

Mrs Mary Frances Philpot

Parklands

Inspection report

7 Eldersley Close
Redhill
Surrey
RH1 2AJ

Tel: 01737765179

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Parklands is a small residential care home providing accommodation and personal care to a maximum of four adults with a learning disability. The provider is also registered to provide the regulated activity of personal care acting as a domiciliary care agency. A fifth bedroom is used by a supported living client. Some of the people who live there also have physical disabilities. At the time of our inspection the service provided care to three people. The person using the supported living service was not receiving personal care. All of the people and the staff have been at the service for a number of years.

The home is a bungalow situated in a residential area of Redhill, Surrey.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Some aspects of medicines management needed to be improved. We have made a recommendation about the management of medicines.

Health and safety checks were completed, however emergency evacuation plans were not in place for people. Risks relating to legionella bacteria had not been fully assessed.

Care plans were required additional information in areas to fully reflect people's needs and preferences. Staff knew people very well.

The systems in place to monitor the service needed to be improved. The providers policies needed updating to reflect current guidance and legislation.

People told us they felt safe living at Parklands. Staff felt confident to raise concerns with the manager and were aware of external agencies where they could report concerns. Risks were assessed, and management plans were in place to reduce the risks.

We reviewed staffing rotas that demonstrated there were enough staff available to meet people's needs. Staff were recruited safely.

People made choices around their meals and were supported where they were at risk of losing weight. People's healthcare needs were assessed and met by a range of healthcare professionals.

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us staff were kind and caring. People were involved in making decisions about their care. People told us they were well respected by the staff.

People felt confident to raise any concerns and were happy they would be listened to. People accessed activities of their choosing.

People were involved in the running of their home. People and staff commented positively about the registered manager and the provider.

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

Rating at last inspection

The last rating for this service was good (published January 2017).

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Parklands

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 carried out by two inspectors.

Service and service type

Parklands is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who lived at the service. We also spoke with two members of staff, the registered manager and the provider. We reviewed a sample of people's care and support records. We also looked at records relating to staff recruitment and the management of the service such as incident and accident records, training records, policies, audits and complaints.

After the inspection

We contacted three health and social care professionals who regularly visit the service and received feedback from one of them.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Some areas of medicines management needed to be improved.
- One person was taking pain relief 'as and when' required (PRN). Although there was guidance on the persons medicines administration record (MAR) relating to the dosage, there was no additional PRN guidance in place for staff to guide them on when to administer them or any effects of taking other similar medicines at the same time. The provider confirmed the person told staff when they needed the medicines.
- One person was prescribed a medicine which required additional storage, this was not stored or recorded in line with the providers policy.
- Staff were trained in medicines administration.
- People's MARs were completed when medicines were administered.
- People told us they were happy with how staff administered their medicines. One person told us, "I am happy with how support me with my medication."

We recommend the provider consider current guidance on supporting people with their medicines and take action to update their practice.

Assessing risk, safety monitoring and management

- Individual emergency plans were not in place to ensure people were supported to evacuate in an emergency. The registered manager confirmed they conducted regular fire drills in the home to practice evacuation with people.
- Environmental risk assessments were in place, some of these had not been reviewed regularly, although nothing had changed to the environment. The registered manager confirmed they would review these.
- People had individual risk assessments. We reviewed examples of risk management in relation to keeping safe, accessing the community and accessing vehicles. People were involved in the risk assessments and had signed to say they agreed with them. Identified risks had guidance for staff about how to reduce the potential risk to people.
- The service environment and equipment were maintained. Records were kept of regular health and safety checks.

Staffing and recruitment

- People told us there were enough numbers of staff to meet their needs. One person told us, "We usually have two staff on and if I want to go out they take me." The rotas were developed to meet people's needs.

- Staff were recruited safely. Checks included references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.
- One staff file had unexplored gaps in their employment history. Having unexplored gaps in employment could impact on a staff member's suitability to work with vulnerable adults. Following the inspection, the registered manager confirmed they had explored the gaps with the staff member and recorded them in the staff members file.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel very safe." We read a recent comment from a relative that stated, "[Name of person] seems to be very secure living at Parklands and we feel very blessed that they are in such a good home."
- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. For example, one staff member said, "I would report anything to the [registered] manager, I am happy they would take the right action, if they didn't we would whistle blow to the Care Quality Commission (CQC). I have never seen anything like that here, everything is ok."
- There had been no recent safeguarding incidents, the manager was aware of their responsibility to report any incidents to the local authority.
- Staff received safeguarding training a part of their induction and regular updates.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and these were changed when it was appropriate.
- The home was clean and free from malodours.

Learning lessons when things go wrong

- Where incidents and accidents had occurred, action had been taken to minimise the risks of reoccurrence. Accident forms were completed and reviewed by the registered manager who had oversight of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans were based on their assessed needs and preferences.
- One person's care plan required some additional information to ensure it provided staff with information in line with national guidance. The provider confirmed they would complete this.

Staff support: induction, training, skills and experience

- People were well cared for by staff who had knowledge and skills to meet people's needs. One person told us, "Yes I think staff are trained."
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. The provider confirmed they would ensure their induction was in line with the Care Certificate to enable staff to understand the national minimum standards. There had been one new staff member employed in 2019 and they had a relevant qualification so were not required to complete the Care Certificate.
- Staff we spoke with commented positively about their training. One staff member told us, "We go on different courses and can do diplomas and NVQ's. There is a training file we can look through to see if we would like to do any training and they book you on."
- The training record we reviewed showed staff received continual training in subjects to meet the needs of the people they supported. The provider had arranged for staff to have training in dementia due to one person's changing needs.
- Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "They are ok, we talk about if we are happy at work, any training we need and talk about the residents and what we can improve."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they chose their meals and staff gave them support where required. One person told us, "We order our food and choose what we want to eat, we can eat when we want."
- People were supported to eat meals that they enjoyed in line with their dietary requirements.
- Where required people's weights were monitored. Staff supported people where they were at risk of losing weight.

