Trims Gym Limited

Parklands Care Home

Inspection report

New Road
Crook
County Durham
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13 July 2018

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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

The first day of this inspection took place on 10 July 2018 and was unannounced. This meant the provider did not know we were coming. We also visited the home on 13 July 2018 to finalise our inspection.

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. Parklands accommodated 36 people at the time of the inspection. It provides up to 42 places for older people and older people living with dementia.

The service was registered on 30 September 2017 and has not previously received a rating.

There was a registered manager at the service. 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.

Where risks were identified to people who used the service or to the environment these were assessed and plans put in place to reduce them.

People received their medicines safely and were supported to access the support of health care professionals when needed.

People were protected from the risk of abuse because staff understood how to identify and report it.

There were enough staff to meet people's needs and people told us they felt safe because staff were available to help them. Staff had been recruited in a safe way and checks made to ensure they were suitable to work with vulnerable people.

Staff told us they received training to be able to carry out their role. We saw that some training, such as in privacy and dignity, was due to be updated. The registered manager monitored this and had planned the training updates required so that staff continued to have the necessary knowledge and skills.

Staff received effective supervision and an annual appraisal. They told us they found the registered manager very supportive and that they were given the daily supervision they needed to do their jobs effectively.

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

People received a varied and nutritional diet that met their preferences and dietary needs. The service

provided homemade food and drinks which were adapted for different diets.

The interactions between people and staff showed that staff knew the people well.

Care was planned and delivered in a way that responded to people's assessed needs. Care plans contained detailed information about people's personal preferences and wishes as well as their life histories. However, we found the care plan for one person receiving short-term care was not reflective of the person's current needs. When we raised this with the registered manager, immediate steps were taken to ensure this was updated. All the other plans we reviewed were current and detailed.

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. People, relatives and staff felt any concerns would be taken seriously and acted on.

Processes were in place to assess and monitor the quality of the service provided and drive improvement. This included in relation to incidents, accidents and complaints.

Areas of the home had been adapted to better meet the needs of people living with dementia based on good practice principles. Further information is in the detailed findings below.

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.

Staff were recruited safety and there were appropriate levels of staffing to keep people safe.

We found that there were safe processes in place to ensure people received the right medicines at the right times.

Checks and processes were in place to ensure the environment was kept safe and clean. This included monitoring incidents and accidents and learning from these.

Is the service effective?

Good

The service was effective.

Staff were supervised, appraised and had training to undertake their roles effectively.

People were asked for their consent to care and were assessed and supported appropriately when they were not able to give consent.

People received the support they needed with eating and drinking by staff who were trained in the support of people with nutritional needs.

Is the service caring?

Good

The service was caring.

Everyone one we spoke with told us the service was caring. Relatives told us people were treated with dignity and respect.

We observed positive interactions between people and staff that promoted people's privacy, dignity and independence. We saw documentation to support these caring practices.

Is the service responsive?

Good

The service was responsive.

People, relatives and staff told us that the service was responsive to people's needs. Staff responded to people's health and wellbeing needs.

We found that there were very few complaints about the service but where these occurred actions were taken to respond to the complainant and to make improvements to the service.

Is the service well-led?

Good

The service was well led.

We found that people, relatives and staff had confidence in the management of the service, they told us that any concerns or issues were addressed.

We saw that systems were in place to monitor the quality and effective running of the service.

Parklands Care 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 was unannounced. This meant the provider did not know we were coming. Inspection site visit activity started on 10 July 2018 and ended on 13 July 2018.

The first day of the inspection was carried out by one adult social care inspector and an assistant inspector. The second day of the inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local Healthwatch team and obtained information from the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with five people who lived at Parklands. We spoke with the registered manager, one senior carer, three care workers, one agency care worker, one catering assistant, the cook and the activities coordinator. We also spoke with four relatives of people who used the service, a visiting social care professional, a hairdresser and a member of a visiting church group. We also spoke with a social worker on the telephone.

We looked around the home and made observations of people and staff interacting. We viewed a range of records about people's care and how the home was managed. These included the care records of four people, medicine administration records of four people, recruitment records of three staff, training and supervision records and other records in relation to the management of the service.

Following our visits, the provider returned 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. This was completed to the deadline we had given the provider and we reviewed this information prior to completing our report.

Good

Is the service safe?

