Bupa Care Homes (CFHCare) Limited

Parklands Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The service is overseen by a registered manager. 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. There are six units at Parklands; each one allocated a unit manager who is supervised by the registered manager.

Parklands Court Nursing Home provides care, with can include nursing for up to 163 people. The people that use the service live in six different units. Harrison and Collins

Summary of findings

units can accommodate up to 30 people who are mainly elderly. Marlborough unit can accommodate 23 people and Clarendon unit 33 people who have dementia. Elmore is a separate unit linked to Marlborough unit and can provide care for up to 17 people with dementia and behaviour which may challenge the service. Samuel unit can accommodate up to 28 people who have dementia. All the units consisted of ground floor accommodation with single en-suite bedrooms as well as a number of communal living areas.

We inspected Parklands Court Nursing Home on 5 and 6 November 2014. The inspection was unannounced. We previously inspected the service on 7 August 2013 and at this inspection we found the service was meeting all the regulations we inspected them against.

There was not always sufficient staff available across all the units to ensure people received care in a timely way. People sometimes had to wait for staff to assist them with personal care in Samuel unit, while in some units we saw people received care and support when needed.

Staff demonstrated awareness of what could constitute abuse and that matters of abuse should be reported in order to keep people safe. Staff were aware of how to report issues to the provider and to outside agencies so that any allegations of abuse would be responded to.

People were not always protected against the risks associated with safe management of medicines. Medicines were not always available to treat people's diagnosed health conditions and there were gaps in some people's medication records.

People told us that they, or their families where this was their choice, were able to have involvement in planning and agreeing the care provided to them. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided.

We found that some people's rights and freedom was restricted. This was not managed in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which help to support the rights of people who lack the capacity to make their own decisions or whose activities had been restricted in some way in order to keep them safe.

Some people and relatives we spoke with were complimentary about the service and its staff, describing them as caring. We saw that the way care was provided was inconsistent with some staff providing care that considered the person foremost, and others providing care that was task and not person focussed.

People's health and well-being was supported by external healthcare professionals, when required, such as district nurses and doctors.

The provider gathered people's views in a number of ways, for example through the use of surveys, meetings and face to face discussion. We saw that the provider had a complaints procedure that enabled people to raise concerns and be responded to appropriately.

We saw that people had access to a choice of and sufficient meals and drinks. People were complimentary about the food that was provided to them.

We saw that a number of people had the opportunity to participate in meaningful recreation and occupation but this was not consistent across all the units within the service.

Regular audits were carried out by the registered manager and provider. We saw that some issues identified were been addressed, for example the environment was being refurbished, although there were some areas needing improvement that were not identified, for example gaps in medicine records.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

There were not always enough staff available to ensure people's safety was consistently promoted. People did not always receive their medicines as intended to treat their healthcare conditions. People felt safe however and staff were aware of how to identify and report any abuse or discrimination.

Requires Improvement

Is the service effective?
The service was not always effective.

The provider had not always recognised how to protect people's rights when they did not have capacity to make decisions about their care. People told us that they were able to access external healthcare services as and when needed. People told us they were happy with the choice of foods and in most units people were supported appropriately with their food and drink. We saw that there were systems in place to ensure staff were supported with regular and appropriate training that gave them the skills and knowledge to do their jobs.

Requires Improvement

Is the service caring?
The service was not always caring.

We saw some staff provided care in a way that was kind and respectful. We saw these staff sought to gain people's views and acknowledged these. This approach was not consistent as some staff provided care in a way that did not put the person first and was task orientated.

Requires Improvement

Is the service responsive?
The service was not always responsive.

We found that people were involved in planning their care. People's access to individual stimulation and activity that met with their preferences was inconsistent .People or their representatives were provided with guidance on how to complain and these complaints were usually responded to appropriately.

Requires Improvement

Is the service well-led?
The service was not consistently well led.

The registered manager was beginning to implement changes to improve the quality of the service people received. We found there were systems to assess the quality of the service provided. We found that on some occasions these had not ensured that people were always protected against the risk of receiving inappropriate or unsafe care and support.

Requires Improvement

Parklands Court 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 checked 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 5 November 2014 and 6 November 2014, and was unannounced.

