T Chopra

Parklands

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place 31 March and 1 April 2016 on and was unannounced.

We last carried out an inspection of this home in September 2014 when we found the registered provider met our regulatory requirements.

Parklands care home is a large converted Victorian mansion set in its own grounds. It provides up to 36 places for older people and older people with dementia care needs. There is an additional extension which is connected to the original part of the building by a bridge. Two people had chosen to live in this extension. At the time of our inspection there were 22 people using the service.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

The service had in place robust checking procedures to ensure staff who were recruited to the service were safe to work with vulnerable people.

Staff had recently undertaken training on nutrition to ensure people who used the service were not at risk of malnutrition. Staff had also been training in other topics to enable them to provide support and care to people. These included health and safety, moving and handling and the Mental Capacity Act.

Monthly medication audits were undertaken by the registered manager and actions were put in place to improve the service. Staff who administered peoples' medicines had been assessed as competent by the registered manager to carry out this task.

The registered manager had used a disciplinary policy and taken actions against staff to protect people in the service.

People and their relatives were very positive about the standards of care provided in the home. We observed staff treated people with kindness and respect. We found staff ensured people were wearing their glasses and hearing aids, and had easy access to their walking aids.

We observed a potential altercation between two service users in the main lounge when one person felt that another person was sitting in their chair. Staff intervened swiftly and calmly to de-escalate the situation with a positive outcome. We saw there were enough staff on duty to meet peoples' needs.

We observed the registered manager carrying out a number of tasks which could have been completed by an administrator leaving the registered manager free to for example ensure records were up to date. The

registered manager told us the administrator had left and they had yet to be replaced.

The manager had investigated peoples' complaints and provided complainant with an outcome. This meant peoples' complaints had been taken seriously.

We found the registered manager was open and accountable in their practices and were able to demonstrate to us what actions they had taken when issues had been raised with them.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service not always safe.

The home had in place a range of risk assessments to ensure people using the service was safe. This included fire risk assessments accompanied by fire alarm testing and drills.

Robust procedures were in place to ensure staff were recruited and were safe to work with vulnerable people.

We observed staff respond quickly to people' needs and found were enough staff on duty to care for people.

Is the service effective?

Good

The service was effective.

People in the home told us they enjoyed the food. We saw staff supporting people to eat. Staff had recently undertaken 'Focus on Under nutrition' training to ensure people living in the home would not become malnourished.

New staff who started working in the home underwent an induction period. We saw inductions records were completed from day one of new staff members starting.

The registered manager was providing supervision and support to staff. Senior care staff were being trained by the registered manager to assist the manager with staff supervisions.

Is the service caring?

Good

The service was caring.

Staff were able to anticipate people's needs and demonstrated to us that they knew people well.

We observed care practices in the dining area and communal lounge and saw people were respected by staff, treated with kindness and staff called them by their preferred names.

Peoples' well-being was promoted. Staff ensured people were

wearing their glasses and hearing aids, and had easy access to their walking aids.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We found peoples' care records required risks to be addressed and care plans updated.

The registered manager had tried without success to recruit an activities coordinator. Staff had stepped in and provided activities for people. The registered manager still wanted to appoint an activities coordinator so more personalised activities could be provided.

We saw where people had made a complaint to the service the registered manager had looked into the complaint and written to the complainant with the outcome of their investigation.

Is the service well-led?

Requires Improvement

The service was not always well led.

We found people's records contained contradictory information and needed to be updated to ensure accuracy.

People and relatives spoke very positively about the service and told us they valued the registered manager. Staff told us for the first time in a while they felt appropriately managed.

The manager was open and accountable with us for their practice. When we spoke to the manager about issues raised before and during the inspection they were able to demonstrate what actions they had taken and explain to us why they had taken the actions.

Parklands

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 31 March and 1 April 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors and a specialist advisor who had a background in nursing people with dementia type conditions.

We spoke with the registered manager, the deputy manager and five care staff. We also spoke with kitchen and maintenance staff. During our inspection we met and spoke with eleven people who used the service, and five relatives. We also observed care practices throughout our inspection days.

We reviewed five people's care records including care plans, risk assessments, and health records. We also carried out observations of people and their interactions with staff.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used the content of the PIR to inform our inspection and to ask questions of the registered provider.

Requires Improvement

Is the service safe?

