

Key 2 Care Limited

# Parklands View

## 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

About the service:

- Parklands View provided domiciliary care services to younger adults, older people, who maybe living with dementia, physical disability or visual impairment. This service provided onsite care and support if required over a 24-hour period. Parklands View had 82 self-contained apartments on the purpose built site. At this inspection visit 58 people were receiving personal care.

People's experience of using this service:

- People were protected from the risk of harm by staff who understood their responsibilities to safeguard people.
- Recruitment procedures had improved to ensure prospective staff were suitable to care for people receiving personal care in their own homes, because all the required pre-employment checks were in place.
- People told us they felt safe with the care provided by staff. Risks were identified and assessed. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Staff told us they had received training and an induction that had helped them to understand and support people.
- The deployment and planning of staff had improved since the last inspection visit. There were sufficient staff to meet people's needs who were currently receiving support from the service. People were supported to take their medicines in a safe way.
- Staff had received training in infection control and were provided with the necessary personal protective equipment to use when carrying out care and support tasks
- Staff supported people to make decisions about their day to day care and support.
- When needed, people were supported to maintain their dietary requirements. Staff we spoke with were aware of who to contact in an event of an emergency.
- People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.
- The provider's complaints policy and procedure was accessible to people who used the service and their representatives. People knew how to make a complaint and felt their concerns would be listened to and addressed.
- Systems were in place to monitor the quality of the service to enable the registered manager to implement improvements when required.

Rating at last inspection:

- At our last inspection, the service was rated "requires improvement". Our last report was published on 8 January 2018.

Why we inspected:

- This was a planned inspection based on the rating of the last inspection. At this inspection we saw improvements had been made and the service was rated 'Good.'

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Parklands View

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Day one of the inspection site visit was carried out by one inspector and there were two inspectors on day two of the inspection site visit.

#### Service and service type:

Parklands View provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection site visit took place on 30 March 2019 and 1 April 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection site visits, we spoke with seven people who used the service to ask them about their experience of the care provided. We spoke with the registered manager, care manager, two team leaders and two care assistants. We observed how staff interacted with people who used the service. In communal areas. We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including how the provider monitored the service to drive improvements and staff files.

We requested additional evidence to be sent to us after our inspection site visit, which included the training matrix. This was received, and the information was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

At our last inspection of 27 September 2017, we found a breach of Regulation 18 of the Health and Social Care Act Regulated Activities Regulations 2014 as enough staff were not on duty to support people safely. Since the last inspection improvements had been made in this area.

- There were sufficient numbers of staff to meet people's needs.
- Most people confirmed staff were available to support them as agreed and told us staff arrived within the agreed time frame for their visit. However, two people felt response to pendant calls was too long on occasions. They told us they had to wait up to 20 minutes for the pendant calls to be answered and one person described staff as having a, "Hectic schedule at lunchtime." We discussed this with the registered manager, who explained if the pendant call was assessed by staff as 'non-urgent' the team had up to 30 minutes to respond. The registered manager confirmed they would be monitoring pendant calls over lunch time to identify any themes or patterns.
- Staff we spoke with told us work allocation allowed sufficient time to meet people's needs and felt there were enough staff to support people. A staff member said, "Staffing has greatly improved in the last couple of months."
- Since the last inspection the registered manager had introduced a new role within the staff team, a well-being worker. Three well-being workers had been recruited and their role was to support people in an emergency as well as increasing social interaction. Staff felt this was working well. In addition to this a care coordinator has also been employed to manage scheduling.
- Recruitment practices had improvement since our last inspection site visit. People were protected from the risk of being supported by staff who were not fit to support them. Staff recruitment files we looked at showed three recently employed staff had been subject to the required pre-employment checks and all the required documentation was in place. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the support they received from staff. One person said, "I feel safe, as there are always staff around."
- Staff confirmed they had received training in protecting people from abuse or harm. They understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. However, two staff members were not aware of external agencies they could report concerns to. We discussed this with the registered manager, who agreed to take immediate action. Following the inspection site visit the registered manager confirmed they sent out a memo to staff regarding external agencies where concerns could be escalated to. As well as discussing this issue at the staff meeting.

- The registered manager understood their responsibility to protect people from the risk of abuse and reporting concerns to the local authority safeguarding team for investigation.

#### Assessing risk, safety monitoring and management

- Risks associated with people had been assessed and recorded. Risk assessments covered areas including moving and handling, medication and the home environment. For example, one person's risk assessment instructed staff to encourage a person to participate in activities to alleviate low mood and a nutritional assessment stated food should be cut into small pieces as they were at risk of choking. Staff we spoke with were aware of this.
- Risk assessments were in place in respect of one person who presented behaviours that were a concern. However, they were not clear regarding the action staff should take in a crisis. Following the inspection site visit the registered manager submitted an updated risk assessment on guidance for staff to follow in an emergency. The registered manager confirmed they had been in regular contact with other agencies to support the person. However due to ongoing risk to the person's well-being we recommended the provider reassessed the person's needs to ensure they were in the most appropriate service to meet their needs safely.
- Staff received training in moving and handling, records we looked at confirmed this.
- Plans were in place to ensure people were supported in the event of an emergency, these detailed the level of support people required. Staff had received training in fire safety.

