

## Parklands Healthcare Limited

# Parklands

### Inspection report

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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

This inspection took place on 27 October 2016 and was unannounced.

The provider of Parklands Care Home is registered to provide accommodation and personal care for up to 29 people. At the time of our inspection there were 23 people who lived at the home plus one person attending for day-care.

There was a registered manager in post, who was on duty at the time of our inspection. 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.

We carried out an unannounced comprehensive inspection of this service on 19 and 22 February 2016 when we found that they were in breach of the law because they were did not have effective arrangements in place to monitor and improve the service. The provider wrote to us to say what they would do to make the necessary improvements. At this inspection we saw that the actions required had been completed and the regulations were now met.

The provider and the registered manager had introduced regular assessing and monitoring the quality of the service provided for people. The provider and registered manager took account of people's views and suggestions to make sure planned improvements focused on people's experiences.

People and their relatives told us they were happy with the care and support provided by staff. People felt staff understood their needs and they felt safe. Staff knew how to report abuse and unsafe practices. Staff were recruited based upon their suitability to work with people who lived at the home.

Staff showed a good knowledge of people's needs and preferences as recorded in their care plans, so were able to deliver them when supporting people.

People were assisted in having enough to eat and drink to stay healthy. People were given choice of meals. Where necessary they were given extra help to eat and drink to stay well.

Staff knew how to support people when specific decisions needed to be made to meet their needs in their best interests. We saw people were given choices about their care and support. This enabled people to be involved in the decisions about how they would like their care and support delivered.

Where the provider and registered manager had identified shortfalls in staff training requirements, action had been taken to up-date staff by booking them training courses in the near future.

We saw people were treated with dignity and respect. People told us that staff looked after them well and were kind. Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs. People were treated with kindness, compassion and respect.

People and their relatives had been consulted about the care they wanted to be provided. Staff knew the people they supported and the choices they made about their care and people were supported to pursue their interests. The provider had made improvement plans for people to access the gardens safely.

There were systems in place for handling and resolving complaints. People and their relatives knew how to raise a concern. The home was run in an open and inclusive way that encouraged staff to speak out if they had any concerns.

## 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.

People felt safe living at the home. Staff had identified the risks relating to people's care and how to keep people safe as a result. There were sufficient numbers of suitably recruited, qualified and skilled staff on duty to keep people safe and support people with their health and social care needs. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People enjoyed and were given choice of meals. Staff knew how to meet people's health and nutritional needs. People were asked for their consent and supported to make decisions when required. People had access to health care professionals when required.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with dignity and respect. People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which was responsive to their changing needs. People were supported to take part in fun and interesting things of their choice. People were encouraged to share their views and raise any complaints.

### Is the service well-led?

Good 

This service was well-led.

The registered manager and provider had introduced regular audits to monitor and improve the quality of care provided to people living in the home.

# Parklands

## **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 27 October 2016 and was unannounced. The inspection team consisted of two inspectors.

We looked at information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also sought information from the local authority who commission services on behalf of people and Healthwatch. Healthwatch is the local consumer champion for health and social care services. We used this information to help us plan this inspection.

We observed how staff supported people throughout the day. As part of our observations we 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 spoke with six people who lived at the home, four relatives, six staff, activities co-ordinator, handy person, cook, company secretary, a visiting health professional and the registered manager for this service. We also looked at a range of documents and written records including three people's care records, staff training records three staff files, complaints and compliments files, quality audit files and the recording of incidents and accidents. We also looked at information relating to the administration of medicines and the monitoring of service provision.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said "One to one care – if I need anything. I can press my buzzer and someone will come straight away. This is what I need." A relative we spoke with said, "Their [Relative's name] was happy and always has support when needed."

We spoke with staff about how they make sure that people they cared for were safe. They were able to tell us how they would respond, report allegations or incidents of abuse to internal and external agencies. One staff member told us, if they had concerns they would immediately report it to the registered manager and felt confident they would take action and report to the Care Quality Commission (CQC). The registered manager understood their responsibilities to share information with the local authority and CQC if they thought any people were at risk of harm. We saw from our records that the provider had reported incident notifications to CQC.

We looked at how staff managed risks so that people were safe and risks to their wellbeing reduced. We saw staff appropriately used different aids and equipment to manage and reduce risks for people's health and safety. In people's care files there were individual risk assessments to identify and monitor potential risks such as "risk of falls". We were told by the registered manager they had sought medical advice when they thought one person increased falls may be due to an infection. Anti-biotics had been prescribed and the frequency of falls then reduced. We heard at the staff shift handover any concerns or risks identified were shared between the staff team, in order to keep people safe.

