



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Parkside Nursing Home Ltd

**Park Road
Banstead
Surrey
SM7 3DL**

Lead Inspector
Mary Williamson

Unannounced Inspection
21st January 2008 09:50

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Parkside Nursing Home Ltd
Address	Park Road Banstead Surrey SM7 3DL
Telephone number	01737 361518
Fax number	01737 361833
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Parkside Nursing Home Ltd
Name of registered manager (if applicable)	Ms Kalsum Mohd Noh
Type of registration	Care Home
No. of places registered (if applicable)	34
Category(ies) of registration, with number of places	Dementia (0), Old age, not falling within any other category (0)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category/ies of service only:

Care home only - (PC) to service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Dementia (DE)

Old age, not falling within any other category (OP).

2. The maximum number of service users to be accommodated is 34.

Date of last inspection 30th July 2007

Brief Description of the Service:

Parkside is a large detached property that provides nursing care for up to thirty- four people.

The home is situated near to Banstead Village. Accommodation is provided on the ground and first floor. Accommodation is provided in mainly single rooms most with en-suite facilities, and there are two double bedrooms.

Recent development has also provided two self- contained mews apartments. A passenger lift provides access to the first floor. The home has a large, central lounge/ dining area, which is used for activities, as well as for serving meals.

The home has a large garden and all areas have wheelchair access. There is ample parking available to the front of the home.

The fees at the home range from £ 550.00 - £ 700.00 per week. This information was provided on 21/01.2008.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 star rating. This means that people who use this service experience good quality outcomes.

This was the first site visit of a key inspection and was unannounced. Mary Williamson Regulation Inspector undertook the inspection over a period of six hours.

Discussions were held with residents, the manager, staff, and relatives visiting the home.

Records relating to the care of the residents and the management of the home were examined, including residents files, care plans, medication records, staff files and staff training records.

Care staff were observed going about their work and interacting with residents in a positive and professional manner.

A full tour of the premises was undertaken.

The majority of the residents were keen to talk and share their experiences of the home with the inspector.

The diverse needs of the residents are outlined in individual care plans.

There is a complaints procedure in place and there have been no complaints since the last inspection.

CSCI would like to thank the residents, manager, and staff for their hospitality and cooperation during this inspection.

What the service does well:

The manager and staff demonstrated an open and inclusive atmosphere to the needs of the residents. Staff had a good understanding of the residents care plans and their content.

The home promotes and encourages contact with family and friends. Community links are maintained. Visitors stated that there is always a warm welcome in the home.

The catering arrangements in the home are satisfactory providing residents with a wholesome and nutritious diet. Several residents were complimentary about the food.

Residents are protected by the complaints procedure, the abuse awareness procedure and the staff recruitment procedures in the home.

The new lounge and dining room provided residents with ample well decorated communal space.

The health, safety and welfare of the residents are promoted.

What has improved since the last inspection?

The requirements made at the last inspection have been either partly or fully met resulting in marked improvements in the home.

The management team has taken the commitment to provide good outcomes for residents and has engaged the services of an independent consultant to maintain the sustained improvement noted since the last inspection.

The home has made good progress with the environmental standards providing ample communal accommodation, which is comfortable and well decorated. A newly fitted assisted bathroom on the first floor has improved mobility arrangements.

Contracts of occupancy and needs assessments are now in place. Care plans and risk assessments now reflect care needs and outcomes.

All staff have now undertaken training on abuse awareness, and a record of staff induction training is now in place.

The recruitment procedure in place is robust and protects the residents living there. All the required employment documentation required for employment legislation is in place on the staff files seen.

What they could do better:

The home is undergoing major refurbishment and the standard of accommodation varies accordingly. The registered person has identified all the improvements required and is working towards meeting these improvements.

Residents must be offered an improved activities programme, and the activities organiser identified in theory be given a contract and date to commence this role.

The sluice on the ground floor has no hand washing facilities. Consideration should be given to the provision of a wash hand basin for this purpose.

The kitchen assistant vacancy and the launder arrangements must be reviewed to prevent carers undertaking these roles.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Staffing (Standards 27-30)

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 3, and 6.

People who use the service experience **good quality outcomes in this area**. This judgement has been made using available evidence including a visit to this service. Prospective residents and their relatives have access to sufficient information in order to help them to make a choice about living in the home. Contracts of occupancy and needs assessments are in place. The home does not provide intermediate care.

EVIDENCE:

The home has a statement of purpose and residents guide in place. All prospective residents and their relatives are provided with appropriate information in order that they can make an informed choice about living in the home. A relative stated that she was provided with information when she visited the home on behalf of her parent, which was informative and was also shown around the home.

All prospective residents have an assessment of needs undertaken prior to admission to determine if specific needs can be met. Assessments are undertaken by the manager either in hospital or in the resident's own home.

