

Canaryford Limited

# Parklands Nursing Home

## Inspection report

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Date of inspection visit:  
05 December 2019

Date of publication:  
06 January 2020

## 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 is a purpose-built nursing home for up to 54 older people who may also have care needs associated with living with dementia. At the time of inspection 51 people were receiving a service, some on the end of life pathway.

People's experience of using this service and what we found

Staff had a good understanding of safeguarding concerns and how to raise them. Risks to people's health and wellbeing were identified and managed safely.

The service had not identified some small concerns we found with some equipment. However, they took immediate action to address this and put in place additional measures to mitigate the concerns we found in the future.

People told us they felt safe and relatives told us they had no concerns for their loved ones.

Staff managed medicines safely although we highlighted some improvements to be made and made a recommendation about this.

People were supported to make decisions about the care they received. Staff ensured they always gained consent before care was provided.

Staff were knowledgeable and well trained. Recruitment processes and induction were good.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to a range of good nutritional food and drinks throughout the day. The meal time experience was very positive.

Staff ensured that people had access to a variety of external health professionals to meet their needs.

Oral hygiene needed to improve, and we made a recommendation about this.

Staff were very caring and supportive. People told us that staff often went the extra mile to ensure they were comfortable and happy.

Care plans were person centred but could be enhanced further and we made a recommendation about this.

People had access to a range of meaningful activities.

People, relatives and staff felt able to raise concerns and were confident these would be dealt with well.

The new manager and deputy manager had worked hard to improve the service and people, relatives and staff told us they were supportive, visible and approachable.

Processes were in place to monitor the quality of care which had significantly improved.

The provider had systems in place to engaged staff, people and relatives in the running of the service. people living there.

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 7 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 7 June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Parklands Nursing Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of three inspectors.

#### Service and service type

Parklands nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 10 people who used the service and five relatives about their experience of the care provided.

We spoke with eight members of staff including the registered manager, deputy manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the registered manager had failed to notify the Care Quality Commission of notifiable incidents, including safeguarding concerns. This was a breach of regulation 18 (Notifications) of the Registrations Act (Regulated Activities) Regulations 2008.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Most staff had been trained in safeguarding vulnerable adults. We found some night staff had not yet received their annual updates at the time of inspection, however, this had been addressed and achieved within two days following inspection.
- At the previous inspection some people told us they had felt bullied by staff. We found at this inspection there had been a significant cultural change. Some staff had left and there were systems in place to ensure people felt safe.
- Staff and people felt confident about raising concerns. People told us, "I feel very safe here. Staff are so kind," and "It's so much better here now. Staff are so lovely."
- One person told us, "It's fantastic, very nice home, feels safe here."
- The registered manager ensured all safeguarding concerns and potential concerns were raised quickly and acted upon.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Appropriate checks had been carried out on the environment in line with best practice for care homes.
- People had personal emergency evacuation plans (PEEPS) in place in case of fire or other emergencies and staff understood how to evacuate people safely from the building.
- People with identified risks for their physical and mental wellbeing had good risk assessments in place and staff understood how best to support them.
- This included people at risk of choking, developing pressure ulcers and requiring nursing interventions

such as PEG care [PEG stands for percutaneous endoscopic gastrostomy, a flexible feeding tube placed through the abdominal wall and into the stomach to allow nutrition, fluids and/or medications to be put directly into the stomach.]

- However, staff had not identified some wheelchairs had unmatching footplates. This meant people using them would have one foot higher than the other. This can cause hip discomfort. The registered manager took immediate action to rectify this and review how footplates were managed.
- At the previous inspection we had concerns about the use of bedrails which were unsafe. At this inspection we found all but one of these rails had been identified and managed. The registered manager took immediate action to mitigate the risk and find out why it had not been identified. They put in place measures to prevent this occurring in the future.

We recommended the service review how they monitor and maintain wheelchairs to identify where footplates are incorrectly fitted in line with health and safety guidance and act to update their practice accordingly.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure there was enough staff to meet people's complex nursing, physical and emotional care needs. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were recruited safely in line with good practice.
- At the last inspection staffing levels had been a concern, however we found this had improved. Staff told us, "It's so much better now. We have time to spend with people, nurses are freed up to do more nursing activities. They are more available."
- There was enough staff to meet people's needs. One person said, "There is always enough staff and if I ring my buzzer they come." We observed buzzers being answered in a timely way.
- The registered manager told us, "Staff sickness is right down, staff want to come to work now. We now have a tool to identify how many staff are needed based on people's needs, but the provider knows sometimes we need to exceed that. They listen to me and if I need more staff we get more staff."

