



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

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

Public Liability Insurance:

Company:	Covea Insurance
Cover Amount:	£10,000,000.00
Exp. Date:	18th January 2020

Employers Liability Insurance:

Company:	Covea Insurance
Cover Amount:	£10,000,000.00
Exp. Date:	18th January 2020

Professional Indemnity Insurance:

Company:	Covea Insurance
Cover Amount:	£5,000,000.00
Exp. Date:	18th January 2020

Date of visit:	12th June 2019
Reason for Visit:	<i>Full Monitoring 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.

London Borough of Havering - Quality Outcomes Monitoring Tool

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	Visitors are required to sign the book, which is located in the reception area, upon entering and leaving the building.
1.2	Are the observed communal areas clean and free from malodour?	x					4	Parkside has a housekeeping team which maintains the cleanliness of the Home. All communal areas were clean and free from malodour.
1.3	Are the observed residents areas free from malodour?	x					4	Residents' rooms were observed to be clean and free from malodour.
1.4	Are service users able to personalise their rooms?	x					4	Residents' rooms are situated on all three floors of the Home. Residents are encouraged to personalise their rooms. Rooms had different colour schemes, curtains and light fittings according to preference. All had personal belongings and some had their own personal furniture. The doors of bedrooms were brightly painted with the name of the Resident and their picture on display.
1.5	Are there secure storage facilities for the safe keeping of service users' money and valuables?	x					5	Each Resident has a safe within their bedroom to store valuables.
1.6	Are the lifts working and does the provision have a certificate for servicing?	x					4	Parkside has one passenger lift towards the rear of the building which was serviced in February 2019. Hoists, ceiling hoists, bath lifts and stair lifts were serviced in July 2018.

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
1.7	Are cleaning rotas in place?	x					1	The Housekeeping team maintains daily cleaning rotas.
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	Hand soap / sanitiser and paper towels are available in the communal bathing areas and toilets in Parkside.
1.10	Are the fridge and freezer temperatures within appropriate ranges and recorded appropriately?	x					3	Kitchen staff record the temperatures of refrigerators and freezers twice daily.
1.11	Are food temperatures within appropriate ranges and recorded appropriately?	x					3	Food temperatures are recorded as appropriate.
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	All radiators have appropriate covers.
1.14	Is clinical waste stored and disposed of safely?	x					4	Clinical waste is collected weekly and stored in appropriate bins.
1.15	Are COSHH products stored securely and is there a COSHH assessment?	x					5	All Control of Substances Hazardous to Health (COSHH) products are stored in the locked basement within a locked area.

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
1.16	Are call alarms / call bells in place and within reach?	x					5	All call bells / alarms viewed in bedrooms and communal areas were easily accessible. One Resident who mobilises independently carries a call alarm with them to use if required.
1.17	Are bed rails, protectors & hoists in place where assessed as needed?	x					5	The Home has ceiling hoists fitted in the bedrooms of two (2) Residents. It was confirmed by the Manager that where bed rails are used the Residents have capacity to consent to their use.
1.18	Are there clear fire / evacuation signs / assembly points well signposted throughout the provision and exits free from obstruction?	x					4	
1.19	Are fire extinguishers accessible and within service dates?	x					4	Extinguishers were serviced in August 2018.
1.20	Does the provider conduct regular Legionella testing?	x					5	The most recent Legionella testing was completed in March 2019.
1.21	Are staff trained to accommodate any additional service user needs in relation to fire practices?	x					4	All staff are fire trained.
1.22	Are fire and emergency doors clear of obstruction and working correctly?	x					5	
1.23	Are fire alarms tested and fire drills conducted on a regular basis?	x					5	Fire alarm tests are completed weekly and fire drills occur regularly: December 2018, September 2018, June 2018. Parkside operates a non-evacuation policy in the event of a fire and evacuates horizontally away from the source of a fire. Each Resident has a Personal Emergency Evacuation Plan (PEEP). The PEEP documentation has recently been amended to include more comprehensive information. The fire alarm and emergency lighting systems were serviced in April 2019.