Our findings

People told us they thought staff kept them safe. One person told us, "Personally speaking I do, [staff] walk around to make sure people know how things work." Another person said, "Oh yes, I think so. I feel safe." One relative told us, "We quite like that [person] can wander around, the doors are locked for safety, staff are there if [person] needs help with the toilet or anything." Another relative told us, "There's always someone there, [person] has the buzzer beside them always."

We observed that there were sufficient numbers of staff on duty to keep people safe during our visits and people's needs were responded to promptly. Dependency assessments were completed to check that staffing levels were in balance with the needs of the people living in the home. People and their relatives told us there were staff available when they needed them. A visitor to the home said, "Staff are diligent, they are always around." Staff told us, they had no concerns about staffing levels apart from at times when there was staff sickness. They told us at these times the register manager worked with them to find appropriate cover, agency use was kept to a minimum and shortages were usually covered between the permanent staff team. There was an agency staff member on duty on the first day of our visits, we observed them to have a good rapport with other staff and people who used the service. Relatives and visitors told us there had been some changes to the staff team but there were always familiar staff on duty. One relative told us, "There is the odd staff member I don't know but it's always the same staff on the same floor." There was a board in the reception area with the names and photographs of staff, and staff wore name badges, to help people identify which staff were on duty.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. 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 minimises the risk of unsuitable people working with children and vulnerable adults.

We saw that the provider had policies and procedures explaining how staff should respond to whistleblowing and safeguarding concerns. Staff told us they knew how to recognise abuse, what action to take to and how to report their concerns. Staff had received training in safeguarding and told us they were confident that the management would act on any concerns they raised. One staff member told us, "I would seek advice from the senior on shift or raise it with the manager. I would also get advice as two heads are better than one, and something that may seem like a small concern to me might be a big issue." The service had referred to the local authority as required and completed investigations into concerns raised.

Appropriate arrangements were in place for the safe administration and storage of medicines. We checked medicine administration records and observed people being given their medicines safely and at the right times. Staff had received training in the safe handling of medicines and had regular checks to ensure they remained competent to administer medicines. Where people chose to manage their own medicines, appropriate assessments had been completed and there was a system in place for the safe storage of these.

We saw that guidance was given to staff about the application of topical medicines and records were kept showing these were applied.

People who used the service had risk assessments that described potential risk, the safeguards in place to reduce the risk and action taken to mitigate the risks to the health, safety and welfare of people. These covered areas such as nutrition, skin integrity, moving and handling and specific risks such as around behaviour and mental health. We found that these managed risks in the least restrictive way, were detailed and regularly reviewed.

Risks to the environment had also been assessed and plans were in place to reduce any identified risks. These included risks in the event of a fire. Fire alarm and fire equipment service checks were up to date, fire drills took place regularly and people had Personal Emergency Evacuation Plans in place. We saw that checks of the premises and equipment were completed and records kept. Accidents and incidents were monitored for any trends, and learning from these used to inform safe working practices.

The service had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

We saw that areas of the home had been redecorated and most furnishings were of good repair but we also observed some worn furnishings, such as carpets. We spoke with both the registered manager and nominated individual and saw that there were plans in place to continue redecorating and refurbishing the home. We saw that some carpets had already been replaced with new flooring. One relative told us, "It's been redecorated, it looks really nice."

Staff protected people from the risk of infection by following the provider's infection control procedures. We observed staff wearing personal protective equipment, such as gloves and aprons when delivering care. The relatives we spoke with all commented about the cleanliness of the home and that the home was odour free. One relative told us, "It's very clean, no smell, none of that. It's spotless. We see them cleaning the carpets, it's a regular occurrence. There is never a nasty smell." Another relative told us, "It's always very clean. The bathroom is spotless." We saw that there were cleaning schedules in place and observed the home to be clean during our visits.

Good

Is the service effective?

Our findings

People and their relatives told us they felt they received care from competent staff. No one raised any concerns with us about how staff were trained or how they fulfilled their roles. One person told us, "Staff are very good. It's not easy looking after us. I've no concerns, they've been very good." Another person told us, "They are very good, they don't shout or carry on."

