Croftwood Care UK Limited

Parklands Residential Care Home

Inspection report

Park Lane
Poynton
Stockport
Cheshire
SK12 1RB

Tel: 02084227365

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13 June 2018
18 June 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place on 12, 13 and 18 June 2018.

Parklands Residential Care Home 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 is registered to provide accommodation with personal care for up to 40 people. The accommodation is located over two floors. On the day of our inspection there were 34 people living in the home.

Parklands has a registered manager. The manager had been registered since March 2018, but had been in post since July 2017. 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.

This home has not been inspected under the current provider.

We found that care records were not always being updated following any changes or when advice had been given by professionals. Care plans did reflect people's preferences as well as life history and their needs. We found additional monitoring sheets where people were identified at high risk were not consistently completed. The provider had identified these shortfalls as part of their quality assurance systems and were taking steps to address these.

The registered provider had robust quality assurance systems in place. Shortfalls were identified through these systems and these were being addressed by the registered manager. The registered manager and deputy manager were keen to improve the service and had signed up to several good practice initiatives locally.

There were sufficient staff to meet the needs of the people living in the home and they were recruited safely.

Risks to people were managed safely and risk assessments were in place to provide guidance to staff as to how to manage risk.

Staff had completed safeguarding training and safeguarding incidents were appropriately referred to the local safeguarding team. There was managerial oversight of these incidents so learning on how things may be improved or prevented in the future could be gained.

Medication was being stored and administered safely. Regular medication audits were being conducted and issues identified were being actioned.

Complaints were managed effectively within the home and people and their relatives felt confident that issues that they raised would be addressed.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making. People were involved in the care plans and had signed their consent to care where able. Where people lacked capacity, appropriate paperwork was in place to ensure that decisions were made in their best interests.

Staff members confirmed they received regular training and supervision and we verified this in the provider's records.

We saw regular checks on the property were undertaken and the premises were safe without restricting people's ability to move about freely. We did receive some negative comments about the décor and we were told that the provider was refurbishing parts of the home in stages.

People had access to various activities within the home and were observed to enjoy these on the days of our inspection.

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.

There were sufficient staff to meet the needs of the people living in the home.

We found safeguarding incidents were appropriately referred to the local safeguarding team and staff were clear what action to take when safeguarding incidents occurred.

We found that medications were administered and stored safely.

Is the service effective?

Good

The service was effective.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

We saw staff received regular training, support and supervision.

We received positive feedback about the food provided at the home. We saw people had choice in relation to what to eat as well as where to eat and mealtimes were very sociable.

Is the service caring?

Good

The service was caring.

People and their relatives were very positive about the staff and their caring attitudes and that they knew them well.

Relatives were encouraged to visit the home and we saw that the home received many visitors each day.

People told us they were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records were not being kept up-to-date to ensure they contained up-to-date, relevant information. This had been identified and action was being taken by the registered manager to address this.
Activities were varied within the home and people were also supported one to one where they did not want to take part in group activities. People and their relatives were positive about the activities in the home.

The provider had a complaints policy and processes in place to record any complaints received and we saw concerns raised were addressed within the timescales given in the policy.

Is the service well-led?

Good

The service was well led.

The provider had a robust quality assurance system to monitor and improve the standard of care provided in the home. Where issues were identified, prompt action was taken to address issues.

Staff, people and their relatives were positive about the management within the home. Staff felt supported by the new management team and people were confident that they could raise issues and these would be addressed.

We saw that staff and resident and relatives' meetings were being held regularly within the home.

Parklands Residential 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 took place on 12, 13 and 18 June and was unannounced. The inspection was carried out by one adult social care inspector and an assistant inspection on the first day of the inspection and one adult social care inspector on the second and third day of the inspection.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they had about Parklands Residential Care Home. We used the information to help with our planning of the inspection.

During the inspection, we used several different methods to help us understand the experiences of people living in the home.

We spoke with seven people who lived at the home, four relatives and eight members of staff including the registered manager, the deputy manager, the activities co-ordinator, the chef and four members of care staff.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI) and undertook a SOFI during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the service as well as checking records. We looked at five care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment and training; maintenance records; health and safety checks; minutes of meetings and medication records.