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
1.24	Does the provider conduct regular Portable Appliance Testing?	x					5	Portable Appliance Testing was completed in September 2018 by an external company and the maintenance person is able to complete PAT for any new equipment.
1.25	Is there a security system on the front door?	x					5	Visitors are required to ring the bell and await access to the Home by a member of staff.
1.26	Are water temperatures recorded and within range?	x					3	Hot and cold water temperature checks are completed and recorded appropriately.
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	Parkside has a well maintained garden with seating which the Manager stated is well used by Residents during favourable weather. There are raised beds which some Residents maintain and one Resident has their own area of garden which they have planned and maintain. There is a raised fish pond and one Resident feeds the fish on a daily basis. The Home has a gardener who tends the garden on a periodical basis throughout the Summer with the maintenance staff completing any additional gardening requirements.
1.29	Are there window restrictors in place?	x					3	
1.30	Is there an effective laundry system in place?	x					4	The Home has a clean and a dirty room for laundry tasks which are completed by the Housekeeping team.

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
1.31	Does the provision have any planned developments for the next 12 months?	x					0	Parkside has reconfigured a couple of the rooms in the Home. The office is now situated on the ground floor near to the dining room and lounge. The hairdressing room has relocated to a room next to the dining room and kitchen which has an en suite shower room. Since the last visit the built-in stairs have been removed and stairs which convert into a platform-style lift have been installed in order to allow all Residents to access the front lounge. In addition all apart from one (1) bedroom now has an en suite toilet and there are additional communal toilets for Residents. There are plans to convert the old hairdressing room into a bathroom and a ground floor bedroom is in the process of being converted into a medication room.
1.32	Does the provision have planned and ad-hoc maintenance programmes / systems in place?	x					4	The Home has a book for any ad-hoc maintenance issues / work is recorded by staff and tasks completed by the maintenance person.
1.33	Does the office have space available for private meetings / supervisions / training?	x					4	There is office space within Parkside which can be used for meetings.

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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	
2.2	Has there been a change of manager since the last monitoring visit?	x					0	Since the previous visit the Deputy Manager has been promoted to Registered Manager.
2.3	Has there been a change of ownership since the last monitoring visit?				x		0	There has been no change of ownership since the last visit.
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	Care staff are initially paid £8.35 which increases to £8.40 per hour upon successful completion of the probationary period. Once medication trained staff are paid £8.66 per hour and Care Leaders are paid £10.30 per hour.
2.5	Do staff wear uniforms and ID badges?	x					3	Care staff are not required to wear a uniform. Kitchen and housekeeping staff wear appropriate uniforms and the carer administering medication wears a tabard to identify they are not to be disturbed. All staff wear identification badges.
2.6	Are the staffing levels appropriate to meet the needs of the service users?	x					5	There are five (5) care staff on duty during the day and two (2) care staff at night. In addition there are two (2) activities co-ordinators working Monday to Friday. The Manager and Deputy Manager generally work Monday to Friday.

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
2.7	Is there a staffing rota in place that clearly shows who is and is not on duty?	x					4	Rotas are produced four (4) weeks in advance and any vacant shifts are covered by the current compliment or agency staff. The Manager and Deputy can undertake care hours if necessary. The Manager stated that if agency staff are used the same staff from the same preferred suppliers are used who are familiar with the Home and Residents.
2.8	Does the staffing rota reflect the observed staffing levels at the time of visit?	x					4	Shifts are 07:00-20:00, 07:00-14:00, 14:00-20:00 / 21:00 and 20:00-07:00 and staffing levels were observed to be reflective of the rota.
2.9	Are DBS checks in place and in date?	x					5	Two (2) staff files were viewed and contained details of Disclosure and Barring Service (DBS) checks.
2.10	Have appropriate references been requested and checked?	x					5	References were available on the files viewed.
2.11	Has the provider explored any discrepancies or inconsistencies within the application form?				x		5	This was not required on the files viewed.
2.12	Has the provider carried out proof of identity checks?		x				5	Photocopies of identification were available on the files viewed, however, one of the copies had not been signed as a true copy of the original document and dated.
2.13	Does the provider ensure that the employee has the right to work within the UK?		x				5	Proof of right to work in the UK was obtained where appropriate, however, the copy of the document had not been signed and dated.