Adapting service, design, decoration to meet people's needs

- The home was suitable to meet the needs of the people. One person told us, "It's easy for me to get around."

- People told us they personalised their bedrooms with pictures and items of their choosing.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- People confirmed staff supported them to access healthcare services. One person told us, "They would call the Dr if I was unwell."
- Records showed people accessed the opticians, dentist, GP, and chiropody appointments when required.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People had the capacity to make their own decisions and they told us staff respected this.
- People told us they were consulted prior to any support interventions and their consent was sought.
- We found one person's relatives had indicated they wanted a decision made relating to their family member because they thought the person lacked capacity to make this decision. There was no capacity assessment in place for this to demonstrate the person lacked capacity to make this decision. We discussed this with the provider who told us they would review this.
- At the time of our inspection, no one living in the home required a DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People commented positively about the staff supporting them. One person told us, "I love the staff they are all lovely and helpful and kind." Another commented, "I am very happy here."
- People told us staff knew them well. One person told us, "They do know me well."
- Staff spoke positively about their work and the people they supported.
- We reviewed compliments received by the service from people's relatives. Comments included, "Parklands is a really pleasant environment. I know [name of person] feels really well supported by all members of staff" and "[Name of person] is very settled at Parklands. They seem to enjoy life and we are very grateful to all the staff for the care that is given to them."
- People told us they were supported to follow their chosen faith.
- Information about people was kept safe and secure. Records were stored securely to ensure personal information was not seen by people.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decisions about their care. One person told us, "We can get up when we want and do what we want, it's our home. We have meetings and can say if we are happy or not."
- People told us staff discussed their care plans with them and people had signed their care plans to demonstrate their agreement to the care provided.
- Staff told us they involved people in making decisions and respected their wishes. One staff member told us, "They can do and choose what they want to do."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected them and their privacy. One person told us, "The staff are respectful and make sure doors are closed and they knock on the door."
- People told us they were supported in promoting their independence. One person said, "They let me do what I can myself and help me with what I can't do."
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were of mixed quality. Whilst there was some person-centred information available in care plans, some areas required additional information. For example, the support people required from staff was recorded but what they could do for themselves was not. Another person's mobility care did not include an alarm that they used.
- Staff we spoke with could tell us about people's preferred routines, their likes and dislikes and what was important to them.

End of life care and support

- The provider told us they had held some conversations with people and relatives relating to people's end of life wishes. However, there were no end of life plans in place. The provider told us they would address this.
- Where people had experienced bereavement, people told us staff supported them well and arranged for external support where required.
- No one was receiving end of life care at the time of the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to a range of information in assessable formats, such as complaints procedures, information relating to health needs and a service user guide relating to the home.
- People's communication needs were considered in care plans.
- People had health action plans in place and documents in an easy read format should they need to be transferred to a hospital. This is to ensure the hospital staff would be aware of the person's needs. These documents had written information that had been crossed out, so it was not easy to read. We discussed this with the provider and registered manager who told us they had plans to update them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities of their choosing. One person told us, "I do a lot of walking, go swimming and attend a local club, I really enjoy going there so much. We also go on day trips to Brighton, have fish and chips and I go to a club once a fortnight, I keep in touch with

my friends."

Improving care quality in response to complaints or concerns

- People told us they were able to raise any concerns with staff or the registered manager and they were confident they would be listened to. One person told us, "If I had any concerns I would tell the staff and they do listen."
- There had been no formal complaints raised in the service in the past year.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor the standard of care provided at the service. The registered manager and provider had a range of audits in place to identify shortfalls and areas of improvement.
- Whilst the audits identified improvements required in the service they had not identified some of shortfalls we found. These included lack of end of life care plans, lack of information in some care plans, concerns we identified relating to medicines and no personal evacuation plans in place.
- We also found the providers policies did not refer to current guidance and legislation, the provider told us they would update these.
- The providers current rating was not displayed within the home in line with regulatory requirements.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management structure in place.
- The provider and registered manager were aware of their responsibility to notify the Care Quality Commission (CQC) of incidents in line with their legal responsibilities.

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

- People knew who the registered manager and provider was, and they felt able to approach them. One person told us, "[Name of registered manager] is lovely I really like them."
- Staff spoke positively about the culture of the service and staff team. One staff member told us, "We want to make sure that everything is done correctly for the service users, this is their home we are here to support them the best we can. We all get on very well."
- Staff told us the manager was always available and approachable. One staff member told us, "[Name of registered manager] is good and helpful, we can talk to them and [name of provider] is also good." Another commented, "[Name of registered manager] is very caring and pleasant, they are a manager who listens to you, and they will sort it."

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

- The manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- People told us it was their home and staff respected this. One person told us, "It's our home, it's a home from home."
- Residents meetings were held for people to express their views and be involved in the running of their home. One person told us, "We have house meetings talk about how we feel and if we want to do anything."
- An annual survey of people and their relatives' feedback had been completed in January 2019. The registered manager confirmed action was taken in response to the feedback received.
- Staff confirmed they attended staff meetings. One staff member said, "Team meetings quite regular talk about anything you want to you can speak up and feel listened to."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- The registered manager and provider gave examples of how they used and implemented learning from incidents to improve people's care.