Our findings

We reviewed seven medications administration records (MAR) and found prescribed oral medicines were up to date and all were signed for. Medicines were administered by the senior carer on each shift which was observed to take approximately one hour to complete. We saw the senior carer took time and used patience to ensure people took their medicines.

We observed a number of topical preparations present in service user's rooms but we found no documentary evidence to demonstrate these had been applied. Other people had preparations which were not prescribed. No dates were recorded on packaging to identify 'opened on date' and some people had two or more of the same preparation open at the same time. We spoke to a staff member and registered manager regarding the recoding of topical medication administration. They confirmed our findings that topical medicines were prescribed but not signed for. We saw there was a standard statement written against the MAR entry stating 'see topical application sheet'. The staff member said "I can see what you are saying that if we have not written it down then no-one can check it has been given." This meant there was a risk people were not receiving their prescribed topical medicines. The staff member also acknowledged the need to write the date opened on the packet to ensure that medication was in date and said, "I will definitely speak to everyone about this today and make sure this is done."

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines know as PRN are given to people as and when they need them. We saw the PRN medicines were logged on separate sheets which showed how many each person had left.

We found staff who administered peoples' medicines had been assessed as competent by the registered manager to carry out this task. Monthly medication audits were undertaken by the registered manager and actions were put in place to improve the service. Daily fridge temperatures were appropriately recorded and the fridge had recently been moved from the treatment room due to the room temperature exceeding the upper limit. This meant medicine which required fridge storage were kept at the right temperature.

The staff we spoke with were able to describe signs and symptoms of abuse, and the action they would take to ensure people remained safe. One member of staff told us, "I would have no hesitation in reporting any concerns. We talk about safeguarding in every supervision." Another member of staff described how they carried a card with the number for the local authority safeguarding team should they need to report a concern. They told us how they had been provided with training, which they found to be very beneficial, in how to support a person if they should become agitated.

The registered provider also had in place a whistleblowing policy which meant they would talk to someone if they had a concern. Staff again told us they would have no hesitation in telling someone. The registered manager told us there were no current whistle blowing issues.

We observed people who had chosen to spend time in their room had their alarm pull cord within easy reach so they could summon for assistance if they needed it, keeping them safe from harm.

We found staff routinely recorded accident and incidents. These were reviewed by the registered manager who put in place actions to prevent any reoccurrence. Where necessary the registered manager had brought into the service other professionals for example care managers to hold discussion and put in place arrangements to keep people safe. This meant the registered manager had protected people from further incidents.

We saw in each person's care records a 'personal evacuation plan' which provided staff with guidance on the support people required in the event of a fire. In this way the registered manager could demonstrate how they responded to emergencies keeping people safe from harm.

During this inspection we spent time in all areas of the home. We saw the environment was generally well maintained. On the day of the inspection a handyperson was busy replacing a number of light bulbs. People using the service described recent improvements to the environment. They said, "We have had new floors put down, it's all been painted and we have had new pictures put up." The majority of the home smelt fresh, however, there was one area with a very unpleasant odour. We saw this had been raised in a staff meeting and actions had been put in place to address the odour. This meant the staff were proactive in raising issues which affected people who used the service.

We saw the home had in place a comprehensive range of risk assessments. The registered manager told us some of the risk assessments needed updating and showed us they taken steps to review the policies and what actions needed to be taken to update them. This meant the registered manager had made progress toward ensuring all the risk assessments were up to date. Fire records had been maintained and were up to date. We saw regular fire alarm tests were carried out and staff had been involved in fire drills. People had in place personal emergency evacuation plans which were accessible for visiting emergency services.

We observed a potential altercation between two service users in the main lounge after lunch where one person felt that another was sitting in their chair. Staff intervened swiftly and calmly to de-escalate the situation with a positive outcome. This meant people were kept safe and were prevented from becoming embroiled in situations with potential adverse consequences.

We looked at the staff rotas and found there were enough staff on duty to care for people. Staff were able to respond to peoples' needs and call bells.

We saw the registered manager carried out a regular health and safety audit of the building and external areas. Where actions needed completing we saw these were listed. For example the audit identified the external pathways required resurfacing, although they were well-lit and the registered provider was aware of this. At the time of the inspection we saw plans in places to remedy this issue. The registered manager also worked through a health and safety checklist each month, the checklist included a range of checks, for example, "All foodstuffs are stored off the floor" and "Exit routes are clear from obstructions/clearly indicated by signs".

