

CLS Care Services Limited

Parklands Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced and took place on 25 and 27 January 2016.

This service was last inspected on 22 August 2013 where it was found to be compliant in all the areas we looked at.

Parklands is a purpose built care home for older people. It is located in Poynton within easy reach of local facilities. The home has capacity to accommodate 40 people.

All the bedrooms are single rooms with hand-washing facilities. There are several communal lounges in the home, a large dining room on the ground floor and a number of bathrooms and toilets.

A garden is accessible from the back of the home and there is also an inner courtyard. Access between floors is via a passenger lift or staircases. On the day of our inspection there were 34 people living in the home.

There was no registered manager at the home. The manager had commenced in post on the day of our inspection. They had been acting up into this position since 1st December 2015 and they had yet to submit their application to the Care Quality Commission (CQC) to become a registered manager of Parklands Residential Care home. 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.

At this inspection we identified breaches of the relevant regulations in respect of the need for safe care and treatment for service users and the need for consent. You can see what action we told the provider to take at the back of the full version of the report.

We found that whilst people told us they felt safe that there were a number of errors in the administration of medication and whilst there was a policy for the disposal of medication, this was not being followed as a large amount of old medication was found in the medications room.

We found in a number of care plans that advice given by visiting professionals to reduce the risks to people's health, had not always been acted upon.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. All the staff we spoke to confirmed that they were aware of the need to report any safeguarding concerns.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently.

We asked staff members about training and they all confirmed that they received regular training throughout the year. Two staff members confirmed that they needed to update one element of their training programme and had plans in place to do this. The service had a range of policies and procedures which helped staff to refer to good practice.

There was a flexible menu in place which provided a good variety of food to people using the service.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed staff interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the support being provided.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home, however actions had not always been followed up after these had been identified. For instance, on one of the care plans that we viewed, the manager had identified that some elements within the care plans had not been reviewed, however on the day of our visit, these had not been updated.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included water temperature and safety checks on the fire alarm system.

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 not always safe.

The people using the service told us that they felt safe, however there were a number of errors in the administration of medication and whilst there was a policy for the disposal of medication; this was not being followed as a large amount of old medication was found in the medications room.

The service had a safeguarding policy in place and staff were aware of their roles and responsibilities to report any incidents of abuse.

Recruitment records demonstrated there were systems in place to help ensure staff employed at the home, were suitable to work with vulnerable people.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

We found in a number of care plans that advice given by visiting health professionals to reduce the risks to people's health, had not always been acted upon.

Managers and staff were not acting in accordance with the Mental Capacity Act 2005 to ensure people received the right level of support with their decision making.

Requires Improvement ●

Is the service caring?

The service was caring.

We asked the people living at Parklands about the home and the staff members working there and received a number of positive comments about their caring attitudes.

The staff members we spoke to showed us that they had a good understanding of the people they supported and they were able to meet their various needs. We saw that they interacted well with people.

Good ●

Is the service responsive?

The service was not consistently responsive

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised, however the care plans were not well maintained and in some cases they had not been consistently reviewed.

The provider had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was a no registered manager at the home. The manager had been appointed and started in post on the first day of our inspection.

Whilst there were internal audit systems in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home, actions had not always been followed up after improvements or issues had been identified.

Requires Improvement ●

Parklands Residential Care 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 25 January and 27 January and was unannounced. The inspection was carried out by two adult social care inspectors on the first day of inspection and one adult social care inspector on the second day of inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Parklands Residential Care Home.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of nine people living there, two visiting relatives, a visiting district nurse, two community staff nurses and a community psychiatric nurse and seven staff members including the Home Services Manager and the manager. The people living in the home and family members were able to tell us what they thought about the home and the staff members working there.

Throughout the inspection, we observed how staff supported people with their care during the day.

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 to us.

We looked around the service as well as checking records. We looked at a total of five care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Parklands was a safe environment. They told us, "I feel very secure", "I always get my medicines on time". One relative told us, "She feels secure here".

We saw that staff were aware of individual needs and people we spoke with felt that they were well cared for. Comments included, "the carers are very good on the whole", "you can talk to them". All the relatives we spoke with stated that their relative was well cared for, comments included, "We are very pleased. He has been to other places but he's settled here", "We are very pleased, Mum has settled well here and she's improved since being here".

