to Regulation 11 (Consent to care) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified continued breaches in relation to safe care and treatment, person centred care premises and equipment and good governance.

We have made a recommendation about improving communication with people.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Parkside Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, a nurse specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Parkside Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Parkside Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. However, there was a home manager who planned to submit an application to register as manager for this service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 8 members of staff including the manager and operations manager, nursing staff, senior care workers, care workers and the activities co-ordinator. We reviewed a range of records. This included 9 people's care records and multiple medication records. We looked at staff files in relation to, recruitment and staff supervision for two recently joined members of staff. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- At the previous inspection, we were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. We signposted the provider to resources to develop their approach at that time. At this inspection, we found there were still areas for improvement.
- We found that some pressure cushions, armchairs and crash mats had torn fabric which exposed the foam padding. This meant that they could not be properly sanitised and posed an infection risk.
- One person's room had a particularly malodorous smell and sluice rooms were cluttered, some with soiled equipment. The storage room had open packets of dressings on shelves and mattresses, pillows and a duvet lying on the floor.
- We also found stained and chipped toilet seats, a heavily stained cleaning trolley and a build-up of dust on the side of the washing machine in the laundry.
- One member of staff described how they washed urine bottles. "I don't use the sluice room, I just throw the urine in the toilet and rinse it." This method of disposal and lack of robust cleaning of a urine bottle poses a potential increased infection risk.
- These infection prevention and control (IPC) concerns were not identified in either of the manager's October IPC audit or the operational manager's November IPC audit.

The provider had failed to follow good infection control practices. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

At the time of the inspection there were no restrictions in place for relatives and friends visiting people at Parkside Nursing Home.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were not adequately assessed and the provider was not doing all that was reasonably practical to mitigate risk. We noted that the mattress for one person was shorter than the actual bed length, which resulted in a gap between the mattress and the bed end. There were pillows and cushions placed in this gap, most of which the person had removed. The manager told us the bed frame was extended to fit the person, "[Person] is very tall, too tall for the standard bed length so it was extended and now the mattress does not fit it, so we have placed cushions [into the gap]."
- The manager agreed that this measure was not appropriate as the person was at potential risk of injuring themselves in the gap. This had not been identified as a matter of concern in the section 'equipment will be maintained to ensure fit for purpose' on the most recent home improvement plan or manager and operational manager's audits completed two weeks prior to this inspection.
- Risk assessments for those with specific healthcare conditions did not always provide consistent information for the additional care needs associated with those conditions. For example, for one person who was diabetic, there was no clearly defined diabetic care plan to highlight how this condition would influence aspects of their care needs, such as skin and foot care as well as eating and drinking. Other care plans did not include a wound care management plan or Parkinson's care plan.
- The manager's monthly audit of care plans did not identify these gaps or areas for improvement and were noted as 'all done.'
- However, whilst we found no evidence people had been harmed and staff we spoke with demonstrated they understood people's needs, this lack of guidance meant that there was a potential risk that people were not provided with consistent and safe care.

The provider had failed to ensure that additional care needs associated with specific healthcare conditions were consistently documented and equipment provided was safe for such use. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following this inspection, the manager submitted photographic evidence of measures put in place to block the gap at the end of the person's bed, whilst they continued to research a longer term solution to this risk.
- Other risks to people were managed safely, and their risk management plans were updated regularly. Staff understood the support people required to reduce their risk of avoidable harm.
- For example, where a person was at known risk of falling, there was an updated falls risk assessment in place, as well as a mobility plan which detailed equipment required for safe movement. There were catheter plans in place for those with catheters.
- We saw staff supported people who smoked according to their risk assessments. This included accompanying them to the outdoor smoking area and offering them a fire-resistant tabard to wear.
- Family members told us risks to their relatives were managed safely, comments included, "[Relative] is safe here. They came here because they were falling at home, and since being here, they have had no falls," and "The staff make sure [relative] uses their walking frame."
- Systems were in place to record accidents and incidents. However, further improvement was needed as there was inconsistency with regards to how incidents were detailed and analysed. The manager recognised this and we saw they had already added this matter to the service improvement plan. To assist with this, they did daily walkarounds and had a daily mid-morning meeting for all staff to reflect on various aspects of practice.
- Care workers understood how to record incidents and said, "If I saw anything a bit different or something that happened, I would write it down and tell nurse; they will inform the resident's family."