The registered provider had in place a disciplinary policy and the registered manager had used the policy where necessary to discipline staff. This meant the registered manager took action to protect people using the service.

We looked at three staff recruitment files in the home. The provider required prospective staff members to

complete an application form detailing their previous experience and learning. Two reference checks were carried out. We saw the registered manager carried out interviews and assessed if prospective staff were capable of working in the service. A Disclosure and Barring Service (DBS) was also carried out by the registered provider. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Good

Is the service effective?

Our findings

People spoke to us about the meals, they said, "They are excellent", "The food is nice" and "The food is good there is plenty to eat," "The meals are excellent" and "[name of cook] comes out to talk to us. They get lemonade in for me as I can't drink Cranberry juice. The other day I didn't want scrambled eggs so I had a sandwich. There are three cooks. They are all very nice." We spoke with a visiting professional who had recently provided the staff with training in relation to nutrition and specialist diets. They told us the staff had responded "really well" to the information thereby ensuring people's nutrition and hydration needs were met.

We observed people eating their midday meal. Dining tables and meals were attractively presented, for example with table clothes, napkins and condiments, and there was a relaxed and sociable atmosphere. We saw menus were displayed on tables so people could choose what they wanted to eat. We observed staff show people with dementia the choice of meal, plated, so they could decide what they wanted to eat at the time of the meal. This is good practice in caring for people with dementia type conditions. The dining room was situated next to the kitchen area and so people could smell the food as it was cooking. All of these measures contributed to making mealtimes an enjoyable experience and helped towards stimulating people's appetite. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. We saw, where people required support to eat their meals staff were available to support them. All courses were served separately but at the individual's own pace. We saw in between meals jugs of juice were freely available in the communal areas and staff regularly offered people snacks. This demonstrated throughout the day food was made available as required.

We spoke to a visiting professional who confirmed training had been provided in relation to food and nutrition. She told us that the home had been 'compliant with attendance' (all of the staff had turned up for the training) and that the chefs had passed the course work. The demonstrated how staff were supported to attend training courses.

Food and fluid was provided at regular intervals throughout the day with independent service users and those wishing to use the dining rooms observed to do so. The kitchen staff had made a birthday cake for one person and this was served with the afternoon tea round. Beakers of juice were observed on each of the small tables in the lounge and people were seen to help themselves.

People using the service described how their health care needs were met. One person said, "The lady Doctor comes in." On the day of our visit a district nurse was visiting the home. They described how they found the care staff to be effective in the care they provided. For example, they said, "If I ask them to do something I know it's going to be done. When I visit I notice that there are always drinks on the go and the smell of food is gorgeous when you come in. There are always jugs of juice in the lounge. [Name of person] is fine. Their bloods are quite stable. I never come in and find they have had their breakfast before I have checked their bloods."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the registered provider had submitted two notifications which had been granted. The registered manager had in place an action plan to ensure people were assessed and a timetable which showed when the service would be submitting DoLS notifications. We saw in peoples' files staff carried out a monthly mental capacity review which identified if there were any changes in a person's capacity to make decisions.

We saw people had given their consent to be cared for in the home. Consent documents had been signed by the person concerned or their representative where the person did not have capacity. Capacity assessments had been carried out by the service.

People were able to move freely about the building and were not restricted. We saw decisions had been taken by a multi-disciplinary team that one person was best cared for in their room. We saw staff supported this person and enabled them to have their meals in the dining room.

During the inspection we spent time in all areas of the home used by service users. The home provided a service to people with dementia type illnesses. We found some evidence that the environment had been adapted to meet the needs of people using the service. For example, contrasting colours had been used to aid independence, such as toilet doors being painted red and blue toilet seats and grab rails being installed so people with dementia could easily see and find them. The home is on a number of levels with sloping floors which made it difficult for people with dementia to navigate. We saw the registered manager had tried to assist people and put up signs to tell people where the slopes were in the building.

The registered provider had in place a staff induction programme. We saw staff had completed the programme and the registered manager had introduced the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The certificate has been introduced to give staff new to caring an opportunity to learn We observed that staff had undertaken appropriate training for their roles and most recently had received certificates for undertaking a 'Focus on Undernutrition' programme which was based on best practice guidance.