We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed), however we found that practice was not taking place in line with the policy. Medicines were administered by members of staff on each shift who had received the appropriate training. We observed during the morning that although the medicine trolley was locked, it was left unsecured and we noted that the Medicine Administration Records (MARs) containing confidential information regarding people's medicines were left on top of the unattended trolley. This was corrected by another member of staff as soon as they witnessed this.

We observed later in the afternoon, that the medicine trolley had been left unattended by a member of staff, with the key left in the trolley. This meant that the medication was not secure and could be accessed by anyone. Furthermore, we observed a person who was confused had been left with a pot of medication by the same member of staff, they had left the table and moved away from it and the medication had spilled across the table. The manager informed us on the second day of inspection that this member of staff was no longer working in the home.

Controlled drugs were stored securely and in the records that we looked at these were being administered and accounted for correctly.

We checked the medicines and MARs for five people. We saw that people received their medications at the correct time, however there were a few missing signatures on two of these records and there were also signatures to say that the medication had been given but when we checked the blister pack the medication was still there.

We found that people were being given PRN medication but they did not have a PRN care plan in place in line with the provider's policy. When we spoke to staff about this, they advised that they would ask the person whether they needed the medication. We raised this with the manager and she found the relevant paperwork and advised that she would put this in place immediately and ensure that there was a PRN medication form with each relevant MAR as required.

We found that the medication room was very untidy with old files stored in there. When we asked to see previous MARs, these were found, but staff found it difficult to locate these for inspection. We found there were old medications in the room that had not been disposed of; some of these were dating back to August 2015, including a bag of assorted medication that was unidentifiable. These had been recorded as medication that was awaiting disposal. The manager told us that these had been found on the floor around the home. Amongst this old medication, we found a blister pack of medication that had been administered and when we checked for the MAR for this medication, it was not available. We asked staff about this and they did not know where the relevant MAR was.

We asked the Care Team Leader on duty of the day of our first inspection as well as the manager about the booking in policy for medication and neither of them could describe clearly the process. It is important that medicines are booked in when received into the home following the correct procedure to ensure that the correct amount of medication has been received in relation to the prescription and allocated to the right person. We noted that there was a booking in and disposal policy displayed on the wall of the medication room.

We found that where people had been prescribed creams, there was no record of whether these had been applied on their MAR and it was not obvious when we looked at the relevant care plans whether they had been administered.

There was medication stored in the fridge within the medication room, but when we checked the records on the first day of our inspection, the temperature of the fridge and room had not been checked since 16 January 2016. It is important for some medicines to be kept at a specific temperature as they may otherwise spoil and become unfit for use.

The manager had identified some of the above issues relating to the missing signatures, fridge temperatures not being taken consistently and medication remaining in the blister pack when the MARs had been signed, as she had been carrying out weekly audits of the medication. We were also able to view minutes of a staff meeting where these issues had been raised with staff. However this had not led to an improvement in practice.

These issues constituted a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have a system in place for the proper and safe management of medicines.

On the second day of our visit, the room had been tidied of all the paperwork. The fridge temperatures had been taken for that day. The manager was finalising a complete stock check of medication. The old medication had now been correctly packaged up and was awaiting collection from the pharmacy in line with the provider's disposal policy. The manager had contacted the training department and was awaiting dates for the staff to receive additional training and competency testing on their administration of medication. The manager had also found an error in the administration of a controlled drug. She had taken immediate action to resolve this issue. Since the inspection we have had confirmation that the manager has asked staff to complete elearning on medication, all the relevant staff have read and reviewed the medication policy and additional external training has been put in place and the manager had asked for the competency assessments to be completed by the end of the month.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The home manager was aware of the relevant process to follow and the requirement to report any concerns

to the local authority and to the Care Quality Commission (CQC). Homes such as Parklands are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that any safeguarding or incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. One person said, "We speak to the manager and if she's not here we can speak to the manager at another service, everyone has a responsibility, you'd never leave it", "you always tell the manager or care team leader, I'd never be worried to report anything", "the manager usually reports it (to the local authority or CQC) but we can always talk to an on call manager and they talk you through the process of reporting it to the local authority".