The inspection team consisted of four inspectors, one pharmacy inspector and included an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection process we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. This included statutory notifications that the provider had submitted. This is where the provider has a legal duty to tell us about specific incidents within the home. We also received information from people who used the service, their relatives and from partner agencies; for example local service commissioning bodies. We also contacted healthcare professionals that visited the home for their views on the service.

We spoke with seven people who used the service. As some people had difficultly expressing their views about the service they received we also spent time observing the care they received in each unit. We also used the Short Observational Framework for Inspection (SOFI) over lunch time in Elmore and Samuel units. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with 17 relatives. We also spoke with the registered manager and eleven other members of staff. We spoke with two healthcare professionals.

We looked at nine people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. Our pharmacist inspector looked at the management of medicines in three units (Elmore, Marlborough and Clarendon) including the medicine administration records for 22 people.

Requires Improvement

Is the service safe?

Our findings

People we spoke with in Collins, Harrison and Elmore units expressed no concerns about the number of staff or the timeliness of the care they received. However, a person with spoke with in Samuel unit told us, "We're all waiting for the toilet now; we've been our chairs all day" and a relative said, "There are a lot of people here with dementia, there is not enough staff. I listen to a lady who needs the toilet and shouts; she usually waits 10 to 15 minutes". We saw that people were kept waiting for assistance at times in Samuel unit, for example we saw one person express a wish to go to the toilet. We saw they had to wait for 15 minutes at which point we called staff over. We also saw when people received their midday meal they were not always offered drinks. We saw staff looked busy. Staff we spoke with that worked on Samuel unit said, "We need more staff, clients are kept waiting," another saying, "We need more staff definitely, there are times when people have to wait. I get frustrated; people are waiting for the toilet. It's a shame we can't spend more time with the residents." A health professional that visited the service also told us Samuel unit was not very well staffed.

Relatives of people that lived in Claredon unit expressed some concern that there was not enough staff to ensure people's needs were met promptly. One relative told us, "This unit appears to be understaffed and especially at weekends". We observed the care that people received in Claredon unit and we did not find that people were waiting for assistance due to the lack of staff as we had seen in Samuel unit. A member of staff that worked in Claredon unit told us, "Unit has been short-staffed recently up until this week". Relatives we spoke with in Elmore unit told us they felt there was sufficient staff available to meet people's needs. One relative said, "Staff about and always staff in corridor; mostly regular staff and consistent". A member of staff that worked in Elmore unit told us "Never a problem with staffing".

We told the registered manager about our findings and they said there was a need to review the staffing levels for some units and said they would ensure the inconsistencies in staffing would be resolved. They told us the provider gave them flexibility to determine staffing levels in different units, and we saw the registered manager had used a review of accidents to support a recent increase in staffing at specific times of day in some units. An example of this was in Clarendon unit where an addition evening staff were employed based on feedback the registered manager had received. The registered manager said they planned to hold discussions with staff across the service to determine how staff deployment could be improved or numbers of staff increased. They also told us that they were aware the impact staff vacancies and the subsequent use of agency staff had on the service. They told us they were recruiting new staff at the time of the inspection.

People said that they always got their medication on time. One person told us, "I'm given medicine in the morning and night time. It's always there". We saw nurses administering medication and saw that this was done in a way that appropriate and safe way. For example we saw the nurse discussing the medicines with people when administering them.

Daily checks were undertaken by the provider to ensure that medicine administration records (MAR) were completed accurately. We found that the majority of MAR documented what people had been given. However, on Clarendon Unit four people had gaps in some of their MAR. This is when there is no staff signature to record the administration of a medicine or a reason documented to explain why the medicine had not been given. We found four people had medicines prescribed to be given on a particular day in the week. We found that three of these people had not been given their prescribed medicine on the day it was due. We also looked at some people's MARs in Samuel unit and found gaps in recorded records which meant we could not check if people had received their medicine. These medicine errors had not been identified by the daily medicine checks that were in place.

Medicines were not always available to give to treat people's diagnosed health conditions. We had been told by the provider that one person on Marlborough unit had not been given a prescribed medicine because it was not available. We were informed that action had been taken to prevent this error happening again, through a more robust audit process. However, we found one person on Marlborough who had not been given a medicine for two nights because it was not available. On informing the nurse in charge immediate action was taken. We were told that, although a prescription had been sent to the pharmacy,

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Is the service safe?

the medicine had not been delivered. However, no further action had been taken to ensure the medicine was made available, such as ensuring low stock levels were identified in a timely manner.