#### Using medicines safely

- Medicines were managed safely.
- However, we found there was more stock than needed. The registered manager acted to review this following inspection.
- People who received diet and fluids through a PEG did not have clear instructions of how medicines should be administered through these tubes on their MAR [medicine administration record] or care plan. Whilst we found nursing staff were administering these medications safely, recording was not in line with best practice.

We recommend the provider review best practice guidance for administration of medicines via enteral feeding tubes act to update their practice accordingly.

#### Preventing and controlling infection

- Staff had access to gloves and aprons and we observed staff using these and disposing of these correctly throughout the inspection.



- Cleaning staff ensured the environment was clean, and audits demonstrated effective monitoring.
- Policies and procedures were in place to manage infectious outbreaks.

#### Learning lessons when things go wrong

- The provider and registered manager had made good improvements to the service following the last inspection.
- Where concerns had been identified they had used this information to review processes, identify the cause of concern and put in place measures to manage and mitigate future risk.
- The registered manager repeated this during the inspection with the concerns found and highlighted in this domain.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff had received training in the Mental Capacity Act 2005 and had good understanding of its principles.
- Staff asked for consent before carrying out care regardless of whether the person had capacity.
- Staff explained to people what they were offering, why and how they would support them.
- People's care plans identified their preferences and choices about how they would be cared for. One person told us, "[keyworker] knows exactly what I need and how I like it." Everyone we spoke to echo this sentiment.
- However, we found not all people had access to oral hygiene equipment in their bedrooms. One person had partial dentures but did not have any denture cleaning equipment.

We recommended that the provider review best practice guidance for oral hygiene in care homes.

Staff support: induction, training, skills and experience

- Newly employed staff received a good induction and shadowed experienced staff to ensure they were competent to support people on their own.
- Senior care assistants received training to supervise junior staff and to plan people's care. Nursing staff then signed these off. This had worked well and increased care staff knowledge of how to meet people's individual needs safely.
- The provider had ensured registered nurses could attend a variety of external training events to enhance their learning.
- The registered manager carried out regular staff meetings and staff told us, "I feel really supported. [Registered manager] is firm but fair, they always listen to our concerns and recognise if we need additional support and training."

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

- People who had a range of dietary needs were well catered for, for example those who had diabetes or swallowing difficulties and at risk of choking.
- Staff understood people's needs well and care plans showed how staff should support people.
- Staff staggered meal times, to ensure that those people cared for in their bedrooms had a quality unrushed experience.
- People enjoyed a good dining experience and enjoyed the food. One person told us, "The food is lovely, it always smells and looks good." Another said, "There is plenty of choice, if I don't like something they make me something else."

- Staff offered choice and engaged with people in a warm, encouraging manner when assisting them to eat.
- Staff completed peoples fluid and diet charts where they were needed and reported concerns to nursing staff in line with peoples care plans.

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

- Staff made appropriate and timely referrals to external health professionals such as dentists, opticians, audiologists and podiatrists.
- People told us staff supported them to attend hospital appointments.
- People also had access to hairdressers on a regular basis.

Adapting service, design, decoration to meet people's needs

- People were involved in deciding how the service would be decorated when this was needed.
- The provider carried out a regular review of the service environment to ensure it was well maintained and acted when it needed updating.
- We found the environment warm and inviting and in line with people's preferences and tastes.
- Peoples bedrooms were personalised.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had carried out robust mental capacity assessments relating to all aspects of peoples care and treatment. These detailed in depth how they had concluded when a person lacked capacity to make a specific decision.
- Staff had carried out appropriate deprivation of liberty referrals when they had to deprive people of their liberty.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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

- People told us staff treated them well. One person told us, "They are so lovely, I haven't been here long but every one of them has been kind to me."
- Another person told us, "Staff have had to attend to me a lot at night, but they don't mind. They know I am tired, so they make sure I am comfortable in bed during the day. They are always coming in and checking on me."
- Staff were observed to be very caring within all interactions with people. They brought themselves down to people's level and spoke in a kind manner.
- We observed one person reach up to stroke a member of staff's cheek and the member of staff responded by stroking the person's hand.
- Staff knew people very well and we observed replicated banter and laughter. One person told us, "I am so happy here. Staff are so friendly, they are like family."
- Staff had a good understanding of people's equality and diversity needs and respected people's religious and cultural preferences.