Three needs assessments were randomly sampled and were informative and detailed.
Intermediate care is not provided in this service.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9, and 10.

People who use the service experience **good quality outcomes in this area.**

This judgement has been made using available evidence including a visit to this service. Care plans in place outline the care to be provided and how this is undertaken. The medication administration policy protects residents living in the home

Resident's privacy and dignity is promoted and respected.

EVIDENCE:

Individual care plans are in place. These are written on information gathered at the needs assessment, input from the residents, information obtained from relatives, and health care professionals. A relative stated that she was consulted in the care planning process and is kept up to date on any changes or amendments to care. A resident said that she is always consulted about her care and can sign to agree.

Three care plans were sampled. These identify resident's needs, outline how care is provided and any risks identified. Care plans are reviewed and updated monthly or more frequently if required.

All the residents are registered with a local GP who visits the home every Thursday, or when required to do so. Residents stated that they were satisfied with the support they receive from their doctor. The manager stated that the chiropodist visits every two weeks and there are also visits from the community dentist and optician. Records of health care professionals visits are included in care plans.

The home has a medication administration policy in place. The qualified staff that administer medication are familiar with this policy and also follow the NMC (Nursing and Midwifery Council) code of professional conduct.

Medication is supplied to the home by Ewell Pharmacy and they also undertake regular audits of medication.

The medication recording charts (MAR) were seen and are well maintained.

Resident's medication is reviewed regularly.

Medication is stored in a locked room, which can also accommodate the medication trolley. There is a fridge available for the storage of specific medication. Currently there is one resident in the home who self medicates and appropriate risk assessments are in place for this.

Privacy and dignity is promoted. Staff were seen to knock on residents doors prior to entering. Locks are provided on bedroom doors and all communal bathrooms and toilets. Screens are in place in shared rooms.

Staff were observed to interact and address residents in a polite and professional manner.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14, and 15.

People who use the service experience **adequate quality outcomes in this area**. This judgement has been made using available evidence including a visit to this service. Leisure and recreational activities do not meet the resident's expectations. Family and community contact is maintained. Nutritional needs of residents are being met.

EVIDENCE:

Residents social interests are outlined in individual care plans. There is a list of planned activities for the year displayed in the main hallway and includes tea in the garden, attending the village carnival, and celebrating a 100th birthday. The activities offered include chair exercise, quiz, bingo, and reminiscence group. The manager explained that she had employed a member of the care staff to coordinate these activities the previous week, and this was due to commence the afternoon of the inspection. There was an opportunity to talk with that staff member who confirmed that in theory this was agreed and she was waiting confirmation of terms and conditions of employment prior to taking on this role. The residents stated that there were not enough activities in place and that they wanted more outings. Although efforts have been made to improve the activities in the home since the last inspection this is still not

implemented and residents do not experience the level of activity to meet their expectations.

Community links are maintained and relatives are encouraged in the home at any reasonable time. Visitors spoken to stated that they are always made to feel welcome and there was always a cup of tea available.

Spiritual needs are supported and various clergy are encouraged to visit the home. The Church of England Vicar presides over a church service on Tuesdays and the Roman Catholic Priest offers a Holy Communion service on Fridays.

The kitchen was visited and the cook spoken to. She shares the catering responsibilities with two more cooks over a seven-day period. They follow a four-weekly menu, which is planned by the manager with residents' input. The menus are varied, nutritious and are seasonal. A daily menu was available on each table for residents' information, which offered residents a choice of meals. Lunch was observed and was nutritious, and appetising. This was served in a relaxed and unhurried atmosphere.

Sensitive support was offered to residents that required help with feeding. Residents stated that the food was "like being in a hotel", and "we are very well fed here".

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16, and 18.

People who use the service experience **good quality outcomes in this area.** This judgement has been made using available evidence including a visit to this service. Residents are protected by the complaints procedure and the abuse awareness procedure in the home.

EVIDENCE:

The home has a complaints procedure in place. All residents and their relatives have a copy of this procedure, which is also displayed in the main hallway. This has been updated with the new contact address of CSCI. A resident stated that she was aware of this procedure and would feel confident using it. A resident stated that she would talk to "matron" if there was a problem. Staff were also aware of this procedure.

The home has an abuse awareness policy in place and the training coordinator for the company who was teaching in the home during the inspection was able to demonstrate that all staff had undertaken training in abuse awareness. The home also has a copy of the local authority safeguarding procedures, which have been updated as a requirement of the last inspection.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 20, 24, and 26.

People who use the service experience **good quality outcomes in this area**. This judgement has been made using available evidence including a visit to this service. The residents live in a home, which is suitable for its stated purpose. The home is well maintained, comfortable, and safe.