Good

Is the service safe?

Our findings

People living in the home told us they felt they were safe. Comments included, "They come quickly and are regularly round to check", "I feel safe. Staff do come quickly of you ask them or press the buzzer" and "I do feel very safe, I used to have falls at home but I haven't had any here". Relatives also felt that their family members were safe. Comments included, "I sometimes feel sorry for the staff, it's stressful and busy, but my relative never has to wait", "There aren't enough staff, they are rushed, they do chat to my relative and that is important to me. The lack of staff is not a criticism, I'd just like it if they got a break as they're so nice", and "Basically we're very happy here. They never quite have enough staff, my relative does have to wait sometimes".

Staff told us they felt there were enough staff in place to meet the needs of the people living in the home. Our observations over the course of the inspection were that call bells were being answered in a timely manner and staff had time to stop and chat with people as well as carrying out tasks.

The dependency of people within the home was monitored regularly and adjustments were made to staffing levels to ensure there were enough staff to meet people's needs. At the time of our inspection there were 34 people living in the home. During the two days of our visit there was one care team leader and four carers on duty between the hours of 8am and 8pm. At night there was one care team leader and two carers. The registered manager and deputy were in addition to these numbers. We looked at the rota and could see that this was the consistent pattern. They were using agency staff, but ensured that they have regular staff in order that there was consistency for the people living in the home. They were actively recruiting new staff and had put in place transportation to assist staff to access the home at weekends when public transport was not available.

We found that appropriate recruitment checks had been made to ensure new staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history, a medical check and references.

We saw risk within the home was appropriately managed. Care plans contained risk assessments which clearly outlined information for staff about potential risks and what steps to take to minimise these. We also saw that appropriate referrals and visits had taken place from other professionals where risks were identified.

We looked at the accident and incident records in the home. We could see incidents forms were completed when anything happened in the home. These were audited by the registered manager each month and it was clearly documented what action had been taken when any patterns were identified.

We looked at medication and how this was managed. The registered manager had met with the pharmacist to discuss some recent issues with medication and they were switching to a new provider. We saw both the

medicines trolley and the treatment rooms were securely locked and daily temperature checks were made.

We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked Medicine Administration Records (MARs), which showed people were getting their medicines when they needed them and at the times they were prescribed. We saw records were kept of all medicines received into the home and if necessary their disposal.

Controlled drugs were stored securely and in the records that we looked at, these were being administered and accounted for correctly. We saw inconsistencies with recording application of topical creams. Specific charts often had gaps, however daily notes stated that staff had completed this task and the care team leaders had signed this off on MARs to evidence they checked with carers when this had been completed. This had been picked up within the providers quality assurance systems and staff had been reminded of the importance of completing documentation in both staff meetings and in individual supervisions. Medication audits had been undertaken on a regular basis and issues identified had been actioned.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The registered manager told us that they were aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC).

Staff members confirmed that they had received training in protecting vulnerable adults and when we checked the records we could see that this had been completed recently. Staff members told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. Staff were aware of the need to report safeguarding incidents both within and outside of their organisation.

The provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or external agencies. We saw that safeguarding incidents were clearly documented, had been appropriately referred to the local authority and notified to CQC. The registered manager kept an overview of all safeguarding incidents in order that analysis could be undertaken and lessons learnt.

We checked some of the equipment and safety records and saw that they had been subject to recent safety checks. We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

We could see that several maintenance checks being carried out weekly and monthly. These included the fire alarm system, emergency lighting and water temperatures. We saw appropriate safety certificates were in place for gas and electrical installation.

Staff had regular training on fire safety and we saw that fire drills were completed regularly and at different times to ensure all staff had experience of this. We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used to assist emergency personnel evacuate people from the home in the event of an emergency such as a fire.

Good

Is the service effective?