Using medicines safely

At our last inspection the provider had failed to manage and administer people's medicine in a safe way. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(2)(g), the proper and safe management of medicines.

- Medicines were managed consistently and safely in line with national guidance. There were appropriate management systems in place to ensure safe stock control, ordering and safe storage of medicines. People received their medicines as prescribed, including those which were time critical.
- Medicines were kept securely in locked trolleys and administered by staff who had received the relevant training and who underwent annual assessments of their competency.
- Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately and balance of medicines recorded. There were checks of medicines and audits to identify any concerns and address any shortfalls.
- There was a current medicines policy in place and staff followed guidance on managing 'when required' medicines for each person and documented the reasons these medicines were administered.

Systems and processes to safeguard people from the risk of abuse

- People and their family members told us they felt safe. One person said, "I feel safe here. I've got a white thing here [call bell] which I press it for attention. They help me out." Another told us, "I feel very safe. They know what they are doing."
- Feedback from family members was generally positive. One said, "I think [relative] is safe, though there are communication issues with some of the care staff." Another said, "[Relative] is looked after safely, there have been no incidents. They always have two staff to move [relative]."
- Safeguarding procedures were followed, and staff understood what to do to ensure people were protected from abuse. One staff member commented, "I would inform the nurse and document what happened. We document everything." Another told us, "If I see [any matters of concern] I support the resident and I report to the manager and record it."
- There were established policies and procedures in relation to safeguarding in place and records confirmed that staff had received safeguarding training.

Staffing and recruitment

- There were sufficient staff to support people safely and to meet their assessed needs. However, we found staff were not effectively deployed to support people who were cared for in their rooms in other ways. We have considered this in the responsive key question of this report.
- One person told us, "There are nearly too many [staff]." Family members said, "Yes, from what I have seen there are plenty of staff at the moment," and "Whenever [relative] needs something, there is always a member of staff to help."
- Care staff told us, "We have five staff in the morning and at night we have three and the nurse. I think we have enough staff."
- The provider had systems in place to ensure safe recruitment of staff. Required safety checks had been made before staff started work. We saw that nurse registration checks were also carried out regularly to ensure nurses were registered with their governing body, the Nursing and Midwifery Council.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

At our last inspection we recommended the provider consider making improvements to the general environment and to make it more suited to the needs of those people who live with dementia.

- The design and decoration of the home did not consistently meet the needs of people who lived with dementia. According to the Department of Health 'Dementia-friendly health and Social Care Environments' health building good guidance document, people who live with dementia are best cared for in an environment where the use of colour and the layout of the buildings, can improve people's quality of life, and can reduce the impact of their dementia and help them live more independent lives.
- There was no colour or contrast on walls or flooring to assist with identifying parts of the home, for example lounge or dining room areas to assist with orientation to reduce the risk of a person getting lost and disoriented. There was no signage to support a person to maintain their independence and to locate a particular room quickly and easily. For example, people's bedroom doors were not differentiated from each other and had no defining features or colour to help them recognise which room was theirs. There were no meaningful or stimulating destination places around the home for people to visit or engage with.
- The overall upkeep of the home was poor. There were cracks in people's bedroom walls as well as other interior walls, peeling paint, cracked and decaying cistern covers. Many bedroom carpets were heavily stained. The operational manager told us there was a schedule to replace carpets in eight bedrooms in the days following this inspection.
- Feedback from family members about the general presentation of the home was generally negative. One told us, "Things don't look clean, it's shoddy and shabby." Others said, "The building is a bit sad looking, general maintenance could be improved and upgraded. The furniture is dated," and "The building is old. It needs refurbishing."
- Feedback from a local authority quality assurance lead also reflected the above concerns.

The design and layout of the building did not consider best practice when taking into account the needs of those who lived with dementia. Many areas of the premises were in a poor state of repair. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following inspection, the provider submitted photographs of redecoration to some bedrooms and told us this programme of redecoration would continue.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection in March 2022, we found the provider remained in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by failing to always obtain people's consent appropriately.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care was provided in line with the MCA. All staff received MCA training and were able to describe how the principles applied to their work. Decision specific assessments were carried out to determine whether people had the mental capacity to make informed decisions about their care. If people lacked the capacity to make decisions about their care, the provider had involved professionals and representatives legally authorised to act on people's behalf to ensure decisions were made in their best interests. Applications for DoLS authorisations had been submitted to the local authority where necessary.
- Where people were subject to restrictions for their own safety, the least restrictive options were implemented. For example, if people were at risk of falling from their beds, measures such as sensor mats had been implemented rather than installing bedrails.
- Staff told us they sought people's consent before providing their care and our observations confirmed this. One member of staff told us, "I understand that the resident should have the right of choice and thinking. We assume they have the capacity." Another said, "I did online training. We have to help them to make choices; we also need to make sure it's in their interest."

