

Canaryford Limited

Parklands Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection of Parklands Nursing Home took place on the 19 and 20 November 2014. Parklands is a purpose built nursing home for up to 54 older people who may also have care needs associated with living with dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and report on what we find. We saw that there were policies, procedures and information available in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. The service was applying these safeguards appropriately. This was through assessing people's capacity and making appropriate referrals to the supervisory body, (the Local Authority,) if people's liberty was being restricted.

People were happy with the service they were receiving and we received many positive comments about the

Summary of findings

service and the staff team. We found that people's health care needs were assessed, and care planned and delivered in a consistent way. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe.

Staff clearly knew how to support people in ways that they wished to be supported. There were sufficient numbers of staff were being provided to meet people's needs. Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs.

Staff respected people's privacy and dignity and worked in ways that demonstrated this. Staff asked for permission before providing any personal care or any activity. The social and daily activities provided suited

people and met their individual needs. People were supported to make their own decisions about if they undertook activities or not. People's preferences had been recorded and we saw that staff respected these.

People were able to complain or raise any concerns if they needed to. Where people had raised issues that these were taken seriously and dealt with appropriately. People could therefore feel confident that any concerns they had would be listened to. The service used a variety of ways to assess the quality and safety of the service that it provided. People using the service and their families were consulted with. The service undertook a range of monitoring and areas such as health and safety and medication were regularly audited. The management team at the service were well established and provided good and consistent leadership.

Summary of findings

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 safe.

People told us that they felt safe. Relatives told us that they had no concerns about the care people received or the way they were treated.

Staff were well informed about how to recognise any abuse or potential abuse and also how to respond to any concerns correctly.

Where there were risks associated with people's care needs we saw that these were assessed and planned for.

People told us that there were enough staff on duty to meet their needs safely.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to meet people's diverse needs.

Appropriate arrangements were in place for staff to be inducted and trained.

People's healthcare needs were met. The service worked with other professionals to ensure that people received on-going support with any healthcare needs.

Good



Is the service caring?

The service was caring.

People's comments relating to the quality of care received was positive.

Staff were friendly and caring in their approach to people and their families. Staff demonstrated good practices and worked in ways that ensured that people's dignity and privacy were maintained.

People had the opportunity to comment on the service and their individual care. People told us that staff listened to them and acted on what they said.

Good



Is the service responsive?

The service was responsive.

People's care was personal to their needs and they were involved in the planning of their care.

People were able to raise any concerns or issues about the service. We saw that issues raised were acted on. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Good



Is the service well-led?

The service was well-led.

The service had a stable management team in place. People knew who the manager was. They told us that the manager did a good job, was approachable and provided a well-run home for them to live in.

Good



Summary of findings

Staff morale was good and the service had a positive person centred culture.	
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Parklands Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 & 20 November 2014 and was unannounced. This meant that the provider and staff did not know that we would be visiting. The inspection team consisted of two inspectors.

Before we visited the service we checked the information that we held. We also looked at the Provider Information Return (PIR). This information is about the service

submitted from the provider us to explain how they are meeting requirements of the key questions. We reviewed other information that we held about the service such as notifications. These are events which have happened in the service that the provider is required to inform us about.

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 completed informal observation to see how the staff interacted and supported people.

We spoke with six people who use the service and five relatives. We also spoke with the service's registered manager and eight members of staff.

We reviewed the care records for six people and records about how the service was managed which included medication audits.

Is the service safe?

Our findings

People told us that they felt safe living at the service. Comments received included, “They [staff] all keep me safe.” Relatives told us they were very happy with the care that their relatives received and had confidence that they were kept safe. One relative told us, “We are putting Parklands in trust of the most precious thing we have.”.

People were protected from the risks of potential abuse or harm. Staff had received training in the protection of people from the risk of abuse. Staff we spoke with were clear about how to recognise and report any suspicions of abuse. The service had policies and procedures in place, and information was on display to guide practice and understanding. Staff were also aware of the whistleblowing policy which meant they knew how to access the appropriate agencies outside of the service if required.