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
2.14	Are there appropriate ancillary staff in place?	x					3	The Home has three administrative staff. Kitchen staff are available Monday to Sunday 07:00-14:00 and 15:00-19:00 with a catering manager 09:00-16:00. Housekeeping staff work Monday to Sunday 08:00-14:00. There are two (2) maintenance staff working Monday to Friday who are on call outside of those days.
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	Agencies used send a worker profile to the Manager which includes information relating to DBS checks, experience and training.
2.16	Have all staff completed induction & mandatory training? Includes agency workers.	x					4	
2.17	Was there evidence that a training matrix was in place?		x				3	Parkside has purchased Cool Care HR system and is in the process of populating the system with training information. The system will identify when training is due.
2.18	Do staff receive ongoing dementia and or specialist training & refresher training as required?	x					4	Refresher training is completed as required. Dementia training is booked for July 2019.
2.20	Do staff receive regular supervision and appraisals?	x					4	Staff receive regular supervision and annual appraisals.

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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	Paper files are stored within a locked cabinet in the locked office. Parkside utilises an electronic care system and staff have individual log-ins to the system.
3.2	Are there pre admission assessments recorded in the service user files?				x		4	There were no pre-admission assessments in the files viewed, however, the Manager confirmed that this information had been archived.
3.3	Does the provision have a key worker system?	x					4	
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	Areas of support include, but are not limited to, activities, healthcare, communication, emotional and behaviour, continence, moving and handling, nutrition and diet, personal care, medication, End of Life, mobility. Care needs are comprehensive and detail the outcome, goal and any actions required. Accompanying information is available if applicable for example Malnutrition Universal Screening Tool (MUST).
3.7	Is there evidence of service user involvement in care planning?	x					5	Residents had signed their care plans on the files viewed.

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
3.8	Are care plans appropriately reviewed?	x					5	Care plans are reviewed three-monthly or more frequently if required.
3.9	Are end of life care plans in place including DNACPR?	x					5	Do Not Attempt Cardio-Pulmonary Resuscitation paper forms were evident in the files viewed and End of Life information was viewed.
3.10	Are daily notes completed as required?	x					5	Staff record all contact with Residents on the system including, but not limited to, conversations, activities, food and drink consumed, medication, assistance with personal care. If specific contact required has not been actioned, it will be flagged to management by the electronic system.
3.11	Are daily notes of a sufficient standard?	x					4	Recorded contact with Residents gives a detailed description of the Residents' day and free text is incorporated where required.
3.12	Are body maps completed where required?	x					4	Body maps were viewed and indicated the area of concern together with a description, actions and outcomes.
3.13	Has consent for care and treatment, sharing information and the use of photographs been obtained and recorded?	x					5	Consent forms signed by Residents were viewed for care, medication, information sharing, photographs and videos.
3.14	Are professional involvements / contact recorded?	x					5	Professionals involvements are appropriately recorded and the GP will also provide a written visit summary.
3.15	Are appropriate risk assessments completed and reviewed?	x					5	Risk assessments identify the risk, what is required, details what the Resident can do and what assistance is required together with any actions.

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	Mental capacity assessments and best interest decisions were viewed and on one (1) file a Deprivation of Liberty Safeguards (DoLS) had been applied for and authorised.
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	The Home orders the majority of stock on-line but also buys locally. Food is delivered.
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	The menu is displayed in the dining room.
4.5	Are service users involved in meal planning / choice of meals?	x					5	The menu for the day is discussed with Residents. There is a varied menu for breakfast including cereals, pancakes and cooked breakfast which is available from 07:30. Lunch is served at 12:30 and Residents have a choice of two (2) main meals with alternatives available if required. On the day of the visit there was a choice of three (3) desserts. There is a varied choice of meals for tea including five (5) different fillings for sandwiches, sausage rolls, pizza, fruit loaf, beans on toast.
4.6	Can service users choose where they eat their meals?	x					4	Residents choose to eat their meals in the dining room, lounge or their bedrooms.