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs. Staff had training in a range of subjects covering; moving and handling, health and safety, record keeping, food hygiene, first aid, safeguarding, mental capacity, confidentiality, medicines, privacy and dignity and equality and diversity. We saw that some training renewals were due and that courses were booked to ensure staff continued to be competent in these areas. For example, staff were renewing training in safe handling of medicines and dementia. As well as dementia training staff completed 'residents experience' training to give them insight into the needs of people with dementia. 'Residents experience' training was designed to give staff the experience of being someone who used the service and it t demonstrated some of the practical and sensory issues faced by people with dementia. Staff told us how valuable they found this training and felt this gave them more empathy and patience when supporting people living with dementia.

New staff completed a comprehensive induction which included orientation into the service and shadowing experienced staff. We found that staff completed a probationary period when they were first employed, during this period staff had regular reviews to ensure they were working to the required standards. We found that probationary periods were not always signed off by the registered manager to show staff were competent to carry out their roles. We discussed this with the registered manager who confirmed that the staff in question had completed their probation with no performance concerns.

Records we viewed showed regular supervision sessions were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements. Staff told us they felt supported and could speak with the registered manager and senior staff whenever they needed. We saw that the deputy manager had the opportunity to complete diploma level five, management level vocational training. The registered manager told us the deputy manager would have their "full support" when they were ready to complete this. This showed us staff were well supported and had opportunities to develop their skills.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that there were records of assessments, DoLS authorisations and requests in place. Where people were unable to make decisions, best interest decisions had been made on their behalf and these were recorded. Staff had a good knowledge of how to support people in relation to decision making and any DoLS in place.

We found that care files gave staff specific instructions about people's dietary preferences. For example, one person's care plan said, "I don't like much gravy." There was a range of home cooked food available, snacks were offered included freshly baked cakes and homemade fortified milkshakes. The people we spoke with told us they had no concerns about the food on offer and enjoyed their meals. We saw that people were offered two hot meals a day, and a choice was given at the main meal. Alternatives were available for those people who did not like what was on the menu or required a special diet, such as people with diabetes or those needing their food to be served in a certain texture, such as pureed or mashed. The home had a current certificate for 'Focus on Undernutrition', a recognised training course about the importance of good nutrition and hydration, which meant the home was following good practice in this area.

People were aided eat and drink and encouraged to have a balance diet. We saw that people were supported to eat with dignity and were given adapted crockery and cutlery to aid their independence. We saw that what people ate and drink was recorded and monitored, as were people's weights, and that this information was used to assess any nutritional risk. One relative told us, "[Person] wasn't eating or drinking when they came in here. Staff had the patience and the time to spend with them." The relative confirmed this person now enjoyed an improved diet.

Audits were completed on the dining experience to ensure this was a pleasant and enjoyable part of people's day. We saw that tables were attractively laid and that meals were presented in an appetising way.

The registered manager told us that they had followed guidance from The University of Stirling on the design of services and environments for people with dementia, when redecorating part of the home. The University of Stirling undertakes research and develops guidance to improve the lives of people with dementia. One staff member told us, "There was redecoration, new pictures and painting and flooring. It benefited the residents, they can differentiate through the colour system and they like the cinema décor and old pictures of Crook." We observed that good practice had been followed, such as people having coloured bedrooms doors, contrasting handrails and coloured toilet seats, all of which are designed to make it easy for people with dementia to orientate themselves in the home.

Good

Is the service caring?

Our findings

People and relatives told us the service was caring. One person told us, "Yes they are kind, they have lots of patience with us." Another person told us, "Staff are lovely."

Staff and relatives knew one another on a first name basis and had developed close relationships. One relative told us, "[Staff] are nice, polite and cheerful", "they dance with [person] and have a bit carry on" and "I couldn't visit for six weeks, when I came back the staff hugged me." Another relative said, "Caring, yes not just for [family member] but with my family as well." This relative told us that the home had supported the person's husband to visit every week for Sunday lunch and said, "He feels very welcome, part of the place, it's very important for him."

Another relative told us the registered manager was caring. They told us, "[Person] loves the manager and her dog. [Registered manager] has been lovely with [person], wonderful." This relative gave an example that the registered manager had been upset when their relative went to hospital and "went to see the paramedics as she was concerned [person] was in pain".

Compliments cards were displayed in the building which gave positive feedback on the caring nature of the service. For example, one stated, "Thank you to all staff for the dedicated care and attention you gave to [person] while they were resident at Parklands."

Staff told us the service was caring. One staff member said, "I would be happy for a family member to receive care from the home, all the staff treat people with care and respect." Another told us, "We get to mix with people, it's nice and sociable, that's what we need." Visitors also commented on the kindness of staff. A member of social care staff we spoke with told us they thought staff were, "Kind and compassionate." Another told us that staff were "Very friendly and very welcoming."