We looked at the staff supervision policy and found staff were expected to have supervisions six times per year. A supervision meeting occurs between a staff member and their employee; the meeting gives the employee an opportunity to raise any concerns, review their performance and discuss their training needs. The registered manager told us the policy was not been followed at present as they found the staff expected to deliver supervision had not been trained and they were building the capacity of first line managers to deliver good supervision.

A senior carer told us that they had received supervision but were not yet confident in delivering this to other staff members. However, we found the registered manager was providing supervision to staff and through their observations of staff they were identifying where additional training was needed. To this end we saw the registered manager had given some staff work books from the Care Certificate and asked staff to complete them. We saw staff had completed these workbooks.

We also saw staff had in place appraisals which had taken place in the last year. This meant that although the registered manager did not have in place staff who were able to supervise other staff they had put actions in place to improve staff performance.

The registered manager had in place a training matrix which monitored staff training. The registered manager had identified where staff training required updating and had plans in place to address the required updates. We spoke to staff about the training, support and supervision they had received. They said, "All my mandatory training is up-to-date. I have had training in the Mental Capacity Act, DoLS, health and safety," "I have completed a dementia workbook and training in the safe handling of medicines, a level two qualification in common health ailments and fire safety. We did some training provided by Auckland hospital which really made me think what it was like to have dementia. We had to close our eyes, we were in a strange hotel and everything was taken off us like our mobiles. It helped us understand what it is like for people with dementia moving into a care home. It really opened my eyes. We do get quite a bit of training. We also get six monthly supervisions" and "We get training all of the time. I'm half way through my level three qualification in care. I have also just completed a health awareness course which was really good for helping us to look for signs of dehydration and dementia care. We get supervisions and we are encouraged to be open."

Good

Is the service caring?

Our findings

People using the service were very complimentary regarding the attitude of the staff. They said, "Everyone here is treated the same. If I want something out of my wardrobe they get if for me," "This is a lovely, lovely place. Everybody is friends," "95% of the staff are excellent, they all treat us well. I am very happy here, they do their best" and "It's very good here."

Visiting professionals said, "The staff are friendly. They always get the patient for me and take them to their rooms" and "The staff seem like they really want the best for the residents."

During the inspection we saw staff interacting with people in a very caring and professional way. In response to the quality survey carried out by the registered manager one relative wrote, "Cannot praise staff enough. Everyone one of them always go above and beyond the call of duty." Another person wrote, "The care and love they have received from the carers has been lovely to see. We cannot praise all the lovely staff enough. Have recommended Parklands to everyone." Another person wrote, "They appear happy in their work and to genuinely care about the home and it's residents."

Relatives told us they though their family members were well cared for in the home. One relative told us, "They get the best care." Another relative explained their family member was being discharged from hospital and they wanted them to be readmitted to Parklands as they had received good care in the past.

We spent time observing care practices in the dining area and communal lounge. We saw that people were respected by staff, treated with kindness and staff called them by their preferred names. We observed staff treating people with affection and using humour with people.

Carers told us that they tended to work with the same individuals whenever possible which enabled them to get to know people, and their family and friends, which helped them to care for the person.

People who used the service were observed to be calm and engaging with care staff. Staff were able to anticipate peoples' needs. We saw one member of staff witness a person becoming distressed and talked to them before successfully encouraging them to join in with activities. This meant staff understood the needs of the person and were able to engage with them.

During the morning we saw staff quickly respond to a people's needs, for example: to divert one person away from a potentially vulnerable situation. We saw staff understood how best to support people with dementia. For example, we observed one member of staff show a great deal of skill when communicating with one person with dementia by listening to, respecting and accepting that what they were saying was real to them. This is called validating and is good practice in caring for people with dementia type conditions.

We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. We heard staff address people respectfully and explain to people the support they were providing. We saw staff knelt or sat down when talking with people so they were at the same

level.

People appeared well cared for, for example, their clothes were clean and tidy. People were wearing hearing aids and glasses and had walking aids within easy reach promoting their independence. All of the people we met in the home were appropriately dressed with hair brushed, dentures and glasses in place and wearing suitable foot wear. This promoted peoples' well-being and enabled people to be independent.

We saw doors to peoples' bedrooms and bathrooms were closed when personal care was being delivered. This maintained peoples' privacy and dignity. Staff were observed asking if people would like clothing covered at meal times to protect against spillages and staff respected peoples' decisions.

We looked at people's bedrooms and saw that these areas were personalised with people's belongings. This meant people had familiar personal items around them to support them feel at home.

