

Canaryford Limited

# Parklands Nursing Home

## Inspection report

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03 May 2017

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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

Parklands is a purpose built nursing home for up to 54 older people who may also have care needs associated with living with dementia. At time of the inspection there were 50 people living in the service.

The home had a registered manager in place. 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.

Staff delivered support effectively and care was provided in a way that promoted people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Trained staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We did however note that several staff had not undertaken refresher training in the last two years. In addition, we also found that several staff had not received formal supervision.

The manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits carried out by the manager and provider, which identified any improvements needed and actions were taken. A complaints procedure was in place and had been implemented appropriately by the management team.

## 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 Remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 Registered Manager 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 the 24, 27 April 2017 and 03 May 2017 and was unannounced. Two inspectors undertook the inspection on the first day and one inspector on the other two days.

Before the inspection, we reviewed the information we held about the service including previous reports and notifications and action plans sent in by the provider and manager. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law. We used this information to plan what areas we were going to focus on during our inspection.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how staff cared for them. We therefore used observations, speaking with staff, relatives and reviewing care records to help us assess how people's care needs were being met. We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the recruitment and support records for five members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records relating to the premises. We also spoke to five people, three sets of relatives, the registered manager, provider, cook and eight staff members including nurses in charge.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse and harm and risks to people's safety as at the previous inspection and the rating continues to be Good.

People living in the service told us they felt safe. One relative informed us, "A lot has changed since the new manager has come in and I can honestly say I feel more reassured that my loved one is safe at all times." Another relative added, "Staff are very proactive in make sure everyone is safe, I always see them checking on everyone and there is always a member of staff observing people." Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. One member of staff informed, "Since the incident that happened in the home a year ago, we are much more aware about what to do in the event of us witnessing suspected abuse". One member of staff informed us, "As you are aware there has a lot of stuff said in the newspapers about the care home, but as staff we always do our best to care for the people". Staff also informed us that the registered manager always discussed possible abuse scenarios with staff at team meetings. The manager added, "Since the incident all staff have had formal and informal refresher training on safeguarding and we are continuously discussing types of abuse in team meetings". Staff informed us that this helped them to have a good understanding of the types of abuse. Staff felt reassured that the management team would act appropriately in the event of any concerns.

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. There were 'ASK SAL' posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so. This was provided in an appropriate format to ensure that people understood what abuse was and how they would be protected.

Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community, additional staff were deployed. One person told us, "There is always care staff around to look after us and we never have to wait long if I need help." The new provider informed us that they held conversations with the registered manager. This was confirmed by the registered manager, staff and records we reviewed.

Medication was securely stored and the service had a procedure in place for the safe disposal of medication. We reviewed 30 people's medication administration records (MARs) and found them all correctly completed with no unexplained gaps or omissions. We observed staff doing the medication round. Staff explained to people what medication they were being given and then observed them as they took it. Staff involved in the

administration of medication had received appropriate training and competency checks in order for them to safely support people with their medications.

People were cared for in a safe environment. The new provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. People were being cared for in a safe and clean environment and there were no unpleasant odours anywhere in the home. We observed that all staff promptly cleaned areas after every use.

# Is the service effective?

## Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. However we found that several staff had not received formal supervision neither had they completed a number of the listed training. The domain has been rated Good.

Staff told us they had attended training when they first started work and also attended refresher courses as and when required. The management team kept a record to ensure all staff kept up to date with their training and that they understood their role and could care for people safely. The new registered manager informed that the service was continually looking at ensuring that all staff had received appropriate training to carry out their roles. They added since taking on the role as the registered manager of service, they had been actively seeking training opportunities for all staff as this had been an area they had identified as requiring improvement. During the second day of our inspection we observed several of the staff attending training that had been arranged by the registered manager and provider.

We noted that since the new registered manager had started working in the service staff had not received regular and recorded supervision. This was discussed with the manager who informed that they were aware of this and had been added to actions they needed to complete. Staff informed that they held several informal conversations with the provider and at present this gave them the support and assurance they needed. Staff also added that several team meetings had been held with the new manager and this gave them the opportunity to air their views.

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. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered. If the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings. One of the nurses we spoke to informed that several of the staff had recently attended an MCA workshop led by the local Authority and CQC. Nurse informed, "I have to say I found it very useful and informative as there has always been a lot of confusion around when and how we should be assessing people's ability to make an informed decision." Nurse went on to say, "Since the workshop we have reviewed everyone's MCA assessment and ensured that they are appropriately assessed and people's needs are being supported."

People said they had enough food and drink and were always given choice about what they liked to eat. Throughout the day we observed people being offered food and drink. The service had several jugs of juice

placed around the home and these were regularly replenished. All staff were encouraging and supported people to have regular fluid intake throughout the day. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People's healthcare needs were well managed. We noted that people were supported to attend doctors and hospital appointments. When required, the service liaised with people's GP, community nurses to ensure all their healthcare needs were being met.

## Is the service caring?

### Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. Staff provided a caring and supportive environment for people who lived at the service. People and relatives we spoke to informed that the care provided in the home was very good and all the staff and manager were very caring and always looked at doing what's best for all them.

People and their relatives were actively involved in making decisions about their care and support. Relatives added they had been involved in their relative's care planning and would attend care plan reviews. The manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans we found them to be detailed and covered people's preferences of care.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. Advocates were mostly involved in decisions about changes to care provision.

## Is the service responsive?

### Our findings

At this inspection, we found people's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The manager and provider informed us that since the last inspection the service had increased the number of meetings they held with other health professionals to plan and discuss people's care and this would be applied when the service started taking new people into the service to ensure that they would be able to meet their needs. During the inspection we had the opportunity to speak to one of the local Doctors who informed, "In the last year we have noted an increased number of communication, the home always calls us to discuss people's health and wellbeing which enables us to act promptly."

Each person had a support plan in place. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs. We also spoke to a healthcare professional who was carrying out an annual review, and they added the home contacts them when people's needs have changed.

The manager and staff used the information they gathered as part of the pre-assessment process to inform people's support plans. Support plans were reviewed and changed as staff learnt more about each person or there was a change in their needs, for example when a person's mobility reduced the care plan was changed to reflect how the person's needs would be best met. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. Staff used this information to devise the person's support plan.

The service also encouraged people to access activities in the community. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. During the inspection we observed the activities co-ordinator doing word search games with people. The activities co-ordinator informed, "I am in every day of the week, when I come in and ask people what they would like to do for the day, we also have planned activities each day but we are flexible and will change them depending on what people want to do".

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the registered manager or person in charge, to address

the issue. The registered manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

## Is the service well-led?

### Our findings

The registered manager was visible within the service and we were informed that in their absence the area manager, administrator and senior care staff looked after the service and kept the manager up-dated on their return. The registered manager had a very good knowledge of people living in the service and their relatives. People and relative informed that they were very approachable and could speak to them at any time.

The manager informed they had been in the home roughly a year and since coming in they had reviewed process that had been in place and looked at improvements that could be made without making too many changes that could be disruptive to the day to day running of the service. The manager informed us, "I have arranged an array of training for all the staff as I noted most staff had not received training. I also reviewed every persons care plan and changed the format as to ensure information was up-to-date and easily accessible to all staff and professionals visiting." Records we reviewed confirmed this.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist people to maintain their independence and also showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The manager told us that their aim was to support both the people and their family to ensure they felt at home and happy living at the service. The manager informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by regulation.