We saw that the provider had a whistleblowing policy in place called "Speaking out at work" and staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff. One staff member told us, "I would challenge the member of staff immediately then report it to the manager or on call manager if they were not here" another said, "I would speak to a manager, I've had to do it before in a previous job". All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and kept under review so that people who lived in the home were safeguarded from unnecessary hazards, however we looked at two care plans where the risk assessments had not been reviewed since November 2015. This had been picked up by the manager as part of the monthly audit of care plans. The manager advised that she was aware that some care plans were not up to date and she had an action plan in place to deal with this issue. She had requested additional staff time in order that all the care plans and risk assessments could be reviewed and updated fully. We could see that the home's staff members were working closely with people to keep people safe without unnecessary restriction. For instance we saw a risk assessment for someone who was self-medicating, this enabled the person to retain a level of independence. Relevant risk assessments, regarding for instance falls, nutrition were kept within the care plan folder.

We looked at the files for four members of staff to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held a photograph of the employee as well as suitable proof of identity, the application form with full employment history and references, invitation to induction training and a signed code of conduct.

During the two days of our visit, there was one care team leader and one senior and two carers on duty between the hours of 8.00am until 3.00pm, one care team leader and two care assistants from 3.00pm until 10.00pm and at night there was one care team leader and one care staff member on duty between 10.00pm until 8.00am. The registered and home services managers were in addition to these numbers. We looked at the rota and could see that the afternoon rota varied as some days there were three care assistants on duty.

In addition to the above there were separate ancillary staff including one cook, a domestic supervisor, three domestic assistants cleaning the home and dealing with the laundry in the morning and one domestic assistant in the afternoon. The domestic staff are cross trained and about to provide care also if required. There had been a vacancy for the maintenance staff member, however the manager informed us that she had now recruited to that post.

On the two days of our inspection, our observations indicated that there were enough staff on duty as call bells were being answered promptly and staff were going about their duties in a timely manner. However all the staff members we spoke to told us that they felt that there was not enough staff on duty. One of them told us, "There is not enough staff at the moment", "We are always short staffed", "There are not enough staff at the moment due to the dependency levels. There is a lot of pressure on staff to maintain standards and this means not having breaks", "The staffing does not impact on residents, more on staff morale when numbers are low". People living in the home also commented on the numbers of staff. One person using the service told us, "On the whole they look after me well, but they are short staffed as usual", "At one time they were short staffed, but it's improved". Other people we spoke to using the service were all happy with the number of staff and the standard of care they received. Relatives told us, "As far as we can tell there are enough staff", "They could do with a bit more staff but we are more than happy for her to stay here". We spoke with the manager regarding this and she told us that she used a dependency assessment tool in order to ensure that there was enough staff on duty at any one time. There was a dependency tool on each resident's care plan which was reviewed by the care team leaders each month. This was then used to inform the manager's assessment as to how many staff were needed at any given time. The manager advised that they were not fully occupied on the day of inspection as they had four vacancies so she felt that staffing levels were sufficient to meet the needs of the people living there at the current time. She confirmed that they had some staff vacancies at present and when she spoke to staff about the use of agency staff members to cover shifts, the staff had advised that they would prefer to cover the shifts to ensure consistency for the residents. This was discussed on an ongoing basis at each staff meeting. The manager advised that there was an active recruitment campaign to appoint more permanent staff. We saw a banner on the outside of the home advertising the current recruitment campaign. The manager also informed us that there had also been advertisements in the local papers and that CLS had also advertised the vacancies on their website, other websites and at the local job centre.

From our observations we found that the staff members knew the people they were supporting well. They could speak knowledgably about the people living in the home, about their likes and dislikes as well as the care that they needed. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

The provider had received a four star rating in food hygiene from Environmental Health on 23 September 2015. We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. The atmosphere in the home was calm and staff members were going about their roles in a professional and timely manner. We observed staff maintaining hygiene by the use of hair nets and specific aprons when entering and leaving the kitchen area.

We checked some of the equipment in the home, including bath hoists and saw that they had been subject to recent safety checks.

We found that the provider kept a nominal roll by the front door which included a quick guide of the level of assistance needed by each person if the home had to be evacuated in an emergency such as a fire. This provided details of any special circumstances affecting the person, for example if they were a wheelchair

user.

Is the service effective?