People we spoke with said they felt safe and most said they did not have to worry about their possessions, although a relative told us, “Things do go missing; toiletries. They go into each other’s rooms”. Based on discussion with other people this was not however a concern that other people or relatives shared. One person said, “This is a nice place, I feel safe here really”. Most relatives we spoke with also felt people were safe. One relative said, “[the person] is safe at this home”. Another relative told us, “‘Definitely [safe], otherwise I wouldn’t leave them here”.

We spoke with staff and they recognised what constituted abuse and discrimination. They told us they were aware of the provider’s ‘speak up’ whistleblowing policy and would raise concerns if they witnessed abuse. We saw that information was readily available around the home about what abuse was and how people could raise concerns about their safety. We had received prompt notification of any allegations that had been raised by the registered manager or staff and were aware these were referred to the local safeguarding authority.

We looked at the recruitment checks for three staff that were recently employed. We found that checks had been carried out prior to their employment, which included sessional workers. These checks included Disclosure and Barring Service checks (DBS).

We found that the service had systems in place to identify risks to people and we saw that appropriate action was taken by staff to minimise these risks. We saw clear processes in place for accident and incidents. Where any trends or areas of increased incidents/ accidents had occurred we saw that the registered manager had used this to identify where changes needed to be made to ensure people were safer which we saw was reflected in people’s individual risk assessments.

Requires Improvement

Is the service effective?

Our findings

We saw in Samuel unit that there was a person who frequently expressed a verbal wish to leave the unit. We asked the unit manager about what we had seen and whether there was any reason the person could not leave. They told us told us there was no plan in place to say how this person should be supported with challenges they presented to staff, although they did tell us safeguarding referrals had been raised in respect of some incidents. While we saw there had been a request for a social worker review, the unit manager confirmed no one in the unit was subject to a Deprivation of Liberty Safeguard (DoLS), and no applications had been made. DoLS are safeguards used to protect people where their liberty maybe restricted to promote their safety or legally restrict them. We saw that there was a capacity assessment on the person's care records but no evidence of a best interests meeting that had considered possible restrictions to this person.

In Elmore unit we found a person' s care plan said three to four staff had to assist a person with their personal care. We asked staff about this and they told us that the person was sometimes resistant to having personal care provided (for example washing) and that there was a need to provide this care in the person's, "Best Interests". Staff we spoke with and daily records confirmed there was three staff involved in providing the person with personal care. Staff described how they supported the person in the least restrictive way, trying to gain consent and explaining why and what was happening. They did however confirm that there may be times where the person may not consent to receipt of personal care or may not have capacity to do so, as indicated by their assessments. We spoke with a nurse who confirmed that there were no people in Elmore unit subject to a DoLS at that time. They said that if a person continually refused personal care they would look for involvement from their doctor and family. There was a lack of understanding about how a DoLS would be used to safeguard the person's rights.

The registered manager told us that four applications for a DoLS had been submitted to the local authority although we found these were not formal applications. They had emailed the local social services in May 2014 for guidance on two potential DoLS. This was not a formal application and was not followed up by the registered manager. People we identified as potentially having their liberty deprived were not subject to a DoLS. The registered manager told us they were unsure of local arrangement and had not commenced any DoLS as the managing authority in conjunction with an application to the local supervisory body. The registered manager said they would action these applications after we raised our concerns, which we have shared with local service commissioners.

This issue demonstrated a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information to ensure people were given their medicines safely when they were unable to give consent was available. We found that 'best interest' procedures had been followed, with evidence of signed agreement between all appropriate parties, such as their doctor and legal representative. We found that, when people were to be administered their medicines concealed in food or drink, information was available from a pharmacist to ensure that medicines were given safely. This meant that people's best interests were considered in respect of the administration of covert medication.