The service had appropriate arrangements in place for managing the risk to people’s safety. They had completed risk based assessments for people; these were around people’s individual needs whilst within the service. These assessments were detailed and the information provided enabled staff to support people safely. For example, where people were at high risk of falls, this had been assessed and appropriate risk assessments were in place.

There were sufficient numbers of staff on duty to ensure people were safe and had their needs met. Staff told us that there were enough staff on each shift to ensure people received the support they required. Comments received included, “On the whole we have enough staff to care for

people safely, there are times when people go off sick but that is to be expected.” Call bells were answered promptly and people did not need to wait long periods of time for assistance.

The registered manager told us that staffing levels were reviewed on a regular basis. We looked at staffing rotas and these confirmed that staffing levels were maintained. The manager informed us that if there were unforeseen shortfalls in the staff numbers and cover could not be provided from employed care staff, they would contact an agency. They told us that they would only use agency staff that had worked at the service previously. This ensured that people received care from staff that knew them and understood their needs.

Staff were recruited in an appropriate and safe way. Staff files contained records of interviews, references, full employment histories, and Disclosure and Barring Service (DBS) checks. This meant that people were supported by staff that were deemed suitable to meet their needs.

People’s medication was managed by trained staff to ensure that they received these a safe and timely manner. Medication was stored safely. We observed medicines being given to people and saw that this was done in line with people’s wishes. The nurse checked people’s medication before dispensing and communicated with people through out the process.

We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and dated. We reviewed ‘as required’ medication and saw there were clear explanations as to when these should be administered within people’s care plans. Regular quality audits were taking place to ensure people’s medication was managed safely.

Is the service effective?

Our findings

People we spoke with told us that they were cared for by staff that understood their needs. One comment we received was, “They [staff] are always kind to me.” Relatives we spoke with were happy with the care that was being provided to their family members.

Staff told us that they felt supported at the service and they attended on-going training on a regular basis. One staff member of the care team told us, “They are quite good with training; as soon as it is due they will send you onto another course to refresh your training.” Another member of staff said, “We have enough training to do our jobs.”

Staff were knowledgeable about people’s individual needs and preferences. Staff told us that they had access to training which included that relating to people’s specific needs. For example, epilepsy and dementia this enabled staff to have the knowledge and skills to care for people. They were confident that they had the skills to meet people’s needs.

We found that staff received an induction when they started working in the service. Staff told us that their induction had been good and informative. Staff told us that they were encouraged and supported to achieve further qualifications. One member of staff told us that they were undertaking a national qualification in health and social care.

Staff received regular supervision and an annual appraisal to discuss their practices and skills to ensure they had up to date knowledge to meet people’s needs.

People’s capacity and ability to make informed decisions was assessed. They were supported by staff that understood them. The manager knew how to make an application for consideration to deprive a person of their liberty, (DoLS). We saw that, where needed, the appropriate assessments and documentation was in place for people.

The service had policies and guidance available to support practice. Staff had undertaken training in MCA and DoLS. They demonstrated an awareness of the issues around people’s capacity and to consider people’s best interest when supporting them to make decisions.

People had enough to eat and drink. One person we spoke with told us, “The food is ok, there is plenty of choice.” A relative we spoke with told us, “The food always looks and smells amazing.”

We observed the lunchtime meal. People were relaxed, staff were socialising with people. Staff supported people with their dietary needs. For example, staff sat with people who required assistance with their meal. People were given the choice of where to eat their meals, such as to eat in the dining room, communal lounge or in their bedrooms. This meant the service was flexible in its approach to mealtimes to ensure people’s choice was recognised.

Where people had complex nutritional needs the service engaged with other organisations that could offer guidance with people’s nutritional support needs. For example, we saw that staff had contacted the local Speech and Language Team (SALT) for guidance on one person’s dietary and fluid intake due to their medical condition. We saw guidance and recommendations from the SALT team which staff had followed and recorded in the person’s care records.

People’s healthcare needs were well managed. People were happy with the way their healthcare needs were met. One person told us, “They [staff] help me with my tablets and get the doctor if I need them.” One relative told us, “I have no concerns with my [relative] receiving the healthcare they need, when they need it.” Information relating to people’s healthcare needs were recorded. The GP visited people regularly. Staff referred to other health professionals if required. For example, Dentists and Chiropodists.