The registered manager told us there was no one in the home currently with an appointed advocate. We saw family members were able to speak about their relatives and naturally acted as advocates for them. Staff responded positively to the involvement of peoples' families.

At the time of our inspection there was no one in the home on end of life care.

Requires Improvement

Is the service responsive?

Our findings

A visiting professional described how the staff responded to people's care needs. They said "I often get phone calls asking to check someone. They often ask for my advice". Another professional in the quality survey carried out by the registered manager wrote, "Never had any problems with the staff, always willing to help the district nurses in their role".

One person using the service described how staff supported them when they became agitated. They said, "I was out of fettle last week. They (the staff) all kept calm with me." We observed how staff supported one person, who as a result of their dementia, was at risk of harm from others. We saw how staff discreetly guided this person away from a potential conflict situation, keeping them safe from harm. A visiting professional described how one person they visited could be "unpredictable and lash out." They described how they found the staff to be very skilled in the way they supported this person at such times. One person using the service commented, "I would speak to the manager if I was not treated well."

We reviewed five peoples' care records. We examined the care record for one person. We saw it had been recorded in the person's risk assessment for 'using a bath hoist'. We also saw that although there was a risk assessment for using the hoist in the person's care file there was no record of the person needing a bath hoist documented in their 'care plan for 'maintaining a good level of personal hygiene.'

In a risk assessment for 'falls and personal injury and walks and outings' the control measure had been documented as "staff are to ensure that the client informs the home when they go out. Staff are to ensure the client has a contact card with them in the event of an incident. "We spoke to staff about this person's care needs. They said that this person had a dementia type condition and required a high level of staff support and did not go out into the community independently.

There was also conflicting information in people's care records which could place them at risk of harm. In one person's care plan we saw they had been assessed as at high risk of falls and that staff needed to "remind them to use their walking frame."' However, in the falls risk assessment tool which had been reviewed on 18 March 2016 they had been assessed as at low risk of falls. In this person's care records it had been recorded that they experience grand mal epileptic seizures with a detailed description of what staff should be aware of. For example, it had been documented "be aware of the following signs; experiencing a strange smell or feeling of numbness, a scream-some people may cry out" and the control measures to reduce the risk of harm had been recorded as "gently roll the person onto their side." We spoke to care staff about the care this person required. They confirmed that this person did experience epileptic seizures but that it took the form of 'absence' type seizures and not the type described in their care records. The registered manager also confirmed this person did not experience grand mal seizures.

This person also had a risk assessment in place for dehydration, dated 11 October 2015, which stated "Staff are to avoid giving tea as this acts as a diuretic", however, in the person's care plan for 'eating and drinking' it stated that this person "'liked a cup of tea with all of their meals". All of this inaccurate conflicting information in people's care records meant people were at risk of receiving poor care.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the care plans with the registered manager and spoke with them about how when a plan is written and there are subsequent reviews we did not see the care plans being updated. They told us they believed that when the care plans were reviewed this formed part of the actual plan. This meant staff were required to read more than one document in order to understand peoples' care needs.

We saw information about people's past and important events in their life, in the 'This is me document' which was needed to help staff to provide personalised care and support, particular to those people living with dementia. Staff told us, "Families are bringing in photo albums and this helps us to get people into conversation."

The registered manager told us they had experienced difficulties employing an activities coordinator and staff had stepped in amongst their other duties to support people. On the days of our inspection visits staff engaged people with jigsaw puzzles, one to one chats using a newspaper and some people were supported by staff to take the registered manager's dog out for a walk, an activity they said they very much enjoyed. People spoke to us about taking the dog for a walk, one person said, "We go outside in the front when its good weather" and "It's lovely walking over there." We saw people engaged positively with the registered manager's dog and found people smiled at the dog. Contact with animals is seen as therapeutic for people living in care homes. This meant staff were able to engage people in meaningful exercise by taking the dog for a walk.

Another person described how staff had supported them to visit the local shops. Staff described how they had an activities board which displayed the range of activities available to people. They said they tried to find activities that everyone liked, for example, they described how one person with dementia enjoyed singing and dancing and had recently taken part in a cake baking session.

We saw people were given choice in the home. They could choose what food they ate and what activities they became involved in. People chose to spend time in their rooms or in the communal areas. This meant people were able to think for themselves and make decisions.

