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trading as Parklands Nursing Home

Parklands Nursing Home

Inspection report

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Milton Keynes
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Parklands Nursing Home is located in the village of Woolstone, within Milton Keynes. They are registered to provide accommodation for persons who require nursing or personal care, treatments of disease disorder or injury and diagnostic and screening procedures. The service can register up to 30 older people who may also be living with dementia,. At the time of our inspection there were 16 people living there.

At our previous inspection on 13 October 2016 we found that five legal regulations had been breached.

Risks to people were not always assessed fully and risk assessments did not always contain clear guidance regarding risks and how to manage them. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises and equipment used by the service were not always clean or suitably maintained to ensure they were safe for people to use. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Care and treatment was not always provided in a way which reflected people's individual needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not robust systems in place at the service to allow the provider to assess, monitor and improve the quality and safety of the care being provided at the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to implement systems to ensure they were meeting the breach of regulation 17 by 31 January 2017. We also asked the provider to send us an action plan, detailing when they would have met the other breaches of regulation. They stated that they would have met all the breaches by 31 March 2017; however, during the inspection visit on 27 February 2017 they told us they had achieved the points in their action plan and were happy for us to look into each of these regulatory breaches during this inspection. We found that the provider had implemented steps to ensure that the breaches of regulation were now being met.

We found that there had been improvements to the way that risk was managed at the service. Risks were clearly assessed and old risk assessments were no longer in place, which helped to reduce the chances of confusion around risk. Control measures were in place and staff were aware of the action they should take in response to risk.

There had also been improvements to the cleanliness of the service. Floor coverings had been replaced throughout the service which helped staff to maintain a clean environment. In addition, cleaning systems and checks had been introduced to ensure all areas of the service were clean. Equipment was also appropriately maintained and steps had been put in place to ensure equipment, such as pressure relieving mattresses, were at the right setting.

People were treated with dignity and respect. Staff members made sure people were happy with the way they were treated and clearly communicated with them throughout the provision of care. Property and clothing was looked after well and staff ensured people got their personal clothing back from the laundry.

The provider had implemented a new system for care planning. This helped them to ensure that care plans were accurate and person-centred. It also meant that staff were able to spend more time with people, ensuring their needs were met and engaging in conversation with them. There were also improvements to the activities available at the service. People were more stimulated and there were plans to continue to develop in this area.

Quality assurance systems had been improved to help give the registered manager and the provider greater oversight of the service. Checks and audits were scheduled and completed in a range of different focus areas to help identify areas for improvement and to contribute to an action plan to drive these improvements.

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 consistently safe, however improvements had been made since our last inspection.

There were improved systems in place to assess and manage risks to people. These systems improved the clarity of information available to staff and helped them to manage risk effectively.

People's equipment was managed appropriately and checks and safeguards were in place to ensure equipment was operational and set to the correct level.

The cleanliness of the service had improved and extensive work had taken place to update the service and ensure effective cleaning took place on a regular basis.

We could not change the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Requires Improvement ●

Is the service caring?

The service was not consistently effective, however improvements had been made since our last inspection.

There had been improvements to the treatment of people living at the service. People were respected and their dignity upheld at all times. Steps had been taken to ensure that people's personal clothing and property were well looked after.

We could not change the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive, however improvements had been made since our last inspection.

Requires Improvement ●

People's care and support was more person-centred. Care plans had improved and a new electronic system allowed staff members to spend more time with people.

Activities had increased and people were more stimulated at the service. There were plans in place to help develop activities and increase the range and personalisation of activities on offer.

We could not changes the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Is the service well-led?

The service was not consistently well-led, however improvements had been made since our last inspection.

Systems for assessing, monitoring and reviewing the quality of care at the service had improved. Checks and audits were carried out to help the service develop.

We were able to change the rating for well-led from inadequate to requires improvement, as improvements had been made. We could not change the rating for to good because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Requires Improvement 

Parklands Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 February 2017 and was unannounced. It was undertaken by a team of two inspectors.

Before this inspection we reviewed all the information we held about the service, including the previous inspection report. We also looked at data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and clinical commissioning group, who have a commissioning role with the service, to gain their feedback as to the care that people received.

During the inspection we spoke with four people who were living at the service, to seek their views about the care they received. We also observed the interactions between people and members of staff and the way which staff supported people during care tasks and activities.

We spoke with nine members of staff at the service to discuss the changes which had been implemented by the provider. We spoke with four care staff, two nurses and the chef. We also spoke with the clinical lead, the registered manager and the provider to see how changes had been managed at the service.

We reviewed care records for four people to see if they were an accurate reflection of people's care and support needs and to see if they were up-to-date. In addition, we examined four people's medication records to ensure they were fully completed. We also looked at other records relating to the management of the service and the changes which had been introduced at the service. This included staff recruitment records and quality assurance processes.

Is the service safe?

