

Mr Clarence Leo Vaz and Mrs Caroline Ann Vaz  
trading as Parklands Nursing Home

# Parklands Nursing Home

## Inspection report

33 Newport Road  
Woolstone  
Milton Keynes  
Buckinghamshire  
MK15 0AA

Tel: 01908692690

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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 responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 October 2015, where we found breaches of legal requirements. After the comprehensive inspection, the provider wrote to us to say what they would do to meet these legal requirements.

We found that the provider had failed to ensure that the environment and premises were safe for people to use. Hazards had not been identified by members of staff or the provider; therefore action had not been taken to mitigate those dangers.

We also found that people's care plans were not person-centred. They lacked specific information about people's history and individual likes, dislikes and interests, therefore staff were unable to ensure that their personal needs and preferences were met. Care plans had not been produced with people's consent and the principles of the Mental Capacity Act 2005 (MCA) had not been followed for those people that lacked mental capacity.

The quality assurance systems in place at the service were not effective. The provider had failed to identify areas in need of improvement at the service, therefore problems were not rectified and the quality of people's care could not improve.

We asked the provider to submit an action plan to tell us how they would meet these regulations in the future; they stated that they would be meeting them by 20 April 2016. During this inspection we returned to see if the service had made the improvements they stated in their action plan. We found that the provider was now meeting these regulations.

Parklands Nursing Home is situated in a residential area of Milton Keynes and is registered to provide nursing and personal care for up to 30 older people, who may be living with dementia. At the time of this inspection there were 25 people living at the service.

This inspection took place on 27 April 2016.

The service had a registered manager. 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.

Improvements had been made to the way in which the environment was managed to ensure it was safe for people to use. The provider had taken remedial action following our previous inspection and had introduced risk assessments and regular checks to ensure the safety of the environment was maintained.

The service had also improved how it gained and recorded people's consent. Care plans had been updated

and demonstrated that, where possible, people had agreed to their content. Where people lacked mental capacity to consent to their care, treatment and support, the service had followed the principles of the MCA and acted in people's best interests.

Care plans had been developed and were now person-centred. They contained information regarding people's background, as well as their specific likes, dislikes, interests and preferences. Staff were able to provide people with a wider range of activities which were based upon their history and interests.

Improvements had been made to the quality assurance systems in place at the service. The registered manager carried out a number of checks and audits to measure quality and make improvements to the care being delivered.

## 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 consistently safe.

Improvements had been made to the way the environment was managed. Risk assessments and checks had been implemented to identify potential hazards and take steps to reduce the potential for harm to people, visitors and members of staff.

We could not improve the rating for safe from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Improvements had been made to the way the service sought and recorded people's consent to their care, treatment and support. The principles of the Mental Capacity Act 2005 were being following for people who lacked the mental capacity to make decisions for themselves.

We could not improve the rating for effective from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

Care plans had been improved and now provided staff with more person-centred information regarding people's care and support needs, as well as their hobbies and interests. Activities had increased and were being tailored to meet people's specific interests.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

**Requires Improvement** ●

The provider had made improvements to the quality assurance systems at the service. They had introduced a range of checks and audits and used these to produce an action plan to drive improvements.

We could not improve the rating for well-led from require improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Parklands Nursing Home

## Detailed findings

### Background to this inspection

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

We undertook an unannounced focused inspection of Parklands Nursing Home on 27 April 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 15 October 2015 inspection had been made. The team inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well-led. This is because the service was not meeting some legal requirements.

The inspection team comprised of one inspector.

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received. We also reviewed the report from our previous inspection.

During this inspection we spoke with three people living at the service and two of their family members in order to gain their views about the improvements made by the provider. We also spoke with the registered manager, the clinical lead, one nurse and one carer.

In addition, we reviewed care records for five people to see the improvements that had been made to them. We also looked at records regarding the management of the service, including audits and checks, to measure the improvements made by the provider.

# Is the service safe?

## Our findings

During our 15 October 2015, inspection we found that the premises was not managed effectively to keep people safe. We found that the provider had not established systems to routinely check the environment for potential hazards to people's health, safety and well-being and therefore had not taken appropriate remedial action to resolve any problems. This was a breach of regulation 12 (1) (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had made improvements in this area. The registered manager told us that they had introduced a number of checks to ensure the environment was safe for people and to identify potential hazards. They told us that they had taken remedial action regarding specific concerns raised during our previous inspection and continued to check these areas to ensure they had not fallen into disrepair.

People and their family members told us that they felt that they were safe at the service and that they were aware the registered manager had been carrying out checks and audits of the environment. We asked one person if the registered manager had checked their room to make sure it was safe, to which they nodded and smiled. Relatives told us that they had seen checks being carried out. One relative said, "There is a great deal of care and attention to make sure my mother is safe."

Members of staff told us that they were aware that these checks were being carried out and that action had been taken to ensure the premises was safe for people, visitors and members of staff. Staff also told us that they were encouraged to raise any concerns they had with the registered manager, so that they could be put right.

We saw that areas of concern raised during our previous inspection had been addressed and other work had taken place to ensure the environment was safe for people. For example, we saw that a new storage cupboard had been created which meant that items in the dining room could be securely stored away. This improved the layout of the dining room, particularly for those people with reduced mobility who may need support to move around the service.

