



**London Borough of Havering - Joint Commissioning Unit
Quality Outcomes Monitoring Tool**

Name of Provider:	Parkside Care Home
Address:	65 Main Road, Romford, RM2 5EH
Telephone Number:	01708 743110
Email Address:	parksidehome@btconnect.com
LBH Service Users Count:	3
Quality Outcome Officer(s) responsible:	Lisa Barker

Public Liability Insurance:

Company:	Not checked at this visit
Cover Amount:	
Exp. Date:	

Employers Liability Insurance:

Company:	Not checked at this visit
Cover Amount:	
Exp. Date:	

Professional Indemnity Insurance:

Company:	Not checked at this visit
Cover Amount:	
Exp. Date:	

Date of visit:	4th January 2024
Reason for Visit:	<i>Concerns Visit</i>
Date Report Agreed:	
Type of Provider:	Care Home

Please Note:

Not all sections will contain ratings. If the quality question is deemed not applicable to your provision, it will be excluded and will not affect overall ratings.

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Section 1 - Safety & Environment

	Question	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
1.1	Does the provision have a visitor / signing in book?	x					3	Parkside has an electronic signing in and out system which is located in the reception area.
1.2	Are the observed communal areas clean and free from malodour?	x					4	
1.3	Are the observed residents areas free from malodour?	x					4	
1.4	Are service users able to personalise their rooms?	x					4	A selection of rooms were viewed and all were individualised with personal belongings and some had personal items of furniture.
1.5	Are there secure storage facilities for the safe keeping of service users' money and valuables?				x		5	
1.6	Are the lifts working and does the provision have a certificate for servicing?				x		4	
1.7	Are cleaning rotas in place?				x		1	

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
1.8	Is there evidence that that the cleaning rotas are adhered to?				x		2	
1.9	Are there sufficient controls in place for infection control?				x		4	
1.10	Are the fridge and freezer temperatures within appropriate ranges and recorded appropriately?				x		3	
1.11	Are food temperatures within appropriate ranges and recorded appropriately?				x		3	
1.12	Are there handrails in place throughout the provision?	x					3	
1.13	Are there appropriate safeguards in place to protect service users from direct contact with the heat source from radiators?	x					3	
1.14	Is clinical waste stored and disposed of safely?				x		4	
1.15	Are COSHH products stored securely and is there a COSHH assessment?				x		5	
1.16	Are call alarms / call bells in place and within reach?	x					5	It was observed that call bells were in situ in all bedrooms. Sensor mats were also in situ where assessed as required.
1.17	Are bed rails, protectors & hoists in place where assessed as needed?	x					5	

Question	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
1.17	x					3	
1.18	x					4	
1.19				x		4	
1.20				x		5	
1.21				x		4	
1.22				x		5	
1.23				x		5	
1.24				x		5	
1.25	x					5	Visitors are required to ring the bell and await admittance from a member of staff.
1.26				x		3	

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
1.27	Are entrances and exits accessible?	x					3	
1.28	Are the provision's grounds / garden tidy, accessible and safe for service users?	x					4	
1.29	Are there window restrictors in place?	x					3	
1.30	Is there an effective laundry system in place?				x		4	
1.31	Does the provision have any planned developments for the next 12 months?				x		0	
1.32	Does the provision have planned and ad-hoc maintenance programmes / systems in place?	x					4	The hair salon is due to be repainted. The kitchen has been recently refurbished and now has a storage pantry and an area specifically to store the industrial refrigerator and freezer.
1.33	Does the office have space available for private meetings / supervisions / training?	x					4	The Manager / Deputy office is located next to the kitchen near the main dining area and can be used for any meetings. The Piano Room at the front of the building can also be used for larger meetings and activities.

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Section 2 - Staffing

	Question	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
2.1	Is there a permanent manager in position for the provision?	x					4	The registered manager is currently on maternity leave and cover has been in place since October 2023. The deputy manager is also on maternity leave and one of the care leaders is acting up into that role.
2.2	Has there been a change of manager since the last monitoring visit?				x		0	
2.3	Has there been a change of ownership since the last monitoring visit?				x		0	
2.4	Are care staff remunerated at a rate which is equal to or above the appropriate National Living Wage or National Minimum Wage and are paid for travelling times in between appointments?				x		5	
2.5	Do staff wear uniforms and ID badges?				x		3	
2.6	Are the staffing levels appropriate to meet the needs of the service users?	x					5	
2.7	Is there a staffing rota in place that clearly shows who is and is not on duty?	x					4	The staffing rota for the day of the visit confirmed there were five (5) staff on duty with one care lead. The acting manager was also on site. Three (3) staff were rostered for the night shift, this included one care leader.