Our findings

All the people and their relatives we spoke with felt that their needs were met. They said staff were caring and knew what they were doing. Comments included, "The staff know me well, I get chance to chat to them, but they're often very busy, they are all very nice. I helped to write my care plan, they asked me lots of questions and I signed it", "It's a lovely place, the food is nice" and "We see the same faces, I like the staff. Relatives also commented, "I like it here, my relative is happy. It's a bit rough around the edges, I wish they'd spend a bit of money on the place but the staff are nice and that's what matters, my relative is well looked after" and "I don't think they could be any happier. They realised straight away when they weren't right, straight away".

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 so that they can 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).

The service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met. We checked and could see that mental capacity assessments and best interests' decisions had been recorded within each file. There was a clear tracker of all the applications which had been granted and when these expired.

Staff were clear on the need to gain consent prior to assisting anyone. During our visit we saw that staff took time to ensure that they were fully engaged with each person. Staff explained what they needed or intended to do and asked if that was acceptable rather than assuming consent.

We saw that new staff received an induction when starting in post and completed shadowing of existing staff prior to working unsupervised. Any staff new to care completed the Care Certificate, which is a nationally recognised and accredited system for inducting new staff. We asked staff members about training and they all confirmed that they had received regular training throughout the year. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role including dementia awareness, health and safety, safeguarding and mental capacity training.

Staff told us they received regular support and supervision. We checked records which confirmed that supervision sessions for each member of staff had been held.

We saw that people were weighed regularly and if someone had gained or lost significant amounts of weight, appropriate advice was sought. Visits and advice from other health professionals were recorded on the care files and appropriate action taken.

Everyone we spoke with in the home and relatives were positive about the food. Comments included, "Food is too good, I'm eating too much", "The chef asks them what they want, can have anything they want. They made a cake at the weekend and made him feel special for his birthday" and "The food is really good, we never wait long and they make whatever you ask for. You don't have to stick to what is on the menu". We saw that people had access to fluids and were offered drinks regularly throughout our inspection.

There was a four-weekly menu displayed in the dining room with one option at lunchtime, various choices for breakfast and soup and sandwiches in the evening. Special diets such as soft diets were provided. We spoke with the chef and they told us that they regularly provided at least two options at lunchtime and that people ordered their preferred choice each morning.

We carried out an observation during meal times and saw that alternative options were made available to people where they did not want what was on the menu. We saw on the first day of our inspection that someone had an alternative main meal that they had requested. We observed the chef speaking to everyone asking their choice.

During lunch time people had the option to eat in their own room, the dining room or other seating areas. Most people chose to eat in the dining room and we saw that this was a very social affair with staff and people living in the home chatting and laughing together. We saw tables were set with tablecloths, cutlery and fresh flowers. Where people needed support, they were assisted by staff members in a patient and unhurried manner. Staff were attentive to people's needs, providing drinks and we also saw someone requesting more food which was provided.

Relatives told us they felt involved in their family members care and kept up to date. Comments included, "They are good with communication, they let me know everything", "Communication is pretty good, they ring up with any changes" and "We're heavily involved in Mums care and every decision".

Staff were kept up to date by handovers between each shift as well as a detailed communication book, which helped care team leaders to stay on top of any appointments, or ongoing discussions with health or social care professionals.

Visits from other health care professionals such as GPs, chiropodists and dieticians were recorded so staff could see when the visits had taken place and why. People and their relatives commented that the GP came out regularly and that the relationship between the home and GP was 'brilliant'.

A tour of the premises was undertaken. This included all communal areas such as the lounges and dining room and with people's consent a few bedrooms. We saw that rooms were clean and personalised. Bathrooms were clearly sign posted and there were several different seating areas on each unit which enabled people to move about the unit freely and seek quiet time if activities were being conducted. We did receive a few comments from people and their relatives that the décor was a little 'tired'. We spoke with the deputy manager in relation to this and they told us that the provider was refurbishing rooms as they became empty and the home was being improved in stages. There was an enclosed courtyard and on the days of our inspection, we saw that this was in use by people and their relatives. Staff members told us that people can access this whenever they wished.

Good

Is the service caring?