Our findings

All the people living at the home that we spoke to and their family members felt that their needs were well met by the staff who were caring and knew what they were doing. Comments included, "the carers treat me very well", "they do their best to give you what you want, they are very good about that". Comments from family members included, "He seems quite happy here and enjoys the food", "the food's good and the staff are lovely".

The provider had policies and procedures to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). 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 provider 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 found that two people in the home were currently subject to DoLS and we were able to view the paperwork in relation to both standard and urgent DoLS applications. We checked one care file and found that a mental capacity assessment completed by the social worker was on file.

The provider had a DoLS file, where they kept the paperwork relating to all DoLS applications. This contained notes that indicated two historical applications had been made in 2014, but there was no paperwork held in relation to these applications and whether they were granted or not. The manager did not have any further information about these missing files. She advised that there were a number of people within the home where she considered they may lack capacity and no assessment had been completed. She had a plan in place to review this and where necessary make the relevant DoLS applications.

We spoke with staff. They all confirmed that they had not received training on MCA and DoLS, however all of them understood the nature of DoLS and mental capacity and the steps they would take in order to involve other professionals to assess someone's capacity and consider what was in their best interests.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not acting within the principles of the Mental Capacity Act 2005 as mental capacity assessments were not being completed consistently.

Visits from other health care professionals such as GPs, dieticians, chiropodists and district nurses were recorded so staff members knew when these visits had taken place and why. We noted on three care files that advice had been given by visiting professionals and this had not been acted upon. In one case, staff had

been advised by a visiting nurse to request a GP visit, as there were concerns about a person's arm. The records showed that this was not done at the time and on a subsequent visit by another professional, this person had sustained another injury. The professional raised a safeguarding concern as they felt that the provider had neglected to address the original concern. It was being investigated by the manager on the day of our inspection and the person had been seen by a health professional. We have subsequently spoken to the manager who found upon investigating that the service had requested a GP, but due to shortages a district nurse had visited the person instead. This was not clearly documented in the records on the day of our inspection. In the other two instances, advice had been given in relation to the safe care and treatment of pressure sores. In both instances, advice had not been followed by staff. The advice had been noted on the professionals visiting form within the care plan, but there was no evidence within the daily notes that this had been followed. In one instance, a visiting nurse noted that a person was not using a pressure mattress as they had advised. The manager addressed this immediately and a mattress was put in place. Following the inspection, the manager carried out an investigation and found that the mattress had been in place, but had been removed for a period of approximately a week. It was suspected to have been removed for cleaning. In the other instance, the care plan advised that the person should be referred to a dietician for additional support. When we raised this with the manager and she agreed that this was an oversight and would address this immediately.

We spoke to a visiting district nurse, a community psychiatric nurse and two community practice nurses. Comments included, "The staff are very helpful and will ring me if there are any changes in between my visits. Staff seem to know the residents inside and out and always answer what I need. They always seem to be thin on the ground, but the residents are always happy and positive when I speak to them. I'm not sure how it impacts but staff often seem stressed", "Some staff are very good at taking advice, others aren't", "We have had a few issues with a couple of carers not taking instructions from district nurses. Some are great, but there have been some concerns over the last six months". On the second day of our visit, a concern was raised by a community practice nurse about someone's care, immediate action was taken by the manager to improve this and safeguarding notifications were completed to both the local authority and CQC.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure that they were aware of issues and could provide safe care. We observed a staff handover and were able to view the records of previous handovers as well as the diary that provided staff with information about tasks that needed to be followed up that day. We did find one recommendation from a visiting nurse on the professionals notes within the care plan where a person needed to have a urine sample taken. However, this had not been noted in the diary or the handover sheets and had subsequently been missed. It had not been picked up when the care plan was reviewed the next day. This was pointed out to staff on the first day of our visit. On the second day of our visit, this had been noted for action and staff were attempting to gain the relevant sample.

This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider is not doing all that is reasonably practicable to mitigate risks to the health and safety of service users in receiving care or treatment.

This is also a Breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user.