We heard concerns from a relative before our inspection that a person had not received a timely referral to external healthcare professionals. We spoke with a number of people during our inspection and they told us that they had access to external healthcare professionals as needed. One person told us, "If I need a doctor he comes very quickly, although there is a general visit for everybody in the morning". Another person told us about the healthcare professionals that visited and dental care they had received. Relatives we spoke with told us people received visits from external healthcare professionals when needed. One relative told us, "They monitor her underlying health condition really well. I know I can speak to the manager at any time. The staff are quite responsive if there's a problem." A health professional we spoke with said that they had no overall concerns with the care the service provided to people and the general consensus of families they had spoken with was that they were satisfied with the care they received. We looked at people's records and found that people's healthcare needs were identified and assessments of risk were completed, for example where there were concerns about weight loss. We could see there was increased monitoring and recorded follow up with healthcare professionals.

Requires Improvement

Is the service effective?

People expressed satisfaction with the quality of the meals and drinks that were available. People said, "The food is all right" and, "It's very good. There's always a good choice". Another person said, "The food is lovely; it's like a small restaurant". Relatives we spoke with confirmed this view, one saying their relative, "Doesn't eat much but what [the person] does is soft and they arrange that". People said there was always a choice on the menu and we saw that there were menus available in appropriate formats with an alternatives and a 'Night Bite Menu' (served from 6.30pm to 6.30am when kitchen closed). One relative told us the cook was, "Very passionate about providing good food".

We observed lunchtime in Elmore, Collins, Claredon and Samuel units. We found in Elmore, Harrison and Collins units that people were able to eat their meals in a relaxed manner with appropriate support offered by staff. We saw that staff offered people support when this was needed but also encouraged them to eat independently where they were able. When staff assisted people with their meals we saw that this was taken at the person's pace. In some cases we saw there was good interaction with the person; staff explaining what the meal was, checking they were happy with the meal, and ensuring they were ready for more. This level of positive interaction with people was not consistent across the units though, as we saw staff assist people with their meal without discussion with them in Claredon unit.

Lunchtime in Samuel house was not so relaxed. We saw people were waiting for up to 10 minutes for their meals and cutlery. Some tables did not have table cloths or napkins. We saw some people spilled food on themselves due to the lack of clothing protectors. Staff told us these were unavailable as they hadn't been collected from the laundry and we saw two people struggling to eat and no assistance given. Staff were rushed and we saw some people not offered a drink with their meal. We saw that the senior staff gave medicines during lunch rather than ensuring people were assisted with their meals. This showed people's dining experience was not conducive to their enjoyment of their meal in Samuel unit.

Most of the people and relatives we spoke with told us that they were satisfied with the staff that worked at the home, one person telling us, "They [staff] are very good". People and relatives in some units commented that while there was dedicated staff working at the home, there was greater consistency when there was less use of agency staff. For example there was no agency staff used in Elmore unit. Relatives commented on the consistency of the care in Elmore unit due to staff knowing people well. The registered manager told us they were recruiting staff to address this issue.

Staff confirmed that they had access to regular training that helped them keep up to date with current good practice. An example was use of a National Health Service trainer that provided training sessions for nurses on specific areas of knowledge. One member of staff told us, "We have lots of training, safeguarding and infection control, mental capacity. It's updated". We spoke with a recently employed member of staff and they told us they were supported when they commenced work and, "I had my first few shifts shadowing. The seniors showed me how to do the paperwork". We saw records that showed staff had supervision and annual appraisal. These showed two monthly supervision was in the form of a training session about the responsibilities of staff, for example in respect of documentation and infection control.

Requires Improvement

Is the service caring?

Our findings

We spoke with people about the care they received. Some people told us that they were happy with the way staff cared for them. One person told us that, "Its ok the staff are nice, they don't shout at you". Another person told us that, "Staff are very nice. The young girls got together and bought me a maroon blanket". We also heard from a third person, "It's alright – I like the place but the girls can be a bit sharp. They are nice but some can become a bit fed up with me". A number of relatives we spoke with told us staff were caring. They told us, "I go home and know he is being cared for. I know when I come in he will be shaved ". Another said "The manager of the unit [Samuel] is brilliant, really caring". A relative we spoke to in Claredon unit said, "Staff are very kind and caring". A visiting health professional told us, "Most of the staff are pleasant and helpful. I've always found the staff are kind."

We looked to see how staff provided care to people and we saw a variation between the units.