#### Using medicines safely

- Medicines were managed safely, medicines were administered as prescribed. Medicine administration record's (MAR) were signed accurately to indicate medicine had been administered to people as prescribed.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required, and knew what action to take if they made an error. Records we looked at confirmed this.

#### Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection.
- Staff had access to gloves and aprons to use in people's apartments and enable them to reduce the risks of cross infection. These were readily available to staff.

#### Learning lessons when things go wrong

- The provider analysed all accidents and incidents. This was to enable them to look for any patterns or trends and ensure action was taken as needed to minimise risks to people.
- Where improvements were required the registered manager identified this and took appropriate action. For example, there had been an increase in recording errors relating to medication administration as some staff were not signing after administering medication. Medication workshops had been implemented, which staff told us were very useful. The registered manager confirmed errors had reduced since the medication workshop introduction.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection of 27 September 2017, we found there were no mental capacity or best interest assessments in place where a person lacked capacity. At this inspection improvements had been made in this area. The provider had a clear understanding of the practical application of the MCA.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Capacity assessments were undertaken and were in place. However, we found a discrepancy between a person capacity assessments and their care plan. Following the inspection site visit the registered manager confirmed records had been updated to ensure accurate information was reflected.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were asked for their consent and tasks were explained well by staff. Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs had been assessed before they received the service, to ensure their needs could be met. Assessments were undertaken with people, their relatives, and other relevant professionals involved in their care.
- Care plans were individualised containing information on people's health and social care needs. As well as their preferences.
- Staff we spoke with were knowledgeable about people's individual needs and the information they gave corresponded with people's care records.
- Care plans were reviewed regularly or when needs changed.
- Staff told us if they identified there was a change in a person's needs, they informed the management team ensuring care plans were updated.

Staff support: induction, training, skills and experience

- Staff were provided with training and support ensuring they had the required skills and knowledge to meet people's needs effectively.

- Staff completed an induction programme at the start of their employment with the provider, A staff member said, "The induction was detailed it included doing class room-based training and I spent a week shadowing experienced staff, which was really helpful."
- People felt staff were trained and experienced in their duties. One person said, "The staff know what they are doing."
- Staff were provided with a range of training to support them in their roles, this included infection control, moving and handling.
- Staff said they were happy with the training and support they received. Comments included, "The training is good, which is provided by head office and via workshops" and "The training is good, it's helped me in my role."
- Staff told us they received regular supervision to support them in their role and that the senior staff and care manager were supportive and helpful. A staff member said, "I have monthly supervision with the care manager, we discuss my availability for work, training and what maybe working well or not."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were knowledgeable about people's diets. There was a restaurant facility in the premises that some people used.
- Staff assisted some people with light meals and with heating meals in the microwave if required.
- People's nutritional assessments stated the support they required from staff. For example, one person's record stated they should be offered snacks on each visit. However, we found that one person's food and fluid charts were not fully completed and did not provide assurance they always received a balanced diet. We discussed this with the registered manager who confirmed they would discuss with staff the importance of completing accurate records.
- People told us they enjoyed the meals from the onsite restaurant and food that staff prepared for them.
- There was a shop onsite which sold items such as various snacks and refreshments, which we saw some people accessing during the inspection site visit.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support from health care professionals as and when needed, such as GPs and mental health services.
- Management and staff knew people well and understood their responsibility to seek professional advice where they felt people`s needs changed.
- If required staff supported people to attend medical appointments. One person said, "They [staff] take me to hospital and dentist appointments."
- Relevant health information regarding people was recorded in their care records.
- Staff knew what action to take in an event of an incident or emergency.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection of 27 September 2017, we found some staff used inappropriate terms when referring to people. For example, if people required assistance with eating their meals staff said, "[Person's name] needs feeding." At this inspection we found improvements had been made. Staff used respectful terms when discussing people's needs or support they required.

- People were complimentary of the staff and felt comfortable with them. Comments included, "They're [staff] excellent," "The carer puts them-self out for you and is caring" and "All the staff are kind and caring."
- We observed positive interactions between staff and people in communal areas. People were greeted by staff in a friendly manner as they walked around the complex. We heard staff asking people how they were and what they had planned for the day.
- During discussions with staff they demonstrated a good awareness of treating people equally and respecting people's diverse needs. Staff had received equality and diversity training
- Information about the service and other relevant support organisations was displayed in the foyer area.
- The provider had a diverse staff team and some staff were bilingual. Staff understood the importance of respecting people's religious and cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood people's communication methods and could communicate effectively with people. A staff member said, "When entering [Person's name] apartment I will say who it is as they have a visual impairment. When placing food on the table I will clearly explain where things are such as the cup is on the left."
- People felt they were listened to and were comfortable with staff. One person said, "When I need a chat the staff listen to me."
- People told us they were asked for their views and were supported to make decisions about the care and support they received.
- Staff stated they explained things as much as possible, for example, by speaking clearly to ensure people understood.
- People and relatives were involved in their care planning. People had signed their care records.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff stated they encouraged independence and for people to make decisions for themselves wherever

possible. One person told us, "The staff promote my independence encouraging me to do things."