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
2.8	Does the staffing rota reflect the observed staffing levels at the time of visit?	x					4	
2.9	Are DBS checks in place and in date?				x		5	
2.10	Have appropriate references been requested and checked?				x		5	
2.11	Has the provider explored any discrepancies or inconsistencies within the application form?				x		5	
2.12	Has the provider carried out proof of identity checks?				x		5	
2.13	Does the provider ensure that the employee has the right to work within the UK?				x		5	
2.14	Are there appropriate ancillary staff in place?	x					3	
2.15	If there are agency staff in place, have these staff been subjected to the same level of checks as permanent staff?				x		5	
2.16	Have all staff completed induction & mandatory training? Includes agency workers.		x				4	The actions from a recent safeguarding enquiry included staff completing care recording training. The majority of staff have completed the PCS training however some are outstanding. This will be addressed by the acting manager.
2.17	Was there evidence that a training matrix was in place?	v					3	Staff are required to complete e-learning. Parkside sends reminders for required training to staff

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
2.17		✓					5	Required training to start. Outstanding training is chased.
2.18	Do staff receive ongoing dementia and or specialist training & refresher training as required?				x		4	
2.19	Does the provider arrange specialist tube feeding training where necessary?				x		5	
2.20	Do staff receive regular supervision and appraisals?				x		4	

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Section 3 - Recording

Question	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
3.1 Are files kept in a secure place?	x					5	Parkside has introduced and uses the Person Centred Software (PCS) digital care planning system. All records are maintained electronically with staff requiring a login and password to access the system.
3.2 Are there pre admission assessments recorded in the service user files?				x		4	
3.3 Does the provision have a key worker system?				x		4	
3.4 Evidence that pressure mattresses are checked and records maintained as required?		x				5	Regular checks for example repositioning of residents in bed, food and fluid intake, and welfare checks are input into the system as planned actions. Several residents' records were viewed and it was noted that in general checks are being completed as planned, however, some checks and actions had not been completed the previous day but had been completed on the day of the visit. The Care Manager had completed a review of the residents' records and noted the omissions which were to be discussed with staff.
3.5 Are there robust care plans in service user files?	x					5	
3.6 Are the care plans clear, concise, person centred and outcome focused?	x					5	Information recorded in the care plans viewed was detailed.
3.7 Is there evidence of service user involvement in care planning?				x		5	

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
3.8	Are care plans appropriately reviewed?		x				5	Reviews of care plans are completed by the Manager and Deputy on a monthly basis. PCS will flag to managers if reviews are overdue. It was noted on resident II that some elements of care and support had not been reviewed since August 2023. The acting manager undertook to address this issue.
3.9	Are end of life care plans in place including DNACPR?	x					5	Parkside has a "Procedure to follow when a resident dies within the home" document which details the process to be followed with an expected and unexpected death.
3.10	Are daily notes completed as required?		x				5	Daily notes are entered onto PCS. As the entries are created in real time the date and time are automatically recorded. It was viewed on the care record for resident EH that no notes had been entered since 06:26. The resident was seated in the lounge so had received support by way of personal care and assistance to the lounge. The acting manager undertook to address the lack of recording.
3.11	Are daily notes of a sufficient standard?	x					4	Notes on the files viewed contained a good account of the residents' day.
3.12	Are body maps completed where required?	x					4	Body maps were viewed on PCS. Review dates are recorded, pictures of wounds can be uploaded. Information is detailed and wound progression is recorded.
3.13	Has consent for care and treatment, sharing information and the use of photographs been obtained and recorded?	x					5	Consent forms were available on the records viewed and had been signed by the residents.
3.14	Are professional involvements / contact recorded?	x					5	Information and records in relation to the Falls Clinic, TVN and DN visits are recorded. Referrals to the SALT Team have been made where appropriate.
3.15	Are appropriate risk assessments completed and reviewed?	x					5	

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
3.16	Are appropriate DoLS /MCA / best interest assessments recorded where required?				x		5	
3.17	Is the provider proactive in ensuring reviews are carried out by social workers?				x		4	
3.18	Does the provision notify the local authority when a service user is admitted to hospital?				x		5	
3.19	Does the provision notify the local authority in the event of a service user death?				x		5	

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Section 4 - Quality Of Care

Question	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
4.1 Are there adequate food stocks?	x					5	
4.2 Is there evidence of stock rotation?				x		4	
4.3 Are staff aware of the importance of cultural, social and religious practices relating to meals and mealtimes?				x		4	
4.4 Is the menu on display in the provision?	x					4	
4.5 Are service users involved in meal planning / choice of meals?				x		5	
4.6 Can service users choose where they eat their meals?	x					4	
4.7 Were tables seen to be appropriately laid?	x					3	
4.8 Are special dietary requirements seen to be met?				x		5	

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
4.9	Is the provision meeting the nutritional and hydration needs of the service users?				x		4	
4.10	Were there appropriate levels of choice offered with a range of foods & drinks?	x					5	
4.11	Is specialist eating equipment available where necessary to assist service users to eat independently?				x		5	
4.12	Was there appropriate assistance & encouragement given to service users during meal times?				x		5	
4.13	Are there meal provisions for service users who have a lunchtime hospital appointment?				x		4	
4.14	Are service users supported to maintain dignity and respect?	x					5	
4.15	Are there regular planned activities (recreation, leisure, education) available for sus?	x					4	During the visit individual activities were taking place in the lounge. Some residents were painting, others were talking with each other. The Piano Room is used for group activities and also for church services. Feedback from residents during the visit was positive.
4.16	Are service users involved in planning activities which are suitable for their needs?				x		4	
4.17	Does the provider support the service user to access independent advocacy services if required?				x		4	

