

Malhotra Care Homes Limited

Parklands Nursing Home

Inspection report

Station Road
Seaham
County Durham
SR7 0AD

Tel: 01915130150
Website: www.prestwickcare.co.uk

Date of inspection visit:
22 February 2018

Date of publication:
26 April 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 February 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting.

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.

Parklands Nursing Home provides accommodation with personal care and nursing for up to 53 older people (East Park Court), people with a dementia type illness (Penshaw Court) and young people with a physical disability (West Park Court). On the day of our inspection there were 51 people using the service. Facilities included several lounges and dining rooms, communal bathrooms, shower rooms and toilets, a hairdressing room, a large well maintained communal garden, a sensory garden and a spacious reception area.

The registered manager had left the service in November 2017. A registered manager is a person who has registered with CQC 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 the time of our inspection the operational support manager was acting as the manager. Recruitment for a new registered manager was in progress.

Parklands Nursing Home was last inspected by CQC on 3 November 2015 and was rated Good. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The home was clean spacious and suitable for the people who used the service. The provider had procedures in place for managing the maintenance of the premises and appropriate health and safety checks had been carried out.

Accidents and incidents were appropriately recorded and risk assessments were in place. The manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe management and administration of medicines.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people who used the service.

Staff were supported to provide care to people who used the service through a range of mandatory and specialised training, supervision and appraisal.

People who used the service and their relatives were complimentary about the standard of care at Parklands Nursing Home.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy. Staff supported and helped to maintain people's independence. People were encouraged to care for themselves where possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Care records showed people's needs were assessed before they started using the service. Care plans and risk assessments were in place where required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

Staff supported people to eat and drink at meal times when required and people's weight and nutrition was closely monitored.

People who used the service had access to healthcare services and received ongoing healthcare support.

People had access to a range of activities in the home and within the local community.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint.

The provider had a robust quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

Parklands Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 22 February 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with six people who used the service and four relatives. We spoke with the manager, the provider, compliance manager, project manager, interior design manager, training manager, a deputy manager, four care staff, an activities co-ordinator, administrator, maintenance worker and one visiting healthcare professional.

We looked at the personal care or treatment records of seventeen people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Parklands Nursing Home. One person told us, "Yes, no bother, the staff are kind" and another person said, "Yes, there is no trouble or bother here." One relative told us, "Everyone says hello and dad is definitely more settled here. All doors can be locked, which puts my mind at rest" and another relative said, "Yes, definitely safe and well looked after."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

There were sufficient numbers of staff on duty to keep people safe. The manager told us that the levels of staff provided were based on people's dependency needs. Staff, people who used the service and visitors did not raise any concerns about staffing levels. Our observations confirmed call bells were responded to by staff in a timely manner. One relative told us, "There are always staff available when I come" and another relative said, "Staff are here in a minute if she rings her bell."

The provider's safeguarding adult's policy provided staff with guidance regarding how to report any allegations of abuse. Where abuse or potential allegations of abuse had occurred, the manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures.

The home was clean and tidy. En-suite bathrooms, communal bathrooms, shower rooms and toilets were well maintained. Appropriate personal protective (PPE) and hand washing facilities were available. Staff had completed infection control training. Infection control audits and cleaning schedules were up to date to ensure people lived in a clean and safe environment. Entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in.

Accidents and incidents were recorded and the manager reviewed the information monthly in order to establish if there were any trends or lessons learned and made referrals to professionals when required, for example, to the falls team.

People had risk assessments in place for a range of person specific identified risks. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe and regularly reviewed. The provider also had general risk assessments in place for the environment and premises which contained detailed information on particular hazards and how to manage risks. This meant the provider had taken seriously any risks to people, staff and visitors and put in place actions to prevent accidents from

occurring.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. A fire emergency plan was displayed in the reception area, a fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date. People who used the service had Personal Emergency Evacuation Plans (PEEPS). This meant appropriate information was available to staff or emergency personnel should there be a need to evacuate people from the building in an emergency situation such as fire or flood.

Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. The records for portable appliance testing, gas safety and electrical installation were all up to date.