Staff support: induction, training, skills and experience

At our last inspection in March 2022, we found the provider failed to ensure that staff received appropriate support, training, supervision and development to carry out the duties they were employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection we identified concerns relating to staff not having up to date, relevant and good quality training. At this inspection we found improvements to staff training.

- There was full compliance with the provider's training. Staff completed training that was relevant to their role. For example, competency checks for staff to administer medicines safely were taking place. Staff received supervision from a senior member of staff to ensure they understood key areas of their responsibilities and to discuss any challenges or issues they might experience in their role.
- Feedback we received from people and relatives relating to staff training and experience, was positive. Comments from family members included, "Yes I do think staff are well trained, though the language thing is always there," and "Yes, certainly well trained. The staff are aware of [relative's] needs and move [relative] with ease."
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice.
- Staff, new to the service, were supported to complete induction training in accordance with current good practice. One member of staff told us, "I had a good induction, the training is good. We had a good trainer."
- Staff were provided with opportunities to discuss their individual work and training needs. They had regular one to one meetings with the manager to enable them to raise any issues and share ideas.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to meet their needs. Records were not always fully completed in relation to drinking, however we observed people drinking and staff offering them hot and cold drinks throughout the day, including those cared for in their rooms.
- People's likes and dislikes were recorded on their care plans and feedback on the food provided was generally positive. One person told us, "The food is nice but I don't like too much on my plate. You get three or four choices." A family member told us, "Yes, they definitely look after [relative's] diet. I haven't tried the food." Another said, "I've not tasted the food, but it looks fine."
- The chef was familiar with people's dietary needs and they told us that nursing staff informed them of any dietary needs, any changes and action required. They said, "When we have a new person, I will go out of my way to ensure I am aware of their allergies, likes and dislikes. I love to give them what they fancy."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider used nationally recognised assessments, including a malnutrition universal screening tool to identify adults who are malnourished or at risk of malnutrition and a Waterlow score, which assessed the person's risk of developing a pressure ulcer.
- People's care plans were based on their assessed needs and preferences. People's outcomes were identified during the care planning process; guidance for staff on how to meet these were recorded in the plans. During our conversations with staff it was evident they understood people's needs.
- People had control over choices in their lives. We observed staff asking for and acting on people's preferences.
- People and their relatives said they had been encouraged to contribute their views to the assessment process.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other professionals to ensure people's health needs were met effectively and in a timely manner. People were supported to access services to meet their physical and mental health needs. When changes in condition were observed, staff supported people with access to relevant healthcare professionals.
- Care notes reflected regular contact with GP, speech and language therapists, dietician, mental health specialists and district nurses. Care plans included specific guidance about people's health care needs and this was shared with staff.

- Staff understood people's health conditions and how they affected them. They described the actions they would take in the event of a medical emergency.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Similar to our findings on the previous inspection we found people were not consistently well supported or their preferences considered. For example, we observed that some people were provided with little stimulation and staff did not always proactively engage with or initiate conversation with people. At one point, we noted that a member of staff wrote their care notes sitting in one person's bedroom and did not engage them in conversation at any point. We also found that staff interacted less with those whose communication was more limited. The general environment was poor and infection prevention and control was not robust.

- We also found that staff did not always seek people's views. We observed when some people were assisted to the lounge area, staff did not consider where they might like to sit. Music was put on at a high volume without people being asked for their preferences.

- However, at other times we saw staff give people time to make decisions, for example around food choice or an activity.

- Most people and their family members spoke positively about the staff and felt they were with treated respect. One person told us, "[Staff member] is really lovely." Whilst some people could not tell us how they felt about staff, we observed people being treated with consideration and kindness, and saw many positive interactions between people, family members and staff.

- Family members told us, "The staff are accommodating and respectful, I think the carers are very good. They are very nice and kind to [relative]." Another said, "My impression is the care is very good. [Relative] feels looked after," and "Staff seem to be kind and proactive, they try to anticipate [relative's] needs."