Our findings

During our previous inspection on 13 October 2016 we found that risks to people were not always fully assessed and that risk assessments did not always contain clear guidance regarding risks and how to manage them. The systems for assessing risk were not always effective and action was not always taken to ensure risks were managed appropriately. Some records contained contradictory information, which made it difficult to tell what the current level of risk was to people, therefore it was not always clear what action should be taken to minimise that risk. This was a breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made in the way that risks were managed at the service. We found that positive action had been taken to ensure that risks were reduced and records relating to risk had been improved, to ensure staff had access to clear, relevant and up-to-date information.

Staff members told us that they were aware of the risks which affected each person living at the service. They explained that this information was recorded in their care plans and that they also built up an understanding of each person's specific needs in relation to risk as they worked with them. Staff were also able to direct us to measures in place to control general risks at the service. For example, there was a system in place to check that all the fire escapes in the service were clear. This was checked on a daily basis and when we checked we found that they were clear and remained that way throughout the inspection.

The registered manager explained to us that a new electronic care planning system was in the process of being introduced at the service. This system provided a robust way of managing risks at the service and made sure that staff members had easy access to the most up-to-date information regarding risks to people. They showed us that risks were assessed within the system and cross-referenced to the appropriate part of people's care plans, which helped staff easily locate the guidance and control measures associated with that risk. The system automatically archived old versions of risk assessments, to help reduce the chances of staff referring to the wrong risk assessments.

We also saw that the electronic system enabled clear recording of the monitoring and assessment that staff carried out, which helped staff to analyse data and identify areas of potential risk. For example, staff members regularly recorded people's weights, Malnutrition Universal Screening Tool (MUST) and Waterlow scores (to monitor the risk of people developing pressure wounds) within the system. This then presented the information in graphs which staff could easily access at the touch of a button. This allowed potential concerns to be identified quickly, therefore control measures could be put in place to respond to any issues highlighted.

As the service was in a transition period, migrating from the old record keeping system to the new electronic system, some people's care records had not yet been transferred over. We saw that for these people control measures had been put in place to reduce the risk of staff missing key information or finding contradictory information in the same care plan. For example, we found that skin integrity care plans no longer contained a record of the Waterlow risk monitoring score, instead they signposted staff to the assessment tool, where

up-to-date scores were recorded. This helped to improve clarity for staff and ensured they had the correct information regarding risk.

At our last inspection on 13 October 2016 we also found that the premises and equipment were not always clean or suitably maintained to ensure that they were safe for use. We saw that there was a lack of guidance regarding people's specific pressure relieving equipment, which meant that staff did not always have these turned to the correct setting. The service was also not always clean and free of the risks associated with infection control. During the inspection we saw evidence of food debris in communal areas and people's bedrooms and saw that one person's feeding equipment was not clean. We also found that carpets in the service were not always clean and were worn in place. This was a breach of regulation 15 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made to the way the premises and equipment at the service were managed. There were improved systems to ensure that equipment was managed correctly and the cleanliness of the service had also improved.

Staff members told us that there were now systems in place to ensure people's equipment was at the setting they required. For example, one staff member explained that photographs had been taken of the correct setting for people's pressure mattresses and this was attached to the bed, close to setting control point. This meant staff could easily check that the mattress was set correctly and they also carried out a physical check of the mattress, to ensure it was fully operational. The registered manager showed us that these photographs were in place and also told us that they would be replaced if people's needs changed.

Staff members told us that the changes which had been implemented by the provider had helped them to ensure that the environment was clean. One staff member said, "The new flooring has made a big difference, it is much easier to keep it clean all day." As soon as we entered the service we saw that extensive work had taken place to improve the floor covering at the service. The old carpets had been replaced with soft tiled flooring throughout the service, including bedrooms. This new flooring was easy to clean and we saw that staff cleared dropped food and spillages throughout the day. There cleaning logs in place which were used to record when areas of the home were cleaned and it was clear that these were being used to ensure the cleanliness of the service was maintained.

We also saw that specialist equipment, such as feeding machines, hoists and slings, were clean throughout the duration of the inspection. There were appropriate systems in place to check and oversee the cleanliness of the service and staff were vigilant in ensuring they maintained a clean and pleasant environment for people.

Is the service caring?

Our findings

During our previous inspection on 13 October 2016 we found that people were not always treated with dignity and respect. Staff were not always attentive to people's needs and at times people had to wait to receive care and support from them. Staff did not always communicate openly with people when carrying out care tasks, such as moving and handling. People's laundry also sometimes went missing or was damaged, which meant that at times, people did not have their own clothing to wear. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had made improvements in this area. Staff were mindful of people's dignity and privacy. Throughout our inspection and we saw that people were treated with respect by members of staff.

People were happy with the way that staff interacted with them and felt that their needs were supported well. One person told us, "Yes they are all very nice, they treat you right." Another person smiled and nodded when we asked them if they felt staff were respectful when they provided them with care and support.

Throughout the inspection we observed improved interactions between members of staff and the people they were supporting. Staff made an effort to engage with people, particularly when they were supporting them with personal care or moving and handling tasks. Staff members made sure people were comfortable and happy before, during and after tasks and worked hard to uphold people's dignity throughout the day.