Our findings

We asked people who lived in the home and their visitors about the home and the staff who worked there. Everyone we spoke with was positive about staff. People told us, "They are always polite and explain what they are going to do. They always call me by my name, I was very surprised by how nice they are. I thought I'd be just another old lady but they treat us all like one big family", "I need help with going to the toilet and having a shower, they respect my privacy and are discreet. They're kind and patient" and "When I was ill in bed they were very kind". Visiting relatives told us, "She couldn't have come to a better place. Staff are kind and respectful", "The staff are very kind and speak kindly in a way that makes Mum feel safe and secure" and "It's a very nice home, very caring people".

Throughout the inspection, we observed positive interactions between staff and the people living in the home. We spoke to staff about people's likes and dislikes as well as their history and staff were able to demonstrate that they knew people very well. To assist any agency staff, the provider had devised an overview sheet on each care plan which gave enough detail about someone so care could be given to meet their needs. There was also detail in the handover sheet of each person and their specific risks and needs.

Staff told us that they enjoyed working at Parklands and had very positive relationships with the people living there. Comments included, "I'm just dead happy, it's a good team", "I love it here, it's rewarding, I like to get to know them (people living in the service), I enjoy chatting to them, they respond better if they know you" and "I would allow my family to live here".

It was evident that family members were encouraged to visit the home when they wished and they told us that they were made to feel welcomed.

We undertook a SOFI on the first day of our inspection. We saw that staff members were speaking to people with respect and were very patient and not rushing whilst they were supporting them. They looked interested in what people were saying and took their time to engage with each person, for instance ensuring that they were at eye level with the person in order that they understood what each person wanted.

We saw on both days of our inspection that the people living in the home looked clean and well cared for. Those people being nursed in bed also looked clean and comfortable. Relatives commented that the home was clean and fresh smelling and the people living in the home always looked clean.

People's dignity and privacy were respected; for instance, we saw staff knock on people's doors before entering and always used their preferred name. One person told us, "They are discreet when I need the toilet, they don't talk loudly about it". People were encouraged to be independent, whilst remaining safe. One person told us, "The staff do help me to be independent. I was in a wheelchair when I came but they kept encouraging me to walk, I'm walking fine now. I'm glad I didn't give up".

There was a policy for promoting equality and diversity within the service. We saw that documentation such as residents' meetings was provided in large print and in some instances information was provided

pictorially. Care plans provided detailed information about people's communication needs and how staff could assist or promote communication for people who had struggled with this.

People's personal information was kept in the staff office and this was not locked. Whilst staff were always present in the immediate vicinity, we raised this with the registered manager to address.

Requires Improvement

Is the service responsive?

Our findings

People told us that they had choice in relation to daily living activities. Comments included, "I choose what time I get up and go to bed, we have mealtimes but we can eat whenever we want", "We do activities, I like the armchair exercises" and "I like the church services, I look forward to them. I always go down when there are entertainers on".

We looked at the care plans and saw that they were detailed and informative. They recorded people's likes, dislikes and preferences, for instance we saw specifics about what bedding someone preferred. There was an overview of people's history and people who were important to them. Information was organised and clear. However, we found that some care plans had not regularly evaluated and reviewed. For instance, we saw one person had a fall and whilst the service had taken all the appropriate action, the care plan had not been evaluated since that date. We found one care plan where someone's needs had changed dramatically, and whilst the reviews referred to this, the care plan had not been re-written. We raised this with the deputy manager and saw that this had been picked up in an audit and raised in supervision with staff. This care plan was rewritten on the first day of our inspection.

We looked at additional monitoring charts, where someone may have their fluid intake and output monitored to ensure that they are receiving sufficient fluids. Whilst they were being completed, there were some gaps. There were also gaps on topical medicine administration records. We saw that both issues had been identified by the provider's quality assurance records and staff had been reminded in both supervisions and staff meetings of the importance of record keeping. Daily records were inconsistently completed, with some records being very brief and others providing more detail. We spoke to the deputy manager in relation to the care plans. They advised that they had now given staff supernumerary time to complete paperwork to improve the consistency of the documentation.

From our observations and discussions, we found that permanent staff knew the people they were supporting well. They could tell us about their likes and dislikes as well as some of their history. We saw one person was nursed in bed and her care plan recorded that she liked a sing-a-long. We overheard one of the carers with this person singing to them and they were joining in.