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
4.18	Are service users supported to access the community and maintain communal links?				x		3	
4.19	Do staff communicate and interact appropriately and effectively with service users?	x					5	
4.20	Is the provision able to care for minority service users?				x		5	
4.21	Does the provision have hairdressing facilities?	x					4	

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Section 5 - Management Of Abuse

	Question	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
5.1	Are accidents / incidents recorded and notified as appropriate?	x					5	When an incident is logged in a care note a link accesses an incident form. Completed incident forms were viewed and were signed off by managers. Handover notes are completed on PCS and are available to Care Leads.
5.2	Are safeguarding alerts raised where necessary?	x					5	Safeguarding issues are discussed and updated during handovers.
5.3	Do staff appear to have an adequate understanding of safeguarding & incident recording?	x					5	The acting manager is aware that safeguarding alerts must be sent to the Safeguarding Adults Team without delay.
5.4	Do staff appear to have an understanding of how to recognise signs of abuse?	x					5	
5.5	Are staff aware of how to report signs of suspected abuse?	x					5	
5.6	Are staff aware of whistleblowing procedures?	x					5	
5.7	Are there robust financial management protocols to safeguard against abuse?				x		5	

Please Note:

Question	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
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Section 6 - Quality Assurance

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
6.1	Do resident / relative meetings take place regularly & are these recorded?				x		3	
6.2	Does the provider conduct surveys to gather feedback regarding the quality of their service?				x		5	
6.3	Is there evidence that action has been taken based on feedback from quality surveys?				x		5	
6.4	Does the provider have a complaints policy in place?				x		5	
6.5	Where complaints have occurred, is there evidence that there were appropriate actions taken in line with the providers' protocols & procedures?				x		5	
6.6	Are compliments filed and recorded?				x		3	
6.7	Is there evidence of effective auditing taking place internally / externally on the provision?				x		5	

	Question	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
6.8	Does the provider attend provider forums?				x		3	

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Section 7 - Policies & Procedures

	Sent / received electronically	Available for viewing	Comments (if applicable)

Policies and procedures were not requested as part of the visit.

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Section 8 - Medication

Question	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
8.1 Is medication stored appropriately (not controlled drugs)?				x		5	
8.2 Are controlled drugs stored appropriately?				x		5	
8.3 Is medication administration recorded appropriately?				x		5	
8.4 Is covert medication administered in line with statutory guidance?				x		5	
8.5 Is there appropriate protocols for unused medications?				x		5	
8.6 Are PRN medications documented and administered where required?				x		5	

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Section 9 - Transport

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
9.1	Are vehicles compliant with standards and regulations?				x		5	
9.2	Are drivers compliant with standards and regulations?				x		5	
9.3	Are vehicle checks carried out and recorded appropriately?				x		5	
9.4	Are there appropriate passenger assistant arrangements in place?				x		5	

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Section 10 - Service Summary

Overall Provider Rating:

92.92%

Totals

Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score	Max Possible Score
45	4	0	69	2	197	212

Section	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score	Max	%	Comments
1 Safety & Environment	15	0	0	18	0	58	58	100.00%	
2 Staffing	6	1	0	13	0	24	27	88.89%	
3 Recording	9	3	0	7	0	46	58	79.31%	
4 Quality Of Care	9	0	0	12	0	39	39	100.00%	
5 Management Of Abuse	6	0	0	1	0	30	30	100.00%	
6 Quality Assurance	0	0	0	8	2	0	0	0.00%	
7 Policies & Procedures									
8 Medication	0	0	0	6	0	0	0	0.00%	

Section		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score	Max	%	Comments
9	Transport	0	0	0	4	0	0	0	0.00%	

Overall Comments

Parkside is a care home providing support and accommodation for thirty two (32) residents. There are currently thirty (30) residents and the London Borough of Havering funds three (3) residents. Accommodation is divided between three (3) floors.

The purpose of the visit was to follow up on concerns identified from a recent safeguarding enquiry which indicated that electronic care records could be created in advance of events occurring.

The acting manager was available throughout the visit and able to provide the requested information.

Although the majority of staff have completed PCS training there are several who still need to attend training which needs to be arranged as a priority.

In general recording is detailed and tasks and notes completed when actioned, however, it was noted that not all planned checks and tasks had been recorded onto the system. The acting manager had already completed an audit of the previous day's activities and noted this information. She will be addressing the omissions with the relevant staff and will need to ensure that staff are inputting notes into the system as they happen. It was evidenced that if any planned actions or daily notes are completed before the planned time, the actual date and time will be recorded. It is not possible to forward date / time an entry into the system.

From the files viewed reviews of care plans are generally being completed monthly, however, there were some areas of care and support on one resident's care plan that had not been reviewed for some time. This will be addressed by the acting manager as a priority.

It is requested that the acting manager updates the Quality Outcomes Officer to confirm PCS training has been scheduled and then completed by the remaining staff members.

Overall Section Summaries