We observed lots of caring interactions between staff and people who used the service. For example, at lunchtime a staff member encouraged a person back to their table by leading them gently by the hand and prompting them to come back to eat lunch. When the person was seated staff asked permission to move their chair forwards into a comfortable position.

People told use that staff treated them with dignity and respect. One person said, "They [staff] are always nice and respectful with me, yes." Staff told us, "We always ask them what they want, you never cross the line, like if they don't want a male carer that wouldn't happen. We ask do you need a hand, or should I give you a few minutes? I wouldn't want someone rushing me." We observed staff speaking with people in a respectful way, using their first names and giving them time to answer questions. We also saw staff knocking and asking if they could enter people's bedrooms.

People were supported to be as independent as possible. One relative told us, "They [staff] encourage [person] to walk, keep her going on her feet." We saw care plans gave staff instructions on how to support people to do as much for themselves as possible. For example, one stated, "If I am given a soaped face cloth

I am able to independently wash."

People were supported to access advocacy services when needed. Advocates help to ensure that people's views and preferences are heard. We saw that details for the advocacy service were displayed in the entrance to the home for people and staff to access.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us that the home was responsive to their relative's needs and good at involving the necessary healthcare professionals. One relative told us, "Any health concerns they are quite good. We had a review from the nurse practitioner, [person] was on sedation before coming here because they were difficult to manage. They've been weaned off this at our request." Another relative told us their family member had injured their leg and that, "Staff let us know straight away. They called the district nurse out straight away."

We reviewed three files for people who lived at the home and found each to be person centred and comprehensive. People histories, backgrounds, interests, likes and dislikes were captured in a 'This is me, my life before you knew me' document, as well as throughout their various care plans. These included any relevant details people wanted to share about their cultural, sexual or spiritual identity, how staff could support them and protect them from discrimination. Care plans included details about what was important to the person and steps staff should take to make the person feel as comfortable as possible. For example, in one person's care plan staff were directed to put a pillow in the bed with the person for comfort as they did not like to feel they were sleeping alone. Other care plans stated people's preference in relation to the way they liked to dress, which toiletries they liked to use and their preferences around their diet.

Checks were made to ensure that people were happy with the way their care was delivered. Care plans reminded people that they could see their care records at any time. Reviews were held with the person, and their relatives if they chose, and questionnaires were sent asking questions such as, 'Do staff support you in your preferred way?' People's choices were documented and we observed choice was given at the point care was delivered.

We observed one person become agitated and repeatedly asked to leave the home. This person had only recently been admitted on a short-term basis and their care plans had not been reviewed to give staff guidance on how to manage this anxiety. We discussed this person with staff, the registered manager and professionals involved in their care and found that the home was monitoring their agitation and had sought professional advice around the best strategies to respond to recent changes in their behaviour. On the second day of our inspection we saw that care plans had been updated to reflect this person's current needs and the professional advice received.

We saw that a wide range of activities took place and that people were supported to access the local community. The activities co-ordinator told us, "Yesterday we played dominoes, I'm doing one to ones today and we go for walks in the park. People like to get out, they enjoy it. We make cakes, have sing-alongs and have an entertainer in once a month." We saw that the home had parties for national celebrations and people's birthdays, people visited the local market and went to a dementia café. A dementia café is an informal support group for people with, or supporting someone who has, dementia. We also saw that people were supported to maintain and develop their skills. For example, someone who had made squares of knitting was assisted to turn these into a blanket and another person was supported to prepare and write a letter. One relative told us, "Its suits my [relative]. They have things happening here, you don't have to join

in if you don't want to."

The home had its own hairdressing salon and a hairdresser who visited regularly. People could attend a church service which was held in the home on a regular basis. We observed this taking place during our inspection and saw that people were asked if they would like to join in.

The registered manager told us that their dog was often with them in the home and that this was welcomed by people who used the service. We observed that people reacted positively, talking to the dog and smiling. The registered manager told us they had used some people's interest in the dog to motivate them to have walks in the park and with one person it was used to encourage them to take their medicines, which they would only do when the dog was present.

People and relatives, we spoke with were confident about the way their concerns and complaints would be addressed. We saw that very few complaints had been received but there were policies and procedures to ensure that these were responded to in set timescales. Relatives told us any concerns they had raised informally had been dealt with swiftly and to their satisfaction.