People told us they thought there was enough staff on duty to meet their individual needs. We discussed the staffing levels with the registered manager who told us these were determined by people's individual needs and risks. A staff member said, "There was usually enough staff on duty, but it was difficult if one person needed one to one care and support." The registered manager told us the person we raised concerns about had recently been reassessed and identified as requiring more staff hours to support them. In response to this, the registered manager told how they had rearranged some staff care hours to keep people safe.

On the day of the inspection we saw that call bells were answered promptly. Throughout the day we saw that staff were visible in the communal areas and able to attend to people's individual needs such as personal care without unreasonable delays.

Staff told us the required employment checks were made before they started work at the home. When we checked the staff records we found that staff had two references, employment histories and Disclosure and Barring services checks (DBS). The DBS is a national service that keeps records of criminal convictions. These checks supported the provider to ensure staff were suitable to work in the home.

People told us they were supported with their medicines. We saw good practice of medication administration and recording which followed the provider's guidance. The medicine room was clean and orderly. Each person's medicine records stated all the relevant information to them, including any allergies and their preferences of how they liked to take their medicines. One person told us they took their own

medicines, this had been assessed as safe and facilitated by the provider.

We saw staff explain to people what their medicine was for before they administered it, then waited patiently whilst the person took their medication before moving on to the next person. Although we heard staff had a good knowledge of when people needed "as required medicines", we were told there were protocols in place for people to have "as required medicines". However they were not available for us to view on the day of our inspection, as they were currently being reviewed by the team leader.

Following the inspection the registered manager sent us copies of the protocols. These were recorded when staff had administered them and the reason why, so they could be monitored. Staff said this was important because some people were not able to communicate their needs, so this provided guidance to staff as when people needed to receive these medicines. Daily medicine checks were completed to make sure people were given the right medicines at the right times. We saw the provider had suitable storage and returns arrangements for people's medicines.



## Is the service effective?

### Our findings

People told us they were happy with the care and support provided. One person told us, "The staff are good here they cannot do enough for you." Another person said, "It's nice here; I like it because there are good staff here." A relative we spoke with told us, their family members were given good care. A relative told us, "[Family member's name] was happy living at the home."

When we spoke with staff we found they were knowledgeable about their role and people's individual needs. They could describe people's individual health requirements for example how to help someone living with dementia. We saw staff offer reassurance when they became confused and distressed. The activities coordinator offered the person a "rummage box" to distract them with good effect the person was seen smiling and relaxed within minutes. The activities co-ordinator told us they were applying recent knowledge gained from training. They explained how this helped them to improve their practice when supporting people at the home.

We asked staff and the registered manager about the training they had received in order to care and support people who lived at the home. We were shown the training records of staff employed at the home. This showed not all staff had received their refresher mandatory training courses required, such as safeguarding, first aid qualifications had expired. Although from staff practices we saw it did not appear to impact on the way people were supported. The registered manager showed us plans had been put in place to retrain staff throughout the coming months. Following the inspection the registered manager provided further evidence of booked training dates for staff to receive this training.

We spoke with newly employed staff about the training they had received when they came into post they described how they had shadowed more experienced staff for two days, received training in dementia care, watched best practice and read people's care plans. They told us, it had enabled them to "Feel confident to care for people".

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.

We saw staff asked people for their consent before they assisted people with their care needs. However, when we spoke with staff about how the MCA and Deprivation of Liberty (DoL), affected their caring roles they lacked knowledge in this subject. New staff told us, they had not as yet received training around MCA and this was also confirmed by the registered manager. This had been identified by the registered manager and they had tried to contact the local authority to access the next available course to rectify the situation. Following our inspection the registered manager had discussed and shared their knowledge of MCA with staff and provided us with the booked staff training dates. Although staff lacked training, the registered manager had spoken to staff and given them the knowledge of the principles and practice of the MCA. For

example we did see examples of members of staff respecting a person's right to consent. We saw a staff member respect the wishes of a person not to consent to having a vaccination.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager was knowledgeable about the principles of the MCA and DoLS. We were shown applications under DoL, which had been sent to the local authority for authorisation. We saw best interest meetings had been held to ensure the person's views were represented.