Is the service caring?

Our findings

People told us that they felt the staff were caring. One person told us, “Staff are very caring.” A relative told us, “We are very happy and my [relative] is content.” Another relative said, “Staff are very kind and caring to my [relative].”

People had been involved with making decisions about how their support would be provided. We saw information had been provided in a format that each person could understand. One relative told us, “They always involve us when it comes to care plans and changes in [relative] needs.”

We observed staff interacting with people in a kind, respectful and compassionate way. People were seen to hold good relationships. We saw one person ‘joking’ around with a member of staff, this showed us staff knew the person’s personality and were able to respond in a positive way. Staff spoke to people at eye level and allowed them time to respond. We saw people responded well to staff’s engagement. One person was reading a newspaper, a member of staff asked, ‘Is there anything interesting in there today?’ The person then proceeded to have a conversation with the staff member about that day’s news.

The service had a ‘keyworker’ system in place whereby named staff were allocated to provide additional support to a group of individual residents. This encouraged staff to develop relationships with individuals and understand their support needs better. This included the person’s preferences and personal life history. For example, one person had become anxious and distressed. Staff knew how to support and comfort to them. The person responded well to the staff member’s interaction and became calm and settled. This showed that staff understood people’s emotional needs and how to take action to deal with people’s distress or discomfort.

We observed people’s privacy and dignity being respected. For example, we saw staff knocking on people’s bedroom doors before entering and staff ensured people’s bedroom doors were closed when personal care was being provided. One person seizure whilst in a communal area, we saw staff had good knowledge of how to support this person and responded quickly. The person was treated with dignity and respect throughout the staff interactions.

Is the service responsive?

Our findings

People using the service and their families felt that the service was responsive. Most relatives told us that they were consulted with and kept informed of any changes to their relatives wellbeing. A relative told us, “We are always kept up to date with what is happening with [relative’s name].”

Each person had a care plan in place which was personal to them. They were clear, easy to understand and provided good information to enable staff to care for people in ways that supported their individual needs and preferences, including people’s dementia specific needs. People’s care needs were regularly reviewed to ensure their changing needs were met. People, their relatives and staff were given the opportunity to contribute to care review meetings. This showed us that the service sought to involve people and ensure that they experienced a good quality and safe service.

People were supported to follow their interests and take part in activities that were appropriate and tailored to their individual needs. One person told us of a recent activity and said, “I loved it, we sang all the old songs.” The activities organiser that had been newly employed by the service told us that they had been provided with information on people’s interests and had arranged activities accordingly.

The service had a robust complaints procedure in place. People were encouraged to express their views and raise concerns if needed. One relative told us that they could have discussions with the manager or staff at any time. We saw that the manager worked continuously with people and their relatives to address their concerns and provided on-going support until people were satisfied with the outcome of the complaint. Complaints were recorded, investigated and responded to appropriately.

Is the service well-led?

Our findings

Although the service was well managed and the manager used some quality assurance processes to assess and monitor the service, these had not been recorded regularly. The lack of these records could mean that governance of the service was not robust enough to ensure people's on-going safety and wellbeing. The manager acknowledged this shortfall. They told us that they used feedback from people, their relatives and staff to continually improve the service for people.

The manager was supported by a care manager and other senior staff. We saw that people and staff were comfortable and relaxed with the manager. The manager demonstrated a good knowledge of all aspects of the service, the people using the service and the staff team.

The manager was fully accessible to people. They spent time out and about in the service, seeing what was going on, talking to people and supporting staff. Most staff felt supported by the manager. We received many positive comments about the service and how it was managed and led. One person's relative told us, "I find the manager very approachable, I cannot fault it here." A staff member told us, "The manager is very supportive."

Staff we spoke with told us, "Things are better than they have been in the past; the staff now try to work as a team." Staff morale was good and they were very positive about their role. Staff meetings were held regularly where discussions held included training and staffing. A monthly newsletter was also sent to staff's home address. The newsletters included topics such as training certificates and the reporting of sickness or absence.