Records showed that the registered manager had carried out a series of regular checks of the environment to ensure it was safe. Where issues had been raised during these checks, we saw that remedial action had been taken promptly to reduce the potential for these issues to cause harm. Risk assessments had been implemented to show that hazards had been considered and control measures put in place to help staff ensure potential dangers were managed effectively. The provider had taken steps to ensure the premises were managed effectively and people, visitors and members of staff were kept safe.

## Is the service effective?

### Our findings

During our 15 October 2015 inspection we found that care and treatment was not always provided with people's consent or in line with the Mental Capacity Act 2005 (MCA). We found that people's care plans did not demonstrate that they had been involved in, or had agreed to, their care. In addition, where people lacked the mental capacity to agree to their care and support arrangements, there was not consistent use of MCA assessments to ensure the service acted in that person's best interests. This was a breach of regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made in gaining people's consent and demonstrating the use of the MCA when necessary. The registered manager and deputy manager explained that they had gone through people's care plans with them and, where possible, their family members. They discussed the content of the care plans and made sure people were happy with the content, before asking them to sign to confirm this. They also told us they had applied the MCA where appropriate, to ensure that decisions made were in people's best interests.

People were positive about the changes that had been made in this area. They told us that they the service had discussed their care plans with them and asked them to sign to show that they had consented to them. People's relatives told us that they had been included in this process, particularly when people were unable to consent to their own care due to a lack of mental capacity. One relative said, "Yes they discuss my Mum's care with me."

Staff members told us that they had been trained in the MCA and were aware of their responsibilities regarding it. They told us that care plans showed when people had been assessed as lacking capacity regarding a particular decision, and provided them with information regarding the best interests' process that had been followed and the decision agreed. Staff members felt that their understanding and use of the MCA had improved since our last inspection, and that decisions were being made in peoples best interests'.

We checked people's care plans and saw improvements to the way consent had been recorded. Where people were able to agree to their care plans they had signed them to demonstrate that they were happy with the content of them. We also saw that MCA assessments and best interests' checks were in place, to help the service make decision on behalf of people who lacked mental capacity. The provider had worked to ensure that people's care and treatment was provided with their consent and that the principles of the MCA were being followed.



## Is the service responsive?

### Our findings

During our inspection on 15 October 2015 we found that people did not always benefit from receiving person-centred care. Staff knew and understood people's needs; however care was not tailored to meet their specific needs. Care plans did not demonstrate people's specific preferences, hobbies and interests; therefore staff were unable to ensure they were providing individualised care. The care and treatment of people did not meet their needs or reflect their preferences. This was a breach of Regulation 9 (1) (b)(c) (3) (b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had made improvements in this area. The registered manager and deputy manager told us that care plans had been completely revised and a greater emphasis placed on person-centred information within the new versions. They told us that as they wrote them they realised that they now had a far greater knowledge of each individual's needs, likes and preferences and that this enabled them and their staff to provide people with more person-centred care.

People told us that they received person-centred care from the service. They told us that staff knew them and their specific needs and wishes. In addition, they told us there were regular activities and events at the service which appealed to their interests and that staff spoke to them about their hobbies. Relatives confirmed that people's care was person-centred and that the new care plans were improved. Relatives also told us that they had been asked to complete a 'This is me' document, designed to provide the service with more information about each person, including their background and interests.

Staff members told us that the new care plans helped to give them more information about people's specific needs and interests. They also told us that they had the time to spend with people talking about their hobbies and interests, and taking part in activities with them. One staff member said, "We do more activities now. We have an activity book where we record them. We have tried different activities to get people interested."

We found that people's care plans were more person-centred. They contained specific information regarding the way people wanted to be cared for and were based on people's past history and experiences. Care plans were not so task focused and provided staff with useful information which they could use to help keep people stimulated and motivated. 'This is me' forms had been completed by people's family member and provided the service with new information, which had then been integrated into their care plan. The provider had taken steps to ensure that people's care was more person-centred.

## Is the service well-led?

### Our findings

During our 15 October 2015 inspection we found that the checks and audits carried out by the provider had were not effective. There were some checks and audits in place; however they had failed to identify problem areas, therefore remedial action regarding these areas could not be taken. There was no evidence that the provider had an action plan to show that issues had been identified, prioritised or dealt with. Systems or processes were not established and operated effectively. This was a breach of regulation 17 (1) (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had made improvements. The registered manager told us that they had introduced a number of different checks and audits to monitor care at the service and identify areas for improvement. They told us that they had carried out a full audit of all care plans to identify where updates and improvements were required. They also told us that they had carried physical checks around the building and updated risk assessments as a result, as well as implementing a staff file audit, a Deprivation of Liberty Safeguards (DoLS) audit and a kitchen audit. They explained that they were developing a set programme for audits, to ensure that each one was carried out regularly and helped them to identify areas for improvement.

Records showed us that the registered manager had implemented and carried out a number of checks and audits since our previous inspection. These had been used to identify areas for improvement within the service and to produce a central action plan, from which the registered manager was able to prioritise the areas in need of attention and to log the dates that any action was taken. The provider had taken steps to ensure there were systems in place to oversee the care people received and take action to improve it where necessary.