

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

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Parklands Nursing Home is a care home providing personal and nursing care for up to 30 people. This includes both permanent residents, and people who stay at the service for rehabilitation, before returning to their own homes. At the time of the inspection 22 people were receiving support.

### People's experience of using this service and what we found

People and relatives told us the service was safe, and staffing levels were sufficient.

Risk assessments were thorough and covered the risk present in people's lives.

Medicines were stored and administered safely, and staff were trained to support people effectively. Staff were supervised well and felt confident in their roles.

The service was clean, and staff understood infection control procedures and followed them. Staff wore appropriate personal protective equipment.

Audits of the service were detailed and any issues found were addressed promptly. Staff felt well supported by the registered manager and were motivated to provide good care to people.

Staff referred to external professionals as required and followed advice to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service was GOOD published on 24 November 2017.

We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Parklands Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Parklands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was un-announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service. We spoke with three members of care staff, the registered manager, and one visiting health professional. After the inspection we spoke with three relatives of people using the service by phone.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Everyone we spoke with felt safe within the home and with the staff. One person we spoke with said, "There are plenty of staff that will come if I call them, I feel safe." A relative told us, "[Name] is quite happy and settled there. Plenty of staff on site."
- Staff were trained in how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the registered manager and were confident to do so if required.
- Systems were in place to ensure people were safeguarded from abuse including whistleblowing policies and procedures.

Assessing risk, safety monitoring and management

- The service utilised an electronic care planning system, with care plans and risk assessments that were detailed and readily available for staff to access, read, and update when required. Risk assessments documented in detail any risks that were present in people's lives, and enabled staff to work safely with people. This included any health and medical needs they required, as well as plans to assess the risks of falls, moving and handling, and food and fluid intake.
- Risks were regularly reviewed, and staff understood and followed risk assessments appropriately.

Staffing and recruitment

- The service was sufficiently staffed. One person said, "I can't fault the place, there are lots of nurses here, always helping out." Rotas we saw showed that staffing levels were consistent, and staff we spoke with said that staffing levels were regularly assessed and responded to by management.
- The provider continued to recruit staff in a safe manner. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- Medicines were stored and administered safely. We checked medicine administration records (MAR) and found they were being used correctly. Suitable instruction about people's medicines and how and when they should be used were in place.

Preventing and controlling infection

- The service was clean, tidy, and well maintained. Some bathroom areas had recently undergone refurbishment.
- The building was cleaned regularly. Touch points were regularly wiped down to reduce the risk of

infection.

- The provider was managing the spread of infection adequately during the Covid 19 pandemic. Appropriate procedures were in place to manage infection control, including staff using personal protective equipment (PPE), and social distancing measures in place. Staff knew how to support people who may be isolating with the virus, and told us they had all the PPE, support and guidance to do so effectively when required. A visiting professional told us, "The infection prevention and control here is very good, and managed well."
- People and relative's we spoke with confirmed that staff always used the appropriate PPE, and were happy they were being protected as much as was possible. One relative said, "I've not been able to go inside because of Covid, but I visit [Name] from the outside window. The staff I see come and go always have masks on. The testing and vaccine roll out seems to be working well."

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. The registered manager reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements and share learning points through team meetings and supervisions.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- We found that audits and checks regularly took place within the service, and actions were carried out to make improvements as necessary, however, actions taken were not always recorded. The registered manager told us they would implement more detailed recording to document any actions taken for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Both care planning and the approach of staff towards people was positive and person centred. Senior staff promoted a positive culture throughout the service, and actions were taken to improve care when required.
- The staff were committed to achieving good outcomes for people, and understood each person's wants and needs. Staff were flexible in their approach to ensure good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The managers fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.
- Staff were clear about their responsibilities and the leadership structure in place. People and relatives said they knew who the registered manager was and staff told us they felt well supported. One person said, "The registered manager comes in and sees me, it's all very good."
- Staff were clear about their roles and felt confident. One staff member said, "I feel well supported from the clinical lead and the registered manager. I always ask questions and always get them answered."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were engaged with and involved in the service. Relatives we spoke with confirmed they were kept up to date and received calls regarding any important information.
- Team meetings were held to ensure staff stayed up to date. Minutes of meeting showed that various topics and updates were discussed with staff on a regular basis. This ensured staff were aware of any changes in the service or requirements.

#### Working in partnership with others

- The service worked in partnership with the NHS Seacole programme, which meant they provided care for people coming out of hospital and requiring rehabilitation support before returning to their own homes. This included some NHS professionals being based within the service and working alongside the staff at Parklands. We received positive feedback about this partnership from the professionals working within the service.