The provider had their own induction programme and introduction to the workplace. This was designed to ensure that any new members of staff had the skills they needed to do their job effectively and competently. We looked at the induction programme for the newest member of staff and this included ensuring that the

member of staff had access to all the core training identified by the service. Following this and prior to starting work, the staff member would shadow existing members of staff and would not be allowed to work unsupervised for a period. Shadowing is where a new member of staff works alongside either a senior or an existing member of staff until they are confident to work on their own. All the staff that we spoke to confirmed that they had completed an induction and shadowing. One member of staff commented that she had worked there before and returned to the service and went through the same induction and shadowing programme.

We asked staff members about training and they all confirmed that they received regular training throughout the year. Staff knew where their training was not up to date, if they had missed a course due to illness for example and there were plans in place for them to complete the training. We subsequently checked the training records for staff and saw that staff had undertaken a range of training relevant to their role. This included training in safeguarding, dementia awareness and moving and handling. It was clear from the training records which staff had yet to complete certain training courses and the manager had spoken with these members of staff and plans were in place for these training courses to be updated. We saw posters in the office reminding staff that they needed to complete their training and the staff we spoke to knew which specific course they needed to update. One staff member told us, "The training is very good".

The staff members we spoke to told us that they received ongoing support and supervision on a regular basis. We checked records which confirmed that supervision sessions for each member of staff had been held regularly. Comments from staff member included, "I get regular supervision and it's helpful". Supervision is a regular meeting between an employee and line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

During our visit we saw that staff took time to ensure that they were fully engaged with each person and checked that they had understood before carrying out tasks with them. Staff explained what they needed or intended to do and asked if that was alright rather than assuming consent. We observed a member of staff helping a person to mobilise and we noted that they took their time, did not rush the person and reassured them the whole time. This was carried out in a dignified and respectful manner.

The information we looked at in the care plans was detailed which meant that staff members were able to respect people's wishes regarding their chosen lifestyle. We asked people living in the home if they had been involved in their care plan and whether this was reviewed with them. One person told us, "They have a book of life plans and I can look in this if I want and I'm kept up to date". We saw in the care plans that we viewed that people had signed the care plans themselves and in one instance, a person had written the care plan to ensure that the care they received was exactly how they wanted it to be.

We saw that staff used the Malnutrition Universal Screening Tool [MUST] to identify whether people were at nutritional risk. This was done to ensure that people weren't losing or gaining weight inappropriately. On the care files that we looked at, this was being reviewed on a regular basis. However, we found that in three care files, people's weight had not been taken since November 2015. We checked the care files for these individuals, two of whom had been identified as at low risk of malnutrition. The third person was being closely monitored in terms of food and drink intake. This had been picked up through the monthly care file audits, however corrective action had not yet been taken on the days of our inspection.

The provider prepared their own food and had two chefs that were employed by the service. The menu provided a good variety of food to the people using the service. We saw that the dining room had a menu exhibited with two choices for lunch and evening. People were asked what they wanted at every meal time.

Special diets such as gluten free and diabetic meals were provided for if needed. Staff members we spoke to confirmed that people could request an alternative option such as an omelette if they did not like the meal of the day and this was recorded on the menu choices form. The people using the service told us, "The food is very good", "the food is the best it can be, I don't eat sugar and they provide me with a banana every day as I like". Relatives of people using the service told us, "He likes the food", "the food's good".

We observed lunchtime in the home and saw that the food looked tasty and appetising and was well prepared. The tables were set with paper napkins and cutlery as well as table cloths so the meal times were distinguished from other times of the day when the room was used for different activities. Staff were wearing protective aprons and hats when handling and serving the food or entering the kitchen area. We saw that staff offered people drinks and they knew people's preferences and choices. The people needing support were assisted by staff members in a patient and unhurried manner. Staff were chatting to people eating as they were moving through the dining area and prompting people and checking that people were ok throughout the mealtime.

A tour of the premises was undertaken, this included all communal areas including the lounges and dining room and with people's consent a number of bedrooms as well. The home was clean and well maintained and provided an environment that met the current needs of the people living there. We noted that all the bedrooms had sinks and there were a number of bathrooms and toilets on both floors. There was also an upstairs lounge which was quieter which provided communal space for people who may not wish to join the larger group downstairs.

The provider provided adaptations for use by people who needed additional assistance. This included bath and toilet aids, grab rails and walking frames and sticks to help maintain independence.

The laundry within the service was well equipped and it was neat, tidy and well organised. There were named baskets for each person's clothes.