In Clarendon unit we saw a care worker spend time assisting a person with their meal, but throughout the care worker failed to speak or communicate in any way. We saw several people on this unit were mobile and vulnerable due to a potential risk of falls. We saw a member of staff escorted people back to their chairs when they chose to get up with no form of diversion or activity on offer to these people. We saw they would get straight back up out of their chairs, at which point the staff would escort them back again, telling them to sit down without finding out reasons for them wanting to get up. We saw that staff were sitting around writing notes at times without speaking or interacting with people effectively. A relative told us staff, "Seem to spend a lot of time doing paperwork".

We saw that staff were respectful, caring and cheerful with residents in Harrison unit but on one occasion, when staff were removing a sling after hoisting a person into a chair, we heard the person say, "I'm glad you spoke nicely to me this time". They asked staff to turn the television volume down as it was quite loud. The staff member responded abruptly and said they would after they had finished a task, but they did not do it.

Throughout our time in Samuel unit we saw staff were kind and talked to people in a way that reflected a person centred approach which showed staff knew people well.

People looked comfortable and relaxed with staff. We saw one person, who wanted to walk about the building, being supported to do so and spoken to kindly by staff, who attempted to engage the person in conversation.

In Elmore unit we saw staff took time to engage with people who had dementia, talking to them kindly and in a respectful way. We saw people that wanted to walk around the house were free to do so and were not asked by staff to sit down, although we did see that staff observed to ensure people were safe. We saw staff encouraged people to be independent where able, for example they encouraged them to feed themselves with encouragement and support. A relative confirmed that this was the staff approach telling us, "Staff have improved [the person's] independence for example, prompted him to feed himself where as before he was being fed, and his weight has gone up". We noted that all the staff took time to gain people's views as to how they were assisted and thanked people for their time after supporting them.

This showed there was a noticeably difference in the way staff approached people in the different units, some staff seen to be very kind and caring; some staff focusing on tasks without seeking appropriate interaction with people.

We spoke with staff about how they involved people. One member of staff told us, "We care for our residents; we definitely all have that attitude. We communicate well and work together well. This is their home. We are all very involved with the families, we have resident meetings". Other staff told us how they sought to understand a person's first language. Although the person understood English staff explained how the use of their first language would demonstrate respect for them. They showed us books they had obtained to help them understand the person's first language.

The registered manager told us about strategies they were planning to improve staff awareness in respect of people's privacy, dignity and independence. They told us that discussion about how to care appropriately for people by reference to the six C's (caring compassion, commitment, communication, courage and competency) is a standard agenda item in staff on to one supervision sessions. Some staff we spoke with did make reference to these principals of caring. The registered manager also told us that staff were going through 'person first dementia training' that would be cascaded to other staff and they were identifying staff that could become 'dignity champions'.

Requires Improvement

Is the service responsive?

Our findings

We asked people how the provider responded to their needs. One person told us, "There's a lot of choosing, the staff are alright. We go to bed when we're ready. The staff are fair and straight". Other people we spoke with said they were satisfied with the care they received. One relative we spoke with told us that staff, "Overall" was fairly responsive to their relative's needs. Another relative told us, "Staff here are brilliant can't do enough" and that they listened to what they wanted. They said, "If he wants to go to his room it's his choice, he goes". Another relative told us, "The staff, they come back to us if we ask a question."

A relative told us how they were involved with an assessment staff carried out prior to the person moving into the home, and also told us that they were invited to look around the home before the person moved in. They told us they were asked about the care plan and, "Any changes in need staff keep the family informed". Another relative said they had been asked, "About the care planning" and staff always let them know of any issues and said they had been involved in the person's care. People we spoke with in Harrison unit said they had not seen care plans but said that they knew that these were, "Sorted out by others [relatives]". One person told us, "I've not seen the care plan but I'm not bothered". A visitor said, "I haven't seen it [care plan] but have been told about it'. We saw two members of staff sitting down with a person and discussing their care needs in this unit. We looked at some people's care records and saw that these were usually signed by people or an appropriate representative. This showed people were involved in planning their care.