EVIDENCE:

A tour of the premises was undertaken. The home is currently undergoing major refurbishment and the new dining area and lounge provide residents with ample communal space that is bright airy and well furnished. Residents stated that they enjoyed sitting in this area but would like if the television was working properly. A member of staff explained that there had been a problem with the Ariel and that this was in the process of being resolved.

The standard of individual bedroom accommodation varies according to its location within the home. The new wing provides residents with en-suite, well-decorated and comfortable bedrooms. The original building is old and the

rooms are less attractive. The management team recognise this and have included the refurbishment of this accommodation in phase two of the development. An assisted bathroom in this part of the home has been refitted as a requirement of the last inspection to provide more comfort for the residents.

The home is clean and hygienic. Mal odour was present in one bedroom as the result of a recent accident. The manager had arranged for the carpet in this bedroom to be shampooed that afternoon. Currently there is a vacancy in the home for one cleaner. The current cleaning staff work extra hours to maintain good standard of cleanliness within the home. There is an infection control policy in place and the training and development co-ordinator was teaching aspects of this policy to staff during the inspection.

The sluice on the ground floor does not have hand -washing facilities. This was discussed with the manager who stated that the staff use the wash hand basin facilities located in the bathroom opposite. It was suggested that this situation be reviewed and alternative arrangements facilities provided when the bathroom is in use. This is necessary to observe the control of infection policy and to reduce the risk of cross infection in the home.

The laundry facilities are suitable for the home. Currently one laundry assistant is employed in the home during the afternoon and the care staff undertake laundry duties during the morning.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29, and 30.

People who use the service experience **good quality outcomes in this area**. This judgement has been made using available evidence including a visit to this service. Resident' needs are met by the number and skill mix of staff. The recruitment procedures and training arrangements in place protect the residents living there.

EVIDENCE:

The staff duty rota was seen and indicated that sufficient staff were allocated to meet the physical and emotional needs of residents. The current vacancy for a kitchen assistant, and the laundry arrangements impacts on the social needs of the residents as care staff are deployed to cover these positions. The manager explained that she had appointed staff and was waiting for CRB clearance.

The organisation employs a training and development coordinator who was visiting the home during the inspection. A training room is provided for staff, and all mandatory training and NVQ is overseen the training coordinator. Currently over 50% of the staff have an NVQ level 2 or above. Induction training is the responsibility of the manager. Qualified staff are given the opportunity for professional development and appropriate training is provided relevant to their roles.

Regular formal staff supervision is in place.

Recruitment procedures are robust and protect the residents living in the home. All staff complete an application form, and undertake a face-to-face interview. Three staff employment files were seen and are well maintained. The files include all the required documentation for employment legislation.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35, and 38.

People who use the service experience **good quality outcomes in this area.** This judgement has been made using available evidence including a visit to this service. The home is well managed in the best interests of the residents. The health, safety, and welfare of the residents and staff is observed and promoted.

EVIDENCE:

The home is well managed by the registered manager who is also a qualified nurse. She has many years experience in the provision of care for older people and also has her Registered Managers Award. She has the support of a deputy manager and the senior management team.

The organisation has taken the commitment to provide good quality outcomes for the residents living in the home and has engaged the services of an independent consultant to maintain the sustained improvement noted since the last inspection.

Quality assurance is monitored. Customer service questionnaires are distributed every six months to residents and relatives. Feedback is monitored and acted upon. Some comments include "the food is not so good", "concerns about missing laundry items", "poor staffing levels", and "not enough to do". Results of these surveys are communicated back to the residents and relatives at meetings and a newsletter. Other methods of quality assurance include regulation 26 visits, medication audits, health and safety audits, and visits from an independent consultant.

The home keeps small amounts of pocket money for some residents to spend on sundries. All transactions made are supported by receipts and signed by staff. Nobody at the home acts as appointee for residents.

The home has a wide range of health and safety policies and procedures in place and some of these were observed throughout the day. Staff receive ongoing training in health and safety. Risk assessments are in place for all identified risks and safe working practice.

Fire safety is promoted and records are maintained for weekly fire alarm testing. There is a contract in place for the maintenance of the fire fighting equipment and emergency lighting.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	X
22	X
23	X
24	3
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP12	It is recommended that the registered person implement the plans in place to appoint an activities organiser as soon as possible to meet the resident's expectations.
2	OP26	It is recommended that the registered person should give consideration to providing appropriate hand washing facilities in the sluice room on the ground floor.
3	OP31	It is recommended that care staff do not undertake other duties for example kitchen and laundry duties in order to reduce the risk of cross infection in the home.

Commission for Social Care Inspection

Maidstone Office

The Oast

Hermitage Court

Maidstone

Kent

ME16 9NT

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: inspection.southeast@csci.gsi.gov.uk

Web: www.csci.org.uk

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