- Staff were able to describe how they maintained people's privacy and dignity. For example, checking if people wanted their doors locking when they left their apartments, and when supporting them with personal care, such as closing doors and curtains. One staff member said, "We always ask if people want their doors locked."

- Staff talked about respecting people's choices, knowing people's routines and ensuring these were adhered to. So that the person received the care in the way they wanted in a dignified manner.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection of 27 September 2017, we found the provider did not have effective systems in place to ensure complaints had been resolved. At this inspection improvements had been made.

- Complaints procedures were in place for people to let staff know if they were unhappy with any aspect of the service. Complaints information was displayed on the notice board, in the complex.
- People confirmed they knew how to make a complaint and who to speak with.
- We found complaints were well managed and people were responded to appropriately. There were written records of responses, which showed these were dealt with appropriately.
- We saw a written response from a relative who had commented that an issue they raised had been "Actioned in an efficient, effective and professional manner" and management, "Always responds promptly and concerns are resolved."
- The registered had also met with a family member to resolve some concerns.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were reviewed regularly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes.
- People told us the service responded to their need and that it was beneficial. One person said, "The carer talks to me, they know what I want." Another person said, "One of the carers in particular is very good, they understand my needs and knows how I like to be supported."
- Staff knew people's likes and preferences and we saw that people's preferences were recorded.
- Some people were supported to access social activities at the complex to increase social stimulation.
- Information was provided in an accessible format such as large font. There was signage around the complex to support people with their orientation.
- Information regarding people's communication needs had been recorded in their care plan including their vision or hearing support needs.
- Following the inspection site visit the registered manager informed us they had sourced talking books for people at the complex.

End of life care and support

- At the time of this inspection site visit, no people were being supported with end of life care.
- Care records were being updated and discussed with people and or their representatives. These included people's wishes towards the end of their life, including where they wished to be cared for.
- The registered manager told us currently end of life training was not provided to staff, however they have discussed this with the training department who are looking into training in this area.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

At our last inspection of 27 September 2017, we found a breach of Regulation 17 of the Health and Social Care Act Regulated Activities Regulations 2014 as the provider did not have effective governance systems. Since the last inspection improvements had been made in this area.

- Since the last inspection site visit, the provider implemented a system for the deployment of staff and determine staffing levels. The provider also had access to a system which allowed the management team to monitor call responses, including when calls were completed.
- We found overall there had been improvements in record keeping relating to people, however during the inspection site visit we saw some records were not accurate. For example, fluid and food chart for one person were not fully completed and there was a discrepancy on one person's records regarding their mental capacity. We discussed this with the registered manager who agreed to take immediate action to ensure all records were accurate, which included reinforcing to staff the importance of accurate record keeping.
- The registered manager was responsible for the overall management for all the extra care facilities with the provider group. A care manager who was based at the complex was responsible for the day to day management of the service and was supported by the registered manager. The registered manager visited the complex at least once a week and kept in touch with the care manager via email and telephone calls as well.
- The registered manager and provider were clear about their responsibility to be open and transparent in line with their duty or candour responsibility.
- It is a legal requirement a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff and management understood their roles and responsibilities and there were clear lines of delegation
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner.
- Staff meetings took place regularly. Staff confirmed they received these, which was a way to keep updated

with any changes. Staff felt they were able to suggest improvements. A suggestion raised by staff regarding employee of the month had been implemented.

- A business continuity plan was in place, to ensure people would continue to receive care in the event of an emergency.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place to take account of people's opinions of the service. Surveys had been completed in 2018 and 2019 by people and their relatives. Feedback was positive with written comments such as, "Very happy with the service" and "Care team makes me feel safe and happy".

- Staff told us they felt supported by the management team and they worked well as a team. Comments included, "The manager is very supportive. During the past 12 months things have really changed for the better" and "It's really lovely working at Parklands View. We all get on, we are a team."

Continuous learning and improving care

- The registered manager had a number of quality assurance systems in place. Audits were in place which enabled the management team to monitor the service and drive improvements as required. Where improvements were identified actions were put in place to address any issues.

Working in partnership with others

- We saw the management team worked with external health and social care professionals, such mental health services and district nurses.

- A Parkinson's nurse provided an awareness session which took place at the complex fortnightly. This provided support and information to people and staff.

- The landlord for the building had arranged for local school children to carry out a singing performance for people living at the complex.