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
4.7	Were tables seen to be appropriately laid?	x					3	Tables had mats, cutlery, condiments, and glasses.
4.8	Are special dietary requirements seen to be met?	x					5	The kitchen staff confirmed that one Resident requires gluten-free food and one Resident is lactose intolerant. Staff cook Caribbean food for one Resident. Catering maintains a book detailing the Residents' food likes and dislikes.
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	Residents are offered a choice of food and drinks throughout the day.
4.12	Was there appropriate assistance & encouragement given to service users during meal times?	x					5	Residents are offered tabards to protect their clothing and staff wear appropriate disposable aprons when assisting with meal times. A staff member was observed seated to the side of a Resident assisting them with their meal. Assistance was appropriate with conversational engagement. Residents were asked by staff if they required any assistance with cutting their food and if they wanted more food.
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	

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
4.15	Are there regular planned activities (recreation, leisure, education) available for sus?	x					4	Activities include, but are not limited to, church service, quizzes, music, bingo, visits from the local children's nursery, animal therapy, exercises and external visits to the local theatre, seaside, cinema, park and pub.
4.16	Are service users involved in planning activities which are suitable for their needs?	x					4	The Manager stated that activity likes / dislikes / preferences are discussed and captured during the pre-admission process. Residents choose which activities they wish to participate in daily. On the day of the visit a group pf Residents were visiting the local theatre.
4.17	Does the provider support the service user to access independent advocacy services if required?				x		4	The Manager confirmed that the Residents at Parkside have family to support them.
4.18	Are service users supported to access the community and maintain communal links?	x					3	See 4.15 and 4.16.
4.19	Do staff communicate and interact appropriately and effectively with service users?	x					5	Staff interacted and engaged appropriately with Residents throughout the visit.
4.20	Is the provision able to care for minority service users?	x					5	
4.21	Does the provision have hairdressing facilities?	x					4	Parkside has a hairdressing room and a visiting hairdresser.

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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	Accidents and incident information is detailed and states the date, location, manager informed, details, and actions taken. The Manager reports numbers of incidents and actions taken to the Parkside Board on a six-weekly basis.
5.2	Are safeguarding alerts raised where necessary?	x					5	Parkside has a folder containing all safeguarding alerts together with appropriate notifications to the CQC.
5.3	Do staff appear to have an adequate understanding of safeguarding & incident recording?	x					5	
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	Parkside has a whistle blowing policy which staff are aware of and is displayed around the Home together with Safeguarding information.

Question	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
5.7 Are there robust financial management protocols to safeguard against abuse?	x					5	<p>The Manager stated that some Residents are independent with their finances. Some families prefer to be invoiced. Where Parkside assists with transactions for Residents, the Home has an electronic system with a personal ledger for each Resident with the date, type and description of transaction which is overseen by two members of staff. Residents and their families provide money to the Home for personal expenses which is banked into one account.</p>

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London Borough of Havering - Quality Outcomes Monitoring Tool

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	Resident meetings take place six weekly and are minuted. Meetings occurred in February, March and May 2019. The Home has commenced relatives' open days every six (6) months and/or relatives can book appointments over a two day period.
6.2	Does the provider conduct surveys to gather feedback regarding the quality of their service?	x					5	Parkside surveys residents every six (6) months and the survey raw data and summary was viewed for November 2018. Residents are also asked to provide feedback during reviews and following events such as a recent barbecue and the trip to theatre.
6.3	Is there evidence that action has been taken based on feedback from quality surveys?	x					5	Following feedback in relation to the recent survey the Home has altered the times breakfast is serviced. This has changed from 08:00-10:00 to from 07:30 onwards. In addition the variety of food available for breakfast has been increased.
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	The Manager confirmed that complaints are investigated in line with policy and a meeting is arranged and action plan developed which is shared with the Resident, family and staff. The most recent complaint was in December 2018 and appropriate action had been taken.
6.6	Are compliments filed and recorded?	x					3	Compliments are on display in the reception area of the Home.

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
6.7	Is there evidence of effective auditing taking place internally / externally on the provision?							The Manager has revised the audit template to contain more detail with regard to the audits that are undertaken. Monthly audits include Resident documentation, provision of care and support, medication management and administration, general management, premises and equipment, safe working practices, and staffing. Items are detailed with findings / actions required, outcome and date of actions completed.
		x					5	
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)
Statement of Purpose			
Service User Guide			
Safeguarding Policy			
Whistle Blowing Policy			
Medication Policy			
Complaints Policy			
Safer Recruitment Policy			
Actions Plans Following CQC Inspection			
Manager's audit			

The above documents were requested electronically and any comments will be fed back to the Manager outside of this report.