The provider had a full-time activities co-ordinator. On both days of our inspection, we observed that there were activities in the home for people to join in should they wish, but also that the activities co-ordinator provided quieter one to one time for people who did not wish to take part in the group activities. The schedule of activities was displayed around the home. We saw a drawing session taking place on the first day of our inspection as well as session with members of the local church. The activities co-ordinator kept a log of activities undertaken, who had taken part and their participation in the activities. People we spoke with were very positive about the activities co-ordinator and what went on in the home.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some of the care files that we reviewed. We saw that the person, their relative or health professional had been involved in the decision making. Records were dated and signed by a GP and were reviewed

appropriately. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person's advance decisions about their end of life care are respected.

We saw that in some files there was information recorded about people's end of life wishes, whereas in others this was not present. The deputy manager told us that they were in the process of reviewing and gathering this information and we saw signs within the home inviting family members to make appointments with the registered manager or deputy to discuss this. The deputy manager also told us that they were working with the GP to improve staff knowledge around end of life care and were in the process of signing up to the 'Six Steps' programme, a nationally recognised end of life scheme.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We saw there had been three complaints in 2018. These had been clearly recorded and responded to within the provider's guidelines. People living in the home and their relatives told us that they could raise any concerns and were confident that they were listened to and complaints would be dealt with.

Good

Is the service well-led?

Our findings

We spoke to people, their relatives and staff about how the home was run. Everyone we spoke with was positive about the current management team. Comments included, "They are approachable, including the manager Debbie", "The manager is Debbie, we don't see much of her, we see [deputy manager] a lot", "Debbie is the manager, she's very nice" and "The manager is Debbie, we see her from time to time, we see more of [deputy manager]".

We spoke to both the registered manager and deputy as part of our inspection and they advised that they shared the roles with the deputy being more visible on the floor and to people living in the home. We found both the registered manager and deputy to be passionate about improving standards within the home and were keen to demonstrate what improvements they had introduced since being in post, whilst remaining open and realistic about the issues that they continued to face. They had also signed up to several good practice initiatives locally such as the red bag scheme (designed to improve hospital discharges back into the care home) and the Herbert protocol (a police scheme if people go missing from care).

The provider had a comprehensive quality assurance system and we saw that regular audits were carried out on areas such as medication, care plans, health and safety as well as the environment. Where issues were found, clear action plans were developed to address these. We saw that there were issues with some care documentation in the home. We could see this had been picked up on audits, staff had been reminded of the importance of documentation in staff meetings and within individual staff supervisions. The provider had now agreed to care team leaders having supernumerary time to assist with this task. Night spot checks were completed by the management team on a regular basis to ensure that there were no issues and both the registered manager and deputy completed care shifts to understand any difficulties staff were facing and to oversee the quality of care provided.

The regional manager and quality compliance manager completed visits to the home each month to look at areas such as care plans, the environment, staff numbers as well as staff interaction with people living in the home. Following which a report is produced. The registered manager must address any immediate issues identified, then produce an action plan for any other issues. The registered manager also produces a monthly report which is submitted to the provider including issues such as, any notifications sent to CQC, training statistics, accidents and incidents. These are analysed by the central team and the registered manager must account for any discrepancies or issues arising.

We saw that residents and relatives' meetings were taking place regularly and people had chance to voice their concerns about any issues, they then received feedback at the next meeting. The provider also conducted an annual survey and they recorded what people said and what they had done about this and this was displayed on the residents notice board. We saw the feedback was mainly positive and things that people had raised had been addressed. A monthly newsletter was produced for residents with activities or events that were happening within the home.

We saw that staff meetings were held regularly and staff could raise any concerns. Issues such as

documentation, communication and staffing had been discussed. We saw that this was also used to review different procedures at each meeting in order that staff were knowledgeable and kept up to date with policies and procedures within the home.

Providers are required to notify the CQC of events or changes that affect a service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We saw the provider was appropriately notifying CQC of incidents within the home.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. This home has not been inspected under the current provider, therefore they will be required to display their rating in the future.