We saw that people's care records contained copies of assessment of people's needs that reflected their care plans, and the care that people received. Most people's records we saw were up to date although there were some limited exceptions. For example one person's care plan said a person chose to take their medicine. This had been reviewed and it was agreed that they did not agree to take medicine. This meant the care plan was not up to date. We saw evidence in people's records of people's personal preferences, likes and dislikes that reflected what some people, or their relatives told us was accurate. This meant people were involved in planning their care if they wished to have this involvement. Staff we spoke with were aware of what people's recorded preferences were, for example staff in Elmore unit were able to demonstrate a good awareness of what was important for individual people.

We asked people about opportunities that were available to them for stimulation and occupation. One person told us, "If the weather is good we have little walks". A relative told us about a Valentine's meal staff had put on for their mother and father, which they said was "Wonderful". A visiting healthcare professional told us, "Sometimes there are some really good activities going on here". Other people held a different view. One person told us, "Activities? I just sit here. I could go to bingo but you don't have activities very often here". One relative said, "When I come in I don't see activities" and another relative told us the activities staff concentrated on the more able people rather than the people with advanced dementia. Another relative said that they saw people just sitting bored and staff would be reading the newspapers or playing on their phones. They told us this was something they had seen happen a number of times. We saw that some staff in some units took the time to engage people in recreational activities that they were clearly enjoying. However, there were times we saw people were sitting unengaged, some without any interaction from staff for periods of time.

We spoke with some of the staff who had responsibility for organising occupation and stimulation for people and they were enthusiastic about their roles. They were able to tell us about occasions they had supported people with individual stimulation that met with people's emotional and spiritual needs. They told us about 'lifestyle' records that were used to get to know what stimulation people liked and whether there were important events. A recent example they told us about was a couple's 65th wedding anniversary which was celebrated. We saw that activity staff were busy promoting people's stimulation, but we saw the engagement of other staff in promoting people's stimulation varied from unit to unit. This showed that the opportunities for people to participate in meaningful recreation and occupation were not consistent across the service.

The registered manager told us that they were commencing a refurbishment of the home at the time we visited in response to comments people and their relatives had made. We saw that people and their relatives had been involved in choosing colour schemes for the home, lounge

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Is the service responsive?

and in particular their own room. We saw that the home had samples and aids to assist people to make choices about their preferred décor, with plans for dementia care friendly areas that were identifiable through colour. We saw these samples were displayed in each unit. We spoke with one relative who confirmed that they had been involved in choosing the room décor for their mother as part of the planned refurbishment. This showed that people were involved in making decisions about their environment.

People we spoke with were not aware of the provider's complaints procedure but said they would speak with staff, with most saying they had no reason to complain. Some of the relatives we spoke with were aware of how to complain. One relative told us, "I feel able to complain and know who to go to". They told us they had raised an issue recently and felt they had been listened to. Another relative we spoke with told us they were aware of how to complain and had raised concerns in the past which were dealt with to their satisfaction. They said the unit manager did listen and the unit (Elmore) had improved. A third relative told us, "I've no complaints. We had a meeting with the manager and things have been dealt with." We spoke with other relatives who had raised concerns about the service and one told us that some of these had been addressed after they spoke with the registered manager. Some relatives told us that the laundry had been problematic at times but one relative said," The laundry is a lot better lately".

We saw that the provider had a complaints procedure that was accessible in the different units. We saw this was available in leaflet form that people could take with them. This explained what would happen if someone complained and what to do if the complaint was not resolved to person's satisfaction. We looked at the provider's complaints records and saw that any complaints received were logged and there was clear detail of the actions taken and the responses to complainants.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place who oversaw the day to day running of the all the units. Each unit was allocated a unit manager post although some of these were vacant. The registered manager was aware that the management of these units varied and explained how they were developing strategies that would improve the consistency of management across all the units, this including filling all unit manager vacancies. They had also commenced weekly meetings with all staff carrying out different functions such as maintenance, hotel services, catering, administration and activities staff. They had also set up daily 'Take Ten' meetings with unit managers where they fed back their findings from their quality monitoring. We spoke with some unit managers who confirmed that these meetings took place, with them telling us they provided a good means of communication to pass information to, or receive information from the registered manager.

We spoke with people about their views on how well led the service was. One person told us, "If it wasn't for this place I wouldn't be alive". Most people we spoke with were not aware of meetings held to gain their views but said that their choices were sought. We spoke with relatives and one told us, "We have been very pleased with the home overall, seems to have a nice atmosphere here and residents seem very well looked after" although, "Some attention to detail is needed". Another relative told us they knew who the registered manager was and they felt she did a "Very good job". Another relative told us the registered manager was, "Very approachable". We asked a professional visitor if they felt the service was well led and they told us they usually did not have to give them advice on issues as they were doing things correctly.