Is the service caring?

Our findings

We asked people living in and visiting Parklands about the home and the staff who worked there. They all commented on how kind and caring all the staff were. Comments included, "I get on well with them", "they are very caring". Visiting relatives told us, "He seems quite happy here and they are kind to him. We are very pleased", "the staff are lovely, my Mum thinks they are wonderful and they are always pleasant with us".

It was evident that family members were encouraged to visit the home when they wished. One family member said, "We are always offered drinks when we visit".

We viewed cards and compliments that had been sent into the service. One person's relatives wrote, "A short note to say a big thank you for looking after X. You were all so good to her. It has been a difficult time for us her family but it has been a big relief to know she was in such good hands". Another relative wrote, "I would like to say a big thank you to all the staff at Parklands for all the love and support you all have given to my Mum over the years. You have all been lovely with her and myself and family. It's very much appreciated. Thank you all for being a big part in her last years of her life".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Parklands and had very positive relationships with the people living there. Comments included, "I do enjoy working here and that is why I came back", "I'm happy working here", "I've been here 20 years and I'm still happy here", "I enjoy coming in".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw in general there was good communication and understanding between members of staff and the people who were receiving care and support from them. We saw that staff members were interacting well with people in order to ensure that they received the appropriate care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always seeking their permission before undertaking a task. We observed a staff member stop to chat with someone who was watching birds out of the window, they brought a blanket and asked if this would help make them more comfortable. One of the staff members we spoke with told us, "The quality of care is good, I'd have my grandma here".

We undertook a SOFI observation in the dining room over lunch on the first day of the inspection. We saw that staff members were moving around the dining room attending to people's needs and speaking to people with respect and encouraging them to eat their lunch and seeking out whether they needed support. However we did observe that there was very little verbal interaction between one member of staff and the people using this service during this period. CLS operated a 'Marvellous Mealtimes' policy that was designed to ensure any mealtime was an enjoyable and rewarding experience so we consider that this is an area that could be improved. We have discussed this with the home manager who has agreed to look into this area.

We saw on both days of our inspection that the people living in the home looked clean and well cared for.

The quality of the décor, furnishing and fittings provide people with a homely comfortable environment to live in. The bedrooms seen during the visit all had their own front door with a knocker. They were all personalised, comfortable, well-furnished and contained items of furniture and individual items belonging to the person. There were two lounges, offering people a choice. The one downstairs was the larger of the two with a large television and activities would take place in this room. This was sectioned off, so there was music playing in one area and a television in the other section. The smaller lounge upstairs was quieter and was available for people to use if they chose not to join in the activities downstairs.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as medicine arrangements, telephones, meals, complaints and the services provided. This was available in the reception area. Forms were also provided inviting comments from CLS as well as carehome.co.uk. There were leaflets about dementia, day care and the fire risk assessment which has last been updated in September 2015. There was an Investors in People Certificate dated December 2015.

We saw that personal information about people was stored securely which meant that they could be confident that information about them was kept confidentially. However as noted previously, the MARS records were left opened on the medicine trolley on the first day of our visit, but this was corrected by another member of staff as soon as they witnessed this.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place on the two of the care files we reviewed. We saw that either, the person, their relative or health professional had been involved in the decision making. We found that the records were dated and had been reviewed and were signed by a General Practitioner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner.

Is the service responsive?

Our findings

We spoke to people living in the service about whether they had access to health services. They told us, "I like to make my own arrangements with the GP", "They will phone the GP quickly if I'm not well and take me. I had to speak to the carers a few weeks ago as I didn't get the tablets the doctor prescribed and they sorted it out".

We looked at the care plans, CLS call these 'life plans', to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual, but we saw that the plans were not always written in a style that would enable any member of staff reading it to have a good idea of what assistance someone needed at a particular time. For instance, in one care file, it stated that the person was diabetic and needed to have their blood sugar levels taken on a regular basis. District nurses were visiting the home twice daily to do this and records were kept of their visits. However blood sugar records kept by the provider were not taken consistently and it was not clear from the care plan whether staff needed to take blood sugars in addition to the district nurses on a daily basis or only when risks were identified. A good risk assessment was in place indicating what the risks were to the person in relation to their diabetes and what action should be taken if certain observations were made. We spoke to a member of staff and they were very clear on what signs to look out for and when the blood sugar levels needed to be taken and what action needed to be taken if they had concerns about this person.