- A social care professional told us "[Person] was able to tell me that they were well cared for and they had no complaints. They said they were content at Parkside."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff. Staff knocked on people's doors before entering and ensured doors were closed when carrying out any care. People were appropriately dressed, and staff spoke with people in a respectful manner.

- People and their family members confirmed that staff were respectful of people's dignity. One family member said, "Residents room doors are always open except when personal care is needed. The staff ask us to leave while they deal with [relative] and they close the door."

- Staff described how they protected people's privacy during personal care. This included listening to people, respecting their choices and closing doors and curtains. A member of staff told us, "Whatever care

we give we close the door and close the curtains." We observed two care workers discreetly asked a person if they could assist them with a personal care matter.

- People were encouraged to be independent and staff supported them to do as much as they could for themselves. Family members told us, "The staff do get [relative] to stand and walk a few steps," and "Yes they encourage [relative] to feed themselves." Staff were able to describe how they supported people in ways which encouraged their independent living skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection in March 2022, we found the provider failed to improve activities to support the needs and preferences of people cared for in their rooms which was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- People were not always provided with activities that met their preferences and interests. We observed on the day that those who lived with dementia were not always sensitively or proactively engaged with in activities. This was particularly relevant to those cared for in their rooms. We found that whilst there were sufficient staff to engage with people in the communal areas, we observed periods of time when staff did not engage socially with those cared for in their rooms. We also observed that staff did not actively engage with people sitting in the lounge area who were less able to communicate and they were seated on the periphery of the lounge area
- We received mixed feedback from people about the provision of activities. One person cared for in their room told us, "I'm bored. Staff don't come and chat. I need fresh air," and another said, "Some days I get bored." However, we were also told, "I'm doing painting and we do ball games. I have made friends with [person]."
- Feedback from family members was also mixed. One told us, "The activity person is amazing but they are in the kitchen at the moment. The carers have a roster to do activities, but it's not of the same quality." Another said, "The activities coordinator works in the kitchen and when they are not here, not a lot goes on. I can't see the young [staff members] doing the same level of activities."
- Other family members gave positive feedback and said, "Oh yes, [relative] will participate in activities in the lounge."
- A member of staff told us that since the last inspection, activities were recorded differently. They said, "We have changed the way we record, made it more descriptive and it's all written in people's care plans. This is shared with the care staff, who are also expected to facilitate activities and accurately record what they have done."
- We reviewed activities records and saw there was a qualitative difference in how the activities were recorded. At times, there were photographs and a description of the activity as well as impact of that activity on the person. At other times, the records were inconsistently completed. There were large gaps over a number of consecutive days which meant it was unclear whether a person was engaged in any activities.

There was no description of what the activity was or the impact it had on the person.

The provider failed to consistently support the needs of people cared for in their rooms. This is a continuing breach of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A social care professional told us, "I saw a record of [person's] room activities, which seems to occur regularly. Record keeping is good and their care plan is updated regularly."

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some family members told us their relatives struggled to understand some carers. One said, "Yes, the staff are pleasant and respectful but there is always the language barrier to contend with. Even if they [care staff] listen to people, they don't always understand what [relative] wants." Another told us, "The language barrier is a real issue. Their lack of understanding is obvious."

We recommend that the provider seeks advice from a reputable source to improve communication with the people they support.

- People's communication needs were recorded as part of the initial assessment and care planning process in a separate communication needs care plan.
- Individual communication plans were developed to meet these needs where necessary. Information about the home, such as the service user guide and the complaints procedure, was available in accessible formats.
- People were given a copy of the provider's complaints policy when they moved into the home. This contained clear information about how to raise any concerns and how they would be managed. The provider received two complaints since the last inspection.
- Family members told us they knew how to make a complaint. One told us, "I am confident that any concerns I raise will be dealt with," and another said, "On the whole I am happy with the care and cannot complain. If we raise any queries, we get answers. There is always someone who will give us an answer."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection in March 2022, we found care plans did not always hold information reflective of people's care needs and the provider remained in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 9.

- At the previous inspection, we found that care plans were not person-centred and it was unclear whether people and their family members were engaged in planning their own care. We found on this inspection that care plans were detailed and included people's preferences and guidance to staff to deliver care and support in line with people's wishes. People's backgrounds, family history and things that were important to

them were recorded.