London Borough of Havering - Quality Outcomes Monitoring Tool

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	Parkside is in the process of refitting a bedroom on the ground floor to become the medication room. The two (2) medication trolleys are situated in the locked ground floor room. The Home has ordered two (2) replacement trolleys which will be attached to the walls in the room. It is anticipated that the trolleys will be delivered within two (2) weeks. Stock medication is still stored within the small medication cupboard on the first floor and will be relocated to the ground floor room.
8.2	Are controlled drugs stored appropriately?	x					5	Controlled drugs are currently stored in the locked first floor medication cupboard and will be relocated to the ground floor room once available.
8.3	Is medication administration recorded appropriately?		x				5	Several Medication Administration Record (MAR) sheets were viewed and, in general, recording was appropriate and accurate, however, on one MAR sheet the Resident required two (2) puffs of an inhaler twice per day. The night dose had not been administered. This was brought to the attention of the Manager who stated that the Resident was generally asleep when the dose was required and had requested not to be woken for his medication. The Home has contacted the GP to request an alternative time for medication to be administered. The reason for non-administration of prescribed medication must be recorded on the MAR sheet. The CD recording book was completed appropriately.
8.4	Is covert medication administered in line with statutory guidance?				x		5	The Manager stated that, at present, no Resident receives their medication covertly.

Question		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score If Met	Comments
8.5	Is there appropriate protocols for unused medications?	x					5	Spoilt and unused medication is stored and recorded appropriately and returned to the pharmacy.
8.6	Are PRN medications documented and administered where required?	x					5	PRN 'as required' medication is recorded appropriately. Residents have a PRN protocol for each PRN medication which details any allergies, the medication, reason for use, dose, how often, maximum in a 24 hour period, expected outcomes, action post administration, any further information and follow up.

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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	Vehicle MOT expires in October 2019 and insurance is valid until November 2019. The LOLER inspection was carried out in March 2019.
9.2	Are drivers compliant with standards and regulations?	x					5	A driving licence validation is completed for drivers with copies of current driving licences.
9.3	Are vehicle checks carried out and recorded appropriately?	x					5	Checks including fuel, oil and tyre pressure are carried out monthly.
9.4	Are there appropriate passenger assistant arrangements in place?	x					5	Staff accompany Residents when using the vehicles.

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Section 10 - Service Summary

Overall Provider Rating:

97.01%

Totals

Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score	Max Possible Score
106	4	0	5	5	455	469

Section	Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score	Max	%	Comments
1 Safety & Environment	33	0	0	0	0	124	124	100.00%	
2 Staffing	14	3	0	2	1	58	68	85.29%	
3 Recording	17	0	0	1	1	81	81	100.00%	
4 Quality Of Care	19	0	0	1	1	82	82	100.00%	
5 Management Of Abuse	7	0	0	0	0	35	35	100.00%	
6 Quality Assurance	8	0	0	0	2	34	34	100.00%	
7 Policies & Procedures									
8 Medication	4	1	0	1	0	21	25	84.00%	

Section		Met	Partially Met	Not Met	Not Assessed	Not Applicable	Score	Max	%	Comments
9	Transport	4	0	0	0	0	20	20	100.00%	

Overall Comments

Parkside is a care home providing support and accommodation for thirty two (32) older people. Accommodation is divided between the three (3) floors.

The Manager and Deputy Manager were available throughout the visit and were able to provide the requested information. Their assistance is greatly appreciated.

A good level of cleanliness is maintained throughout the Home and all areas are kept free from malodour.

The Home has completed some refurbishment work and relocated several rooms. This work is being completed in 2019. Health and safety and environmental checks are carried out regularly and recorded.

Parkside appears to enjoy the benefits of a stable staff group who receive regular supervision and training and are knowledgeable of the needs of Residents. Staff interacted, engaged and conversed appropriately with Residents during the visit.

In general Parkside undertakes appropriate safer recruitment, however, the Manager must ensure that copies of identification and entitlement to work documentation are appropriately signed and dated.

Care plans are comprehensive, detailed and person centred and reviews of care are detailed and completed monthly. Residents are involved in making choices about the care they receive.

Management and staff are aware of their safeguarding obligations.

Complaints and compliments are recorded appropriately and the Home ensures that regular audits and surveys are completed.

The storage of medication has been reviewed and a more appropriate space has been identified and is in the process of being adapted. Some medication continues to be stored in the small first floor room until the ground floor room is fully available.

In general, the administration of medication is recorded appropriately, however, the Manager must ensure that reasons for non-administration are clearly recorded.

Overall Section Summaries