We reviewed two care plans which indicated that someone needed to be checked every two hours during the night due to continence issues. We were unable to find records that this had been carried out. We spoke to the manager and she advised that, with consent, all residents were checked on by night staff every two hours, therefore additional records were not kept and if these checks had not been carried out this would be recorded on the handover records between each shift. On another care plan, we found that additional records were to be kept about fluid and food intake. These records had been taken but the life plan was not detailed enough to show what the optimum amount of fluids or food should be and there was no guidance about what to do if the person stopped taking fluids. When we spoke with staff, they were not clear on the correct amount of fluid or food that this person should have. Furthermore, this person required regular turning, but the plan was lacking in detail of the correct setting for the pressure mattress and how this person should be turned. We spoke with the manager and care team leader and they immediately put in place alternative record sheets for the recording of fluid, food and turning charts. The manager had identified the life plans as an area for improvement as she was aware that there was not enough detail and that in some cases these were not being updated.

A number of the care plans we looked at were not well-maintained and the pages were falling to pieces and there was little space to write comments on review. In one care plan we found that none of the areas of the plan or risk assessments had been reviewed since November 2015. We spoke to the manager and she had already identified this as an area for improvement and some of the issues had been picked up as part of her monthly care plan audits. She had requested additional staff time in order to commence a programme of reviewing and improving all the care plans.

The five care files that we looked at contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the files contained detailed information about important dates, which people were important to them, the food they liked and preferred social activities and how they liked their room to be maintained. We were able to view one room and could see that the window had been opened as requested by the person during the day. One person confirmed that staff always made sure that their preferences were met. We spoke with staff about people's individual likes and dislikes and the staff we spoke with were knowledgeable about the people they were caring for.

We spoke with the care team leader about pre-admission assessments as there were none present on the care files that we viewed. They confirmed that they did carry these out to ascertain whether their needs could be met and every resident had one of these, however these were archived after the first year and not kept on the care file. We were able to look at one recent pre-admission assessment that had been completed for someone living in the home. The assessment did identify their needs, their family's details and their current medical needs as well as their medical history.

The people who commented confirmed that they had choices in terms of daily living activities and that they could choose what to do and where to spend their time. One person said, "I like to spend time in my room, I have the phone in my room as I like and get the paper every day", "I'm very happy here as I'm near the village and the shops and library".

The provider employed one part-time activity co-ordinator for 25 hours a week. Their job was to help plan and organise social or other events for people. We were able to speak to the co-ordinator during the inspection. They confirmed that they met with people when they moved into the home and discussed their likes and dislikes. They then held regular residents' meetings to review activities and events and also encouraged people to approach them at times outside the meeting if they did not feel comfortable talking in this arena. We were able to view the minutes of the last meeting and could see this was attended by eighteen residents and activities, as well as food and staffing had been discussed.

We saw a poster in the reception area advertising activities each week ranging from an entertainer, games, film night and craft activities. On the first day of our inspection we observed a music bingo session taking place in the large lounge. Everyone participating appeared to be enjoying this and one person who was not taking part was enjoying dancing to the music. On the second day of our visit, we observed a dominos session and again, everyone taking part appeared to be enjoying this activity.

We saw posters advertising faith sessions and who to speak to if someone wanted to take part in these or request a vicar to carry out a visit. The activities co-ordinator told us these were well attended by people who may not join in other activities.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. A copy of the procedure to be followed was on display on the notice board in the entrance area. We looked at the two complaints that had been received in 2015 and could see that these had been dealt with appropriately. People were made aware of the process to follow in the service user guide. The people we spoke with during the inspection told us that they were able to raise any concerns. Comments included; "If I had a complaint, I would be happy to go in as I often go in the office. I don't have much to complain about".

Is the service well-led?

Our findings

There was a manager in place at the home who had started in post on the day of our inspection. They had been acting up to the position since 01 December 2015. They had yet to submit their application to CQC to become the registered manager, but were aware of the need to do this. The manager explained that they had a buddy manager they could contact for support and assistance.

The manager told us that information about the safety and the quality of the service provided was gathered on a continuous and ongoing basis from the people who used the service. They completed nightly spot checks at least twice a year.