People had plans in place reflecting their wishes for their care at the end of their lives. At the time of our visits no one in the service was receiving end of life care. We found that, although staff had not received any formal training on end of life care, feedback on this aspect of the service was very positive. We spoke with a visitor whose friend had received end of life care at the home. They told 'The love and care they [staff] showed to [relative] and the family was exceptional and above and beyond what was expected.' We asked the registered manager if they were planning any training for staff in this subject and they told us they were arranging training for staff with a local funeral director around the respectful treatment of a person following their death.

Good

Is the service well-led?

Our findings

People, relatives and visitors spoke highly of the service and the management. One person told us, "There's nothing not to like about this place." We observed another person speaking with the registered manager, the person said to them, "You are wonderful." A relative told us "It's lovely here and [person] is happy." Another said, "I think we are really lucky we found this home… we like the atmosphere, there's no smell and it's very welcoming." Relatives and visitors told us they saw the register manager on a regular basis. One visitor told us, "I see the manager often, I get on with them" and "The manager is very aware, there is a peaceful atmosphere which makes a difference."

Staff told us they felt the home was well managed and could approach management with any concerns. One staff member told us, "There are no barriers with anybody, I think we're a good team." Another said, "I can approach management with anything." Another told us, "If you need to go to the manager you can, she's always willing to help if she can." One staff member told us, "I think it's a really good home. I really do. I think it's run really well, everyone works really hard and really cares."

The registered manager spoke passionately about the service and their commitment to improvement. They told us they were most proud of the "warmth" the home had and told us, "There is a strong, friendly atmosphere in the home where staff know their residents and their relatives very well. We have an open and honest relationship with them and quite often provide the relatives with support and a shoulder to lean on when required." Relatives we spoke with told us they felt supported, that management kept in regular contact with them and they were offered hospitality when they visited.

The nominated individual told us, "We treat people with the respect we would show our own relatives. We don't compromise on the care." They went on to explain that they regularly visited the service and had commissioned an independent consultant to complete quarterly audits on their behalf to ensure that impartial checks were completed on the quality of the home. The registered manager also told us they valued these audits to drive continuous improvement and prevent complacency. The nominated individual told us they had plans to further develop the service, including creating a secure sensory garden. They said, "We are very ambitious with what we are wanting to do with the home." There were also plans to develop one of the lounges into an activities room and bar.

We found the provider had a quality assurance system in place. The registered manager completed several audits on a regular basis to cover areas such as; care plans, health and safety and infection control. Staff were aware of the auditing process and when checks, such as for the kitchen and medicines, were completed. We saw that processes were in place to track accidents and incidents, weight loss and people's nutritional intake. If any trends or themes were identified, plans were in place to reduce risk.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. However, we found that information about safeguarding and DoLS was kept in several different places and was not always clearly tracked, meaning it was difficult for staff to find when we

requested it. We discussed oversight over DoLS applications, safeguarding referrals and notifications to CQC with the registered manager. They stated that checks would be built in to future audits so that they could track actions taken and subsequent outcomes. Blank copies of these audits were provided directly following the inspection visit.

Staff had access to good practice guidance, such as NICE guidance. The home had acted on guidance from Stirling University to adapt the building to the needs of people with dementia. Policies and procedures were provided by an external company and had recently been reviewed to give up to date guidance for staff. Policies were shared at staff meetings, especially for standard agenda items such as safeguarding, which were regularly discussed. Staff meeting were also used to discuss any learning that could be identified from processes such as complaints, audits and incident monitoring.

We found minutes of regular meetings held with people and relatives, these were used to measure quality and gain feedback on the services offered, such as activities. These were recorded and made available for those who could not attend. Feedback was also gathered through questionnaires which were sent to people, relatives, staff and visiting professionals and the results analysed, the results of which were mainly positive. Negative comments were reviewed and actions taken where possible to address the concerns. We saw people were also asked their opinions about specific developments in the home. For example, people had been sent a survey to see if they agreed with a mural being painted in the home.

The provider worked with the wider community in supporting people's health and wellbeing. We saw interaction between the home and local schools, churches and community groups.

Professionals we spoke with told us the home consulted with them and responded to their requests. The service worked in partnership with many agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. We saw that the home had sought advice and guidance from other agencies involved in people's care.