People also told us that they had not had any concerns regarding the way staff members looked after their clothing or property since our previous inspection. One person told us, "They get all my clothes sorted for me, they do a good job." We saw that people's clothing was clean and appeared in good, clean condition and their attire was respectful of their personal choices. If they required support with personal care, staff were discreet in the care that they provided to ensure that people were not made to feel embarrassed or uneasy with the help that they needed.

Is the service responsive?

Our findings

At our last inspection on 13 October 2016 we found that people's care did not always reflect their individual needs and preferences. Care was task-orientated and was not always provided in accordance with people's specific wishes or interests. People had not been involved in writing or reviewing their care plans and were not provided with sufficient activities or stimulation to help occupy their time. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had made improvements in this area. People's care was less task orientated and staff worked hard to provide people with the support that they wanted and needed. There was a new electronic record keeping system which had been implemented, which helped staff to spend more time with people and the range of activities which were in place had also increased.

People were positive about the care that they received from the service. When we asked if people felt well looked after and if staff knew about them and their needs, we received smiles and nods from people in return. Throughout the inspection we observed that staff members were knowledgeable about people's needs and wishes. They made sure that people's care was provided in accordance to their recorded wishes, but also in response to what they were asked for during the inspection. Staff were attentive to people and were able to spend time interacting and communicating with them, as well as meeting their specific needs.

Staff members explained to us that a new electronic record keeping system had been introduced, which they were able to access from electronic devices owned by the service. This helped staff to check and record information about people's care and support more easily, which meant more time could be spent with people. One staff member said, "The new system allows us to spend more time with people and not be rushed." Another staff member said, "We are being asked to record more information than before, to evidence the things we do with people. Even though it's more recording than before, it's actually quicker because of the new system."

The registered manager showed us the new system and the care plans which were recorded on it. They explained that not all care plans had yet been transferred to the new system, as they were working hard to ensure that plans were fully reviewed as they were moved across. This would help to ensure that records were person-centred and provided staff with the information they needed. We found that the care plans which had been transferred to the new system were person-centred and provided staff with useful information about how to meet people's needs. There were also plans to continually review these care plans with input from people and their family members where necessary, and to ensure that all the people living at the service had a care plan on the new system.

During the inspection we also saw that people were engaged in activities throughout the day. People were happy to be engaged in conversations with staff and were provided with individual and group activities to help ensure their minds were stimulated. Individual activities were specific to the person, which helped them to stay engaged and motivated to complete them. Group activities included sing-alongs together and taking part in quizzes. We saw that people took part in these activities with smiles on their faces and clearly

enjoyed the interaction with staff and others.

Staff members were positive about the increase in activities at the service. One staff member told us, "The activities have improved. There is a music man that comes in twice a month and our own activities have got better." Another staff member said, "I like doing activities, I enjoy it." The clinical lead also showed us that they were looking into alternative activities which could be personalised for each person. This included an electronic system where the service could create a profile for each resident and record their specific interests and preferences. This could then be used by staff to have a focused discussion with each individual and the system would allow them to play music and display images which were personalised for each person. There had been an improvement in the activities provided at the service and there were plans in place to help develop activities for people in the future.

Is the service well-led?

Our findings

At our last inspection on 13 October 2016 we found that there were not robust systems in place to allow the provider to assess, monitor and improve the quality of care being provided at the service. Systems of checks and audits which were carried out were not effective in identifying areas of concern, or areas which needed to be developed to help the service improve. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that there had been improvements to the quality assurance procedures which were in place at the service. Checks and audits were being completed on a regular basis and were being used to identify areas for development and to drive improvement at the service.

Staff members were positive about what had been achieved at the service since our last visit. They were aware that there were systems in place to assess and monitor the service and that these had led to improvements which had a positive impact on people living at the service. One staff member told us, "We have learned from our mistakes and are moving in the right direction." Another said, "There have been a lot of positive changes here." A third staff member told us, "the obvious change is the flooring. Apart from being easy to clean, it has actually made the place feel a lot more positive. The residents and family members really like it."

The registered manager and clinical lead were responsible for a number of checks which were carried out at the service. They explained that checks and audits had always been carried out; however, previously they were not always well recorded. We found that the systems for checks and audits had been improved and there was a clear system in place for this. Audits were carried out regularly in a number of different areas such as infection control, cleanliness, medication, mattress settings and accident and incident recording. There was also a clear schedule in place so that the registered manager and clinical lead could easily identify which audits were due to be completed that week or month.

We also found that action had been taken in response to what was found on audits. The registered manager showed us a central action plan which they used to record all the areas for development raised by the checks which were carried out. We could see that target dates were in place for entries on the action plan and that they were marked as complete when the action was concluded. This helped to demonstrate where improvements had been made and what future action would be taken.

There was a clear commitment to driving improvements at the service from the staff team, registered manager and the provider. We found that they were working together to help develop the service and improve standards of care for the people they were supporting.