- Family members told us they were included in discussions around the care of their relatives. One told us, "We had discussions about hearing aids and blood tests and these were acted upon and we were part of the assessment process. Overall, we are very satisfied with the level of care." Another said, "Oh yes, the family is involved in any discussions about [relative's] care."
- They also told us that staff understood the needs of their relative and said, "They know [relative] and look after them well," and "Absolutely yes, I believe they do know [relative's] needs well."

End of life care and support

- At the time of the inspection, no one was actively on the end of life care pathway, receiving end of life support. However, care plans created by the staff to record people's wishes and needs at the end of their lives were generic and not always specific to the person.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. This is the third consecutive inspection when the key question well-led has been rated requires improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection in March 2022, we found the provider did not have a consistent approach to quality monitoring and service improvement and leadership was not always robust. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There is a history of regulations not being met at the service. Parkside Nursing Home has been inspected three times since February 2019 and continuing breaches of regulations have been found at each of these inspections. We took enforcement action following the last inspection, however, the provider failed to sustain improvements over the course of time.
- Effective management systems were not always in place to consistently assess, monitor and improve the quality of service people received. Inspectors found areas for improvement at this inspection which the provider had not identified.
- Despite the manager and area manager completing regular audits of the service, concerns noted by inspectors had not been identified as part of their governance. These included poor infection prevention and control, unsafe equipment, poor environment, inconsistent engagement with people living with dementia, inconsistent assessment of risk and inconsistent provision of activities.
- Parkside Nursing Home is required to have a registered manager in post. There had not been a registered manager in post since September 2021. A new manager had been in post for 6 months and intended to submit an application to register.

The systems and processes in place were not effective in monitoring, assessing and improving the quality and safety of the service. This was a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- However, since the last inspection in March 2022, improvements in other areas were made at the service. These included medicines management, appropriate application of the Mental Capacity Act and regular training and supervision for staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The manager was keen to promote a person-centred culture and encourage continuous improvement in the service. They left a feedback book in each person's room in order that they could record any thoughts or suggestions, which the manager reviewed.
- We received positive feedback from people and their family members. One person told us, "We have a new manager, she is very nice." Family members said, "The manager is very approachable, as are the nurses. Things feel so settled now, which is very reassuring," and "[Nurse] tells me everything. They phone me if the doctor's been or if there is anything new to say."
- A social care professional told us it was apparent to them that the manager knew people very well, "When the manager came into [person's] room, it was obvious they had a good relationship, they were both laughing about something [person] said."
- Staff told us they felt valued and spoke positively about improvements in the home and their relationship with the manager. One told us, "Lots of recent improvements in every department. In my opinion the residents are very happy. [Manager] is a good manager, very friendly, communicates well." Others said, "[Manager] appreciates whatever work we do and tells us this. They are attentive to the needs of the home and in tune with people - is very hands on."
- The provider had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. We were told that there had been no incidents which met the duty of candour threshold.
- Family members confirmed that they were informed of all incidents and any health concerns concerning their relative. One told us, "They always phone me. [Relative] had a cut and a bruise and a chest infection and they told me straight away. The phone is answered quickly and if the staff don't know something they find out." Another said, "Yes the staff ring me if necessary. The senior nurse contacted me the night before last actually."
- Staff knew how to whistle blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives and residents' meetings were taking place and people had the opportunity to give their views about all aspects of the provision of care and general aspects of the home.
- The manager set aside two hours every Friday afternoon (manager's surgery) where people, family members and members of staff could drop-in and have a chat about general matters. The manager told us this had a positive effect, "This was really helpful when I first started as it gave everyone easy access to me. Now I think people just value this as an opportunity to catch-up."
- There were regular team meetings when staff were encouraged to contribute their ideas and staff told us there was good teamwork at the service. One member of staff told us, "We have staff meetings, they are good."
- The staff made referrals to other healthcare professionals when needed and followed their guidance to make sure people received the right care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The design and layout of the building did not take in to account the needs of those who lived with dementia.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Provision of activities was inconsistent and did not always engage those cared for in their rooms.

The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	There were poor infection control practices and some equipment in use did not meet the needs of the person. Additional care needs associated with specific healthcare conditions were not always documented.

The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The systems and processes in place were not effective in monitoring, assessing and improving the quality and safety of the service.

The enforcement action we took:

We imposed a condition on the providers registration.