All the people we spoke with told us they liked the food that was served in the home. One person told us the meals served were "Really good food, fresh and yes we're given a choice". We saw at meal times the cook asked people if they would like an alternative if they didn't like what was on the menu. One person said "The cook knows I don't like eggs but love cheese instead, so they make sure I get it."

We spent time with the cook and they showed us how they met people's nutritional requirements. Menus were displayed using photographs on individual tables set with condiments and napkins. The atmosphere in the dining room was relaxed and people were not rushed during meal times. Where people required support to eat their meals, staff sat next to them and chatted to the person encouraging them to eat. One person told us, they were given the choice whether to eat their meals in the dining room, lounge or their own room.

We saw people were encouraged to maintain sufficient fluid intake and this was recorded and monitored by staff so that the risk of people becoming dehydrated was reduced.

People we spoke with said, they received all the assistance they required when they needed to see healthcare professionals. We saw on the day of the inspection a doctor had been asked to visit in response to someone's request because they were experiencing pain. A visiting healthcare professional told us, "Staff were helpful and acted on their advice. Medication is ready for us to administer on their arrival."

We saw from people's care records any health appointments and outcomes were recorded and discussed at staff handover so any health concerns were communicated and monitored. Staff told us this helped keep the people they support healthy.

## Is the service caring?

### Our findings

People told us, staff were caring. One person said, "I'm happy, good staff, good food and staff are very obliging." Another person said, "Staff couldn't be better, couldn't be more caring. They try to please my likes and dislikes and will do anything I want." A relative said, "Staff are really good, [person's name] likes their company." They told us they were able to visit at any time.

We saw people's care plans contained a record of reviews undertaken which involved the person, their relatives where appropriate, staff and health care professional involved with the person's care. The reviews recorded the opinions of all those involved including the person about how their care was being provided and whether there should be any changes. We saw staff encouraged people to maintain their independence. For example one person preferred to administer their own medicines, so this was facilitated by the provider.

We saw people and staff having positive communications chatting, laughing and joking together. Staff tried to make the environment as homely as possible for people for example talking about photographs of people's relatives were in their rooms. People had brought personal ornaments from their own homes with them when they moved in. Staff were aware of people's preferences and took time to listen to people. They could recall people's personal needs, preferences and personal circumstances. Staff knew people's family member's names and welcomed them when they visited. They respected people's privacy when people chose to see their relative in their own room.

We asked people about their relationships with the staff employed at the home. One person told us, "Staff can't do enough for you. They know I like to have my hair set every Wednesday. I like to get my hair looking nice. We heard staff calling people by the names they preferred. People told us they were supported with their choices in how they looked. We heard a staff member compliment a person about their make-up and jewellery they were wearing. The person smiled in acknowledgment.

We saw staff promoted people's privacy and had a good understanding of dignity, For example we saw a member of staff put on an apron and gloves, knock the person's door and waited for permission before entering their room. When assisting people with personal care staff worked discreetly to maintain people's dignity, speaking quietly and explaining what they were doing and why.

Staff understood the importance of respecting confidential information. For example, we noted staff did not discuss information relating to any of the people who lived in the service if another person who lived there was present. Written records which contained private information were stored securely.

The registered manager told us, they helped a person to access an advocacy service in the past and was available for people living at the home if anyone needed it.

## Is the service responsive?

### Our findings

People told us, they received care in the way they liked. We saw care records were kept updated regularly by staff and any changes in people's needs were reflected in their care plans. The wellbeing of each person was documented in a daily record. These records included each person's behaviours and communication and provided an overall picture of the person's wellbeing. We saw if people's needs changed staff were kept updated through staff handover meetings at shift changes. We heard them discuss people's health had deteriorated and may need extra support. One person said, "Staff know people well; they know who may be at risk of falling".

Staff were able to effectively support people who could become distressed. We saw when a person was at risk of becoming distressed during our inspection, staff knew how to respond to the person. They noticed the person was becoming concerned about feeling cold so staff fetched them a cardigan and reassured them. The person looked much happier and settled.

The provider had employed an activities co-coordinator to provide people with a range of interesting activities and pastimes. All the people we spoke with were complimentary about them. One person said, "[Activities co-ordinator's name] is very good and cheeky with it." Another person told us, "I do crosswords, I only come down in the mornings, and I'm never bored."

People were offered the opportunity to choose a variety of activities from this included playing group games such as skittles, bingo and one to one activities which may involve simply sitting with the person talking about their families or looking at photographs. We saw posters around the home inviting people to a Halloween party and a Christmas party, relatives and friends were also invited. Staff told us, this was to keep people socially involved and maintain important relationships.