We saw the registered provider had in place a complaints policy. We spoke with people using the service who told us they felt able to complain to the registered manager if they had any concerns. Comments received included, "If I was really really unhappy I would complain" and "I would speak to the manager." We saw that the complaints procedure was in on display in the home so people knew what to do if they wished to make a complaint. We reviewed complaints to the service and found the registered manager had undertaken investigations into complaints and provided the complainant with an outcome.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. People spoke to us about the registered manager and told us they found them, "Approachable." Staff told us that they respected and supported the registered manager and that they were happy with the support and leadership provided. One staff member told us the registered manager was "The first proper manager I have had in years." The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported.

We spoke with one family member who described the registered manager as wonderful and "saving their life." We saw where staff required additional support to carry out their duties the registered manager had made reasonable adjustments and provided the additional support which enabled staff for example to understand and complete training.

We looked at the records in the home and found a range of records in place which demonstrated the registered manager and the staff were documenting peoples' care. However, we found not all of the records were up-to-date and accurate. For example we found discrepancies in people's care plans. For example one person required a hoist to transfer them, however in their review it stated they needed a stand aid and it was unclear to staff which piece of equipment to use. In other records we found information which was contradictory. This meant people's records were not up to date and accurate.
This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the culture of the home to be warm and welcoming with staff and the registered manager being committed to ensuring people were provided with good care. For example the kitchen staff told us how they would obtain peoples' preferred menus if they had been admitted on an emergency. They told us they would give the person a chance to settle in and work with care staff to find out what the person liked to eat best before their first meal.

We gave our findings to the registered manager who told us they were aware there was work to do but were also pleased that despite records needing improving staff were found to provide good care to people.

The registered manager had carried out quality surveys of the home. We saw relatives had written in the surveys only positive comments. One relative wrote, "A pleasure to visit the home any time of day". Another relative wrote, "We as a family have no complaints whatsoever about the care [relative] has received at Parklands. Staff go above and beyond the call of duty".

The home subscribed to a website; Carehome.co.uk. People and their relatives had access to complete postcards and send them off to the website with their comments about the home. On the website Parklands had been given a score of 9.9 and were rated one of the top 20 Care Homes. The home had recently won an external award for reaching this standard.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at Parklands. From our conversations with the registered manager it was clear she knew the needs of the people who lived at Parklands very well. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

The manager held staff meetings and thanked staff for attending. We saw the minutes of the meeting held in March 2016 included reminders to staff to complete food and fluid charts. We also found the registered manager was supporting staff to develop new skills for example supervisory skills to improve the running of the home.

Throughout the inspection we observed the registered manager spent long periods of the day performing administration tasks such as answering the telephone, writing receipts for payment of fees etc. This added activity detracted from the management duties requiring attention such as DoLS assessments. We asked the registered manager if there was an administrator in the service, the registered manager told us they had left the service and were yet to be replaced.

We saw the registered manager carried out a range of audits to monitor the quality of the service. These included health and safety audits, care plan audits and medicine audits. The registered manager had reviewed the audits. Changes in the way the registered provider was now managing the home meant that policies and procedures needed to be updated to exclude nursing care which was no longer delivered at Parklands.

Evidence was observed of interaction and partnership working with community nurses who attended daily to administer insulin to one service user. We were told that multi-disciplinary team (MDT) meetings were held as required and regular contact with social services was maintained. The service also had contacts with other professionals including GPs, occupational therapy, and speech and language therapists (SALT).

We observed a family member interacting with the registered manager to enable their relative to return to the home to live. They told us that they had moved their relative to a new home to receive more stimulation but this had been a mistake and had ended in the person being admitted to hospital with severe dehydration. The relative told us that, "There are always drinks available here in the lounge and mum always drank plenty, I never went home from here feeling worried or upset"'.

The registered manager had documented a medicines discrepancy and sent an email to the registered provider being accountable for the actions taken. The registered manager demonstrated their accountability to us by discussing what actions they had taken following an audit by the Infection Prevention and Control team. We spoke with the registered manager about information we had received from staff who appeared to be disgruntled. The registered manager showed us documents which demonstrated what action they had taken. We found their actions to be based on evidence and were appropriate. We found the registered manager was open and accountable with us for their practice.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not made arrangements to ensure people received their prescribed topical medicines in a safe manner. The registered provider did not always have in place care plan documents which met the needs of people who used the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure records were accurate and contemporaneous.