We found appropriate arrangements were in place for the safe management and administration of medicines. The provider's medication policy covered all key areas of safe and effective medicines management. Staff were able to explain how the system worked and were knowledgeable about people's medicines. Medicines were stored appropriately. Temperature checks for treatment rooms and refrigerators were recorded on a daily basis and all were within recommended levels by the British Pharmacological Society.

We looked at medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. Records we viewed were up to date with no omissions. Medicine administration was observed to be appropriate. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Medicine audits were up to date and included action plans for any identified issues.

Is the service effective?

Our findings

People who lived at Parklands Nursing Home received care and support from well trained and well supported staff. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. The majority of staff mandatory training was up to date and where gaps were identified, training was planned. Mandatory training is training that the provider thinks is necessary to support people safely.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Nursing staff held a valid professional registration with the Nursing and Midwifery Council. The Nursing and Midwifery Council is the regulator for nursing and midwifery professions in the United Kingdom.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had a good understanding of their legal responsibilities with regard to the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body, mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Consent to care and treatment was documented in people's care records.

People's needs were assessed before they started using the service. Pre-admission assessments included details of the person's medical history and an assessment of the person's care needs, including the level of support required and details on people's communication needs.

Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's weight was monitored regularly. Staff were knowledgeable about people's special dietary needs and preferences. The provider had a nutrition and hydration policy in place and staff had completed training in food hygiene and nutrition and hydration. The home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 22 September 2016 and had received a certificate from NHS Durham and Darlington in recognition for focusing on undernutrition.

At lunch time we observed staff assisted people to their tables in the dining room. We saw one staff member assisted a person to sit closer to the table, providing them with a reassuring explanation by saying, "It's so you will be more comfortable." We saw staff supporting people on a one to one basis if they required assistance with their meal. People were regularly asked, "Everyone okay?" and "Do you want anymore?" Staff chatted with people and the mealtime was not rushed. Lunch was a sociable experience. People were supported to eat in their own bedrooms, if they preferred.

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including, GPs, psychiatrists, opticians, physiotherapists, chiropodist, dentist and community psychiatric nurses.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitably designed for people with dementia type conditions. For example, walls and doors were decorated to provide people with visual stimulation. Corridors were clear from obstructions and well-lit which helped to aid people's orientation around the home.

The provider had a maintenance schedule in place and the manager, project manager and interior design manager told us about the plans to refurbish the home including redecorating communal areas, new flooring and furniture, new dementia friendly signage and landscaping gardens.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Parklands Nursing Home. A person told us, "The staff are kind and listen. It's good care and there is always someone there if you need them. I'm well looked after, they take me for my wash and treat me with dignity. I can also get up when I want." One relative told us, "The staff tell me about any problems and I get regular updates, they are nice to me and lovely to my sister."

We observed staff chatting to people in communal areas and engaged with them in meaningful conversation. Staff knew people's names and talked with, and listened to people in a kind and caring manner. A person told us, "The staff chat to me and hold hands with some of the really poorly people. They chat as much as they can and they hold my hand as well, which I love." A relative said, "The staff are great, they are her friends."

People were well presented and looked comfortable in the presence of staff. We saw staff assisting people, in wheelchairs in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring way. The atmosphere within the service was pleasant and staff had the utmost respect for people. A person told us, "They are always busy but they keep the rooms clean, go shopping for me and are really friendly. They are my friends first and carer's second." A relative said, "[Name]'s hair is always nice and clean, so they must get lots of showers."

Staff worked very well as a team giving individualised care and attention to people. Our observations confirmed staff treated people with dignity and respect. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. A relative told us, "It's really good; they make people feel wanted and loved. You can't buy that kind of caring, it's a vocation and I'll always be grateful to them, always."

People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. A person told us, "Sometimes the staff are really busy but never too busy to give us what we want - their time." A relative said, "They are kind, they cuddle my sister constantly, I've seen it. She has been sick and the staff changed her and talked to her, made her comfortable and stopped her crying. They then checked her over, marvellous, I can't praise them enough."

People's bedrooms were individualised, some with their own furniture and personal possessions. Many contained photographs of relatives and special occasions. A member of staff was available at all times throughout the day in most areas of the home. People received help from staff without delay. We saw staff supporting people to maintain their independence. A person told us, "They help me with meals and take me out for fish and chips. They help me pick my clothes and try to keep me independent."

