

Canaryford Limited

Parklands Nursing Home

Inspection report

21-27 Thundersley Park Road
Benfleet
Essex
SS7 1EG

Tel: 01268882700
Website: www.bjp-healthcare.co.uk

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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 residential care home providing personal and nursing care. The service can support up to 54 people at the time of inspection 51 people were being supported.

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

People and their relatives gave us positive feedback on their experience of using the service. One person said, "I join in activities, and we can have a good laugh." A relative said, "The staff are all kind and attentive."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicines were dispensed by staff who had received training to do so.

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.

The registered manager had systems in place to monitor the service and improve outcomes for people. Staff were supported to develop their skills and knowledge through training courses. People's care was planned in a person-centred way to support their independence.

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 February 2021). The registered manager completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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.

Inspection team

The inspection was conducted by 2 inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 4 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, care manager, kitchen assistance, activities person, maintenance person and care workers. We spoke with 1 external healthcare professional who visit the service for their feedback.

We reviewed a range of records. This included 7 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection in January 2021, we found the service was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach.

Assessing risk, safety monitoring and management

- Risk assessments were in place to assess people's needs and mitigate risks of harm to them.
- Risk assessments and care plans provided such guidance, as how staff should support people, who were at risk of falls, pressure sores, malnutrition, catheter care, and moving and handling safely.
- Staff were able to describe the support people needed and how they could do this safely. For example, one member of staff described to us, what type of hoist and sling a person needed to be transferred safely.
- A healthcare professional told us, "We talk through any issues and staff are fully aware of people's needs."
- A recent visit from the fire service acknowledged the service was compliant with fire safety regulations. Staff told us they had recently updated their fire marshal training. Fire evacuation plans were in place to safely evacuate people in an event such as a fire.
- The provider employed a maintenance team who were responsible for ensuring the service and equipment remained safe and were in good order.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager was working within the principles of MCA and had applied for assessments and renewals of DoLS when necessary.
- People's consent for care was sought and staff understood the requirement to seek consent for care from people.

- Staff supported people to make decisions for themselves and offered them choice during all interactions. One member of staff said, "I always offer people choice to maintain their independence."

Using medicines safely

- People received their medicines safely and when they needed them. One person said, "The staff bring me my medicine twice a day morning and night. At the moment I am on antibiotics, and they give me them every 8 hours."
- Staff had received training to administer medicines safely and had their competency checked to do so. The registered manager told us they were arranging for further medicine training for staff as a refresher.
- Issues identified with medicines at the previous inspection had now been addressed.
- We noted safe storage of medicines and temperature of the clinic and fridge where medicines were stored were monitored and within safe ranges.
- Medicine records were in good order and regular audits were completed to identify and address any issues.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel it is a safe place here, there are staff around and you only have to press your buzzer and they come."
- Staff had received training in safeguarding and knew how to raise concerns. One member of staff said, "I have a duty of care to these residents, I would not sit by and do nothing if I was not listened to, I would notify the local authority, CQC and the Police if I had to."
- The registered manager had guidance and policies for staff to follow on safeguarding and 'whistle blowing'.
- Where safeguarding concerns had been alerted to the local authority the registered manager kept a tracker of these to update with information. The registered manager worked with the local authority to investigate concerns and worked to keep people safe.

Staffing and recruitment

- The service was well staffed and there were enough staff to meet people's needs. The registered manager told us they did not use agency and had enough regular staff to cover shifts.
- People were complimentary of the staff and the support they received. A relative told us, "Staff are kind and caring and attentive to [person's] needs." A person told us, "The girls (staff) are out of this world, you could not ask for better."
- Appropriate checks were in place before staff started worked including providing full work histories, references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The registered manager had followed guidance on visiting and people were able to receive visits from their relatives and friends safely.

Learning lessons when things go wrong

- The registered manager completed an analysis of accidents, incidents, falls and safeguarding concerns and shared lessons learned with staff.
- Information was discussed and shared with staff during meetings and supervision sessions.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in January 2021, we found the service was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach.

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

- There was a positive culture at the service. People and relatives gave positive feedback on their experience at the service, and staff told us they were happy working at the service.
- One person told us, "I am happy here." A relative said, "My relative is safe and being looked after well."
- A member of staff told us, "We want people to feel in control of their life and decisions, and support them to be as independent as possible."
- Care plans were detailed and person centred to ensure people had the support they required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Staff were clear about their roles and felt supported working at the service. There was a clear management structure at the service and staff understood their roles within the team.
- The registered manager encouraged staff to develop their skills to further their learning and careers. One member of staff said, "The registered manager is supportive and encourages us to develop our knowledge and skills. I feel well supported in my role."
- Another member of staff said, "The management are very supportive there is no favouritism here everyone is treated equally and fairly."
- Staff understood their roles, in relation to regulatory requirements. Notifications for notifiable events were sent to the commission as required.
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

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

- The registered manager was very visible in the service frequently engaging with people, relatives, and staff to get their feedback.
- Meetings had been held with people and relatives and surveys used to gain feedback on the running of the

service.

- The registered manager had several forums to engage with staff including meetings and supervisions.
- People's equality characteristics had been considered and people were supported with their cultural and religious beliefs.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality monitoring systems in place to maintain a good oversight of the service. Audits in place highlighted any issues of concern which could then be addressed.
- Staff frequently told us they were supported to develop their skills through further training and completion of national recognised training certificates.
- The registered manager told us they supported their qualified nurses to keep their skills and training up to date and sourced specialist training for them when needed.
- NHS trainers were supporting the service with training on topics such as sepsis awareness and stoma care.
- The registered manager had developed good working relationships with other healthcare professionals such as the palliative care team and community matron services.