We saw the provider had methods for gaining people's views. These included meetings with people and their relatives. While some people were unaware of these meetings relatives confirmed they took place, although one said their attendance was sometimes difficult in the week and Saturday meetings had been cancelled. Minutes of these meetings showed they took place at least monthly across the whole site. The registered manager said they planned to have one at least quarterly on every unit. One relative told us about one of these meetings where the chef had attended to discuss the menus.

The registered manager told us survey forms were used as a means of capturing people's views. Some people we spoke with were not aware of these and said they had not completed one. We saw that the last survey was undertaken in autumn 2013. The findings were collated in a report that was available to people to see in the main reception but not in the individual units. We saw an action plan was completed after this survey. A finding was some people felt the units needed refurbishment with comment about the environment. This reflected some comments that relatives raised with us, namely that the décor and condition of the units could be better. We saw that the provider was consulting with people about the décor and refurbishment in preparation for the commencement of the works across the whole site.

The registered manager told us they a survey was due to be sent out to people and other stakeholders. We saw copies of survey forms were seen to be available for people to take in the units if they wished to make comment and we saw freely accessible information in the units about a website where people could share their views. The registered manager said they monitored this website for any comments that were raised.

There were quality assurance systems in place to monitor care and plan ongoing improvements in respect of the care people received. For example the registered manager said they undertook a 'daily walk about' and documented their concerns and issues to raise with the various departments responsible. We saw comprehensive documents relating to this monitoring completed by the registered manager at least once a week. We saw various audits were in place, for example tracking people's care for at least two people's care records per unit, per month on specific issues related to their care. The registered manager said this allowed them to, "Dig deeper" into the care provided and check for any omissions. We saw this information from the audits was fed into the provider's quality monitoring systems that we saw copies of, these identifying any areas of specific risk. An example of this was the monitoring of accident and incidents to identify trends or areas of where there was an increase in these. These findings had been used to provide robust evidence to the provider in preparation for employing additional staff at specific times of day. We did however note that some audits, for example in respect of medicines had not always identified areas where improvement was needed.

Requires Improvement

Is the service well-led?

We spoke with staff about how they were involved in the running of the home. One member of staff told us, "The manager will listen to you". They told us that they had supervision and support that met their expectations. One member of staff said, "I think the staff do their best. There's a relaxed atmosphere here, it's better here, the staff are friendly and welcoming". One member of staff told us about improvements that had been made. They said, "There are some concerns with the centralised laundry, but there's been improvements in the last few months" and, "Deep cleans used to be on request only, now they are on a set schedule." The registered manager told us how they had responded to a whistle-blower's allegations in regard to the provider's disciplinary procedure and told us how they provided the member of staff with support. This was confirmed by a member of staff we spoke with. This suggested that some staff we spoke with recognised the improvements the registered manager was making.

We saw that the registered manager had systems in place for the monitoring of staff training and when we looked at these we saw that the majority of staff had received the training they needed to maintain their skills and knowledge. We sampled some staff records and certificates related to staff training confirmed what the manager's training overview told us. Staff we spoke with confirmed that they received a good level of training that supported them to do their job well.

The registered manager told us they had regular support from the provider. They told us that they had been well supported since recently starting the registered manager's role, this confirmed by the provider's operations manager. They told us that they felt they had 'slotted' well into the role of registered manager. They acknowledged there were a number of challenges they needed to address such as improving the consistency of the service's quality across all the units. They told us there was an on-going process of review and development to aid this improvement. They told us that they were aiming to be 'visible' to people and staff and saw this as a key factor in helping them improve the outcomes for people living at Parklands . These comments showed that while there were areas that needed improvement, the registered manager was aware of these and the need for more robust management and consistent leadership.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent We found that the registered persons had not protected people against the risk of acting in accordance with their consent, or another person who was lawfully able to consent on their behalf. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not always have suitable arrangements in place for obtaining, and acting in accordance with the consent of service users, or the consent of another person who is lawfully able to consent to care and treatment on that person's behalf.