We spoke to people living in the home about the manager. Comments included, "She's competent and caring".

We saw that residents' meetings were being held and we were able to view the minutes from the last meeting held in January 2016. These were readily available for people to view and displayed in the dining area. The minutes showed the residents had been involved in planning activities and had been invited to provide suggestions and feedback on all aspects of the running of the home and their daily lives.

In addition to the above and in order to gather feedback about the service being provided we saw leaflets in the reception area from CLS encouraging people to leave comments as well as leaflets for people to review the care home on carehome.co.uk. We also saw a number of cards and letters displayed in the dining area with compliments about the service.

The provider had a quality assurance system available to monitor the quality of care being provided in its homes. The most recent survey of the home had been completed in October 2015. We were unable to see a copy as this was still with head office, however we were able to view a copy of the previous year's results and could see that it covered a variety of areas including, staff and care, home comforts, choice and having a say and quality of life. This was an on-going process.

The provider had a corporate monitoring system called 'Driving success in our homes' throughout its homes [staff members referred to this as the 'Steering Wheel']. This required managers to report on a variety of areas; these were grouped into four titles, people, customers, finance and operations. These titles were then sub-divided into more specific topics such as whether audits were up to date and the current training position for staff. This system allowed the provider to monitor each home's performance and address any shortfalls quickly.

As part of the system referred to above we could see that the manager was carrying out monthly audits on, for example, the care plans, falls, medication and mealtimes. They confirmed that if there were any issues identified following an audit, for example if a care plan required updating then these would then be dealt with. This was also monitored by the company's head office. We saw care plan audits on some of the files that we looked at and whilst they had a clear summary of action required we saw that some actions from previous audits had not been completed and there was no clear date of when actions needed to be

completed. Furthermore, we noted on the medicine audits that issues such as missing signatures on the MARS sheet and missing fridge temperature records that had been identified by the manager in the previous month had not improved when we inspected. The manager was aware of this and had addressed this with staff and had a plan of next steps if improvements were not seen.

This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity.

The manager and home services managers also undertook periodic audits, for example, infection control and prevention, kitchen audits, the completion of a health and safety audit quarterly and night visits. This helped to ensure any issues in this area were identified and addressed in a timely manner.

In addition to the auditing process the care team leaders also carried out a dependency assessment for each person living in the home on a monthly basis. The purpose of this was to enable the manager to review the staffing levels to ensure they continued to meet people's needs. Whilst we did not observe any concerns with staffing numbers during the inspection we did receive some comments from staff members about numbers of staff particularly in the afternoons. More information regarding this and what the manager is doing to address this issue is within the safe section of this report.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system and water temperatures. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment such as hoists and the lift.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

We found that information about the home was provided in the entrance hall and that this included a guide for the people living in the home and their family and other visitors.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the manager. Comments from the staff members included, "I think it's well managed, it's been unsettled due to lots of changed but hopefully it will settle now X is in place. She's very approachable and we all support one another", "I'm happy to speak to her, she's very approachable", "She's very approachable and tries to deal with it straight away", "You get a response quickly, she's very open".

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns. During our inspection we viewed minutes from past staff meetings and saw that these were being held on a regular basis. Staff had opportunity to discuss a variety of topics including staffing and issues around the home.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process

to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and there were no concerns highlighted.

As part of the inspection, we noted that information was clearly displayed in the staff areas about policies and training. We repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. In the instances where documentation was not up to date, this had been identified by the manager and she was in the process of addressing these shortfalls. This meant that the provider was keeping and storing records effectively.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not acting within the principles of the Mental Capacity Act 2005 as mental capacity assessments were not being completed consistently. Regulation 11</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have a system in place for the proper and safe management of medicines. 12 (2) (g)</p> <p>The provider is not doing all that is reasonably practicable to mitigate risks to the health and safety of service users in receiving care or treatment. The provider was not acting upon advice from other professionals. 12 (2) (b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user. Advice that had been recorded from other professionals had not been followed up and had been missed. Regulation 17 (2) (c)</p> <p>The provider must assess, monitor and improve the quality and safety of services provided in</p>

the carrying on of the regulated activity. Whilst audits were being carried out, corrective action had not been taken. Regulation (2) (a)