People were encouraged and supported to maintain their relationships with their friends and relatives. Staff were able to tell us about people's relatives and how they were involved in their care. One relative told us, "I

have worked in care homes for 25 years so feel I'm qualified to know a good care home when I see one and this is a good one." Another relative said, "They are so kind and helpful, I cannot praise them enough. They come in and chat to her even though she can only nod or shake her head or cry and if she feels unwell she only needs to press her buzzer and they are here."

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The manager told us how people who used the service were directed to local advocacy services if required and advocacy information was easily accessible to people.

People were provided with information about the service in the providers 'statement of purpose' and 'service user guide' which contained information about the facilities, services, safeguarding, meals, fire procedures, spiritual support and complaints. Information about health and local services was also prominently displayed on notice boards throughout the home.

We saw that people's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Is the service responsive?

Our findings

People had their needs assessed and their care plans demonstrated a good understanding of their individual needs. A visiting healthcare professional told us, "The staff here have been very responsive to the individual needs of the person that I am working with."

People's care records contained a 'life story' document which had been developed with the person or their relative and detailed what is important to that person including their individual needs, interests, social history, preferences, likes and dislikes and how best to support them. People and their relatives were aware of and involved in the care planning and review process.

The home used a standardised framework for care planning with care plans person-centred to reflect a range of identified needs. For example, one person was identified as displaying behaviours which challenge. Their care plan described the behavioural strategies in place and any concerns were to be reported to the community psychiatric nursing team. A visiting healthcare professional told us staff were very open to any suggestions regarding the implementation of behavioural techniques and staff had received training in challenging behaviour.

We saw end of life care plans, in place for people, as appropriate and staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

Staff used a range of assessment and monitoring tools. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition. Body maps were used where they had been deemed necessary to record physical injury. There was evidence of regular review, updates and evaluation.

The service employed two activities co-ordinators. They told us that residents have a lot of choice when it comes to activities and informed us of the many activities on offer seven days a week. People and their relatives were complimentary about the activities co-ordinators and the activities in the home. Planned activities were displayed and included arts and crafts, armchair exercises, sing a long, knit and natter and quizzes. A person told us, "I do knitting, sit in the lounge or listen to music. It's my choice they ask me to do activities but I'm happier just pleasing myself."

One of the activities co-ordinators told us how they had made a karaoke of people's favourite songs and we observed people in the lounge waiting for their song and enjoying singing along to 'Hey big spender' and songs from 'Calamity Jane'. A relative told us, "[Name] is being encouraged to sing."

The provider's complaints policy was on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and who to contact, if the complainant was unhappy with the outcome, for example the local authority and the local government ombudsman.

Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed. A person told us, "I have no complaints. What is there to complain about, but if I did I would go to the head person and she would sort it out."

Is the service well-led?

Our findings

The registered manager had left the service in November 2017. The provider told us recruitment for a new registered manager was underway and in the interim they had appointed the operational support manager to act as manager. The manager told us they felt supported in their role. They told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time.

People who used the service and their relatives spoke positively about the manager and the staff. They said that they were very approachable and visible. They would have no concerns in approaching them if they had any worries or concerns.

Staff told us they were supported in their role and felt they were able to approach the manager or to report concerns. A member of staff told us, "This is a good team of staff, very caring and work well together." A visiting healthcare professional said, "Staff are always approachable and open to suggestions. The home has a brilliant reputation."

We looked at what the provider did to check the quality of the service and to seek people's views about it. The provider carried out regular audits to ensure people who used the service received a high standard of care. These included audits of care records, dining experience, infection control, health and safety, catering and medication. All of these were up to date and included action plans for any identified issues.

Residents and relatives meetings were held regularly. A person told us, "It's a nice atmosphere here, no complaints, the food and hairdressing is good. Things don't need to improve. I'm happy here. Everyone is."

The quality assurance surveys for 2018 for people who used the service, their relatives, staff and visitors received very positive responses. Themes included safety, caring, responsive and well-led.

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings were held regularly and showed staff were able to discuss any areas of concern they had about the service or the people who used it.

The service had close links with the local community including churches to enable people to practice their religion and visits from local schools. People visited the local day centres and the service organised regular fetes.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. The manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice." The staff we spoke with and the records we saw supported this. The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.