One person told us, they would like more access to the home's garden but had to wait for staff support. When we discussed this with the registered manager they told us, "They had secured a dementia award to help fund a dementia friendly garden. Work was due to start shortly to make the garden more accessible to people."

Staff told us about the importance of knowing people's histories prior to them moving into the home as this helped them organise activities and engage in conversations with them. As a result the activities co-ordinator had purchased a DVD on the history of Birmingham which helped people reminisce. People commented on how much they had enjoyed the group session of watching it together as it had brought back many memories.

We saw since our last inspection the provider had made some adaptations to the home to assist people living with dementia. There was signage around the home and photographs on some people's doors to help them orientate their way around the home. In the lounges were boards stating the date, day and the season to assist people to remember times and dates.

People we spoke with told us, they knew they had a right to complain and who they should raise any complaints with. One person said, "If I wasn't happy about something I'd speak to [registered manager's name]". Relatives told us, they knew how to raise a concern or make a complaint with either staff or the registered manager.

The registered provider had a complaints procedure in place and this was displayed around the home. Staff told us, they were aware of how to handle complaints they may receive. They said, they would try and resolve the problem immediately if they could, but for more complex complaints they would refer the complainant to the registered manager. The registered manager told us, they would keep a log of all complaints received and any actions taken. However the provider had not received any complaints over the last twelve months.

We saw information had been provided to people when they came to live at the home about how they could consult outside agencies if they were not satisfied with the way their complaint had been investigated; this included the local authority and the local government Ombudsman.

# Is the service well-led?

## Our findings

Our inspection in October 2015 we found the provider had not taken proper steps to ensure that effective systems were in place to assess and monitor the quality of the service people received. Following our inspection in October 2015, the registered manager sent us an action plan which detailed the action they intended to take to improve in this area.

At this inspection we found that the improvements had taken place and the registered manager had systems in place to monitor the effectiveness of the care provided. Audits included care plans, falls and medicines. The audits of care plans showed that they were reviewed and up to date. The falls audits identified people who were at risk of falling. We saw the environment audit had identified areas for the need for improvement. For example a new shower bathroom had been installed on the top floor, making it more accessible and safer for people.

The registered manager told us, the provider was in the process of making some improvements, new bathrooms and en-suites were being added to some bedrooms. Staff told us they had tried to ensure minimum disruption for the people living there, whilst the building work was happening. We saw these plans had been discussed at resident meetings. One person told us "It's been noisy but worth it, the new bathroom is very nice"

People we spoke with, knew the registered manager and we saw people enjoyed talking to her. We saw during the inspection she spent a lot of her day talking to people living in the home. The conversations we had with people who lived at the home, relatives and staff reflected the culture of the service as being caring, professional, friendly and homely.

Staff told us, they always worked for the benefit of people they cared for and this was supported by the management and each other to achieve this. One staff member told us, "The service has improved". Another member of staff told us, "I like working here." Staff said they had regular staff supervisions and appraisals, where they were given the opportunity to reflect on their practice and identify further training needs with the registered manager. They said they felt they were supported by the registered manager and provider.

We looked at how the registered manager and staff shared information about people's care. We saw staff handover information between each shift to discuss people's needs and make sure staff understood their care duties for the day. Staff were aware of their responsibilities and we saw they worked as a team. For example, the cook knew when someone was having some dental discomfort so prepared a softer meal for them to eat.

The registered manager understood their responsibilities and knew what incidents needed to be reported, for example, notifications of a safeguarding concern or significant event. Staff told us they felt confident the registered manager would deal with any concerns they raised. One staff member told us, they felt "Well supported by the registered manager and provider." Clear arrangements were in place for the day-to-day

running and management of the service. The staff knew there were arrangements for out of hours advice and assistance should this be necessary.

Staff we spoke with, were knowledgeable about the provider's whistleblowing policy. Staff told us, they could approach the registered manager and provider if they had any concerns. They felt their views would be listened to and that action would be taken if they raised any concerns over poor practice. For example, the registered manager had rearranged the hours of a member of staff to be available to support people in getting up in the mornings. This meant more people would have opportunity to join in the activities on offer.

The provider undertook regular surveys of people and their relatives to measure satisfaction with the service provided. The results of the survey had been analysed by the provider, which showed the people thought the care they received was either good or excellent.