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

- People were involved in their care planning. One person told us, "[staff] sat with me and we talked about what I needed and how they could support me."
- One relative told us, "[person] is unable to talk anymore or understand what's happening. The care staff talked to me about their needs and we discussed how best to support them. I know what [person] likes and doesn't like."

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to provide care that was dignified and promoted people's independence.
- Some people shared bedrooms. One person told us, "Staff are really careful about making sure they protect my dignity. They always close the curtains around the bed."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred in most cases, they identified people's needs, preferences and how they would like care to be provided.
- Care plans were frequently reviewed and updated with people. A relative told us, "There is no secrets, everything is open we can see care notes." A person told us, "They talk to me about my care needs, the staff know everything I need."
- For people that could present with distressed behaviours, care plans required more detail about how staff should support them. For example, care plans would inform staff they were to look for triggers to distressed behaviours but did not identify what the triggers were and how they should respond.
- However, staff provided person-centred care. They were knowledgeable about people's stress triggers and could tell us how they supported them.
- Staff supported people in a way that maximised their choice and control to avoid unnecessary distress and anxiety.
- One person told us, "Staff look after me excellently, not one bad word to say about anyone."

We recommend that staff review care plans to ensure they reflect the care provided to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how to best communicate with people with sensory loss and ensured they were supported to maintain and use any aids they needed to support their communication needs. This included hearing aids and glasses.
- Care plans reflected people's communication needs, highlighting how best staff could support people. For example, where people had lost the ability to express their views, consent and pain verbally, what staff should look for in relation to the person's non-verbal communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a variety of meaningful activities and in line with their preferences. This included excursions outside of the home.
- People cared for in their bedrooms had an activity board explaining all the various events taking place in

the home. One person told us, "I know what's on and if I want to go to it staff will help me to the lounge. They always double check with me if I want to come" and "I don't really get lonely because they come and check on me so often. All the staff, even the cleaners pop their head in for a little chat."

- Staff ensured they kept relatives updated with important information in line with people's preferences and needs. One relative told us, "The head nurse keeps me up to date with everything."
- Staff understood the importance of making sure that peoples loved ones felt welcomed and involved. One relative told us, "They are so kind to me when I come, I always feel welcomed."

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place and people were aware they could raise concerns with the manager.
- There had been one complaint since our last inspection and we saw that the manager had acted to address the concerns raised.
- People and relatives told us they felt able to raise a complaint. One said, "I know how to raise a complaint. I feel confident that the manager would act on any concerns."

#### End of life care and support

- The service provided end of life care in line with best practice guidance and gold standards, helping people with life limiting illnesses to plan ahead to live as well as possible right to the end.
- Staff knew people's preferences and wishes and how they wanted to be cared for.
- Nursing staff managed peoples pain needs well.
- Peoples loved ones could be confident that they would also receive good support from staff when their relative was at the end of their life.
- Staff gave examples where they had gone the extra mile to make people and their loved ones comfortable, and compliments following people's death demonstrated this had positively impacted on peoples loved ones.
- One relative wrote following their loved one's death at the home, "The quality of care given by everyone was amazing. My [relative] was looked after so well and their final moments were calm and with dignity."

# 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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the registered manager and provider had failed to maintain oversight of the service. They had failed to monitor staff performance, act on their regulatory requirements or monitor the quality and performance of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider immediately acted on concerns found at the previous inspection and increased their oversight at the service. Staff told us, "They always walk about and make sure everything is okay. We can raise any issues of concern."
- The provider had installed a new registered manager and a deputy manager who had worked hard to drive improvements at the service. The providers oversight of this work had improved and regular management meetings took place.
- Staff were clear about their roles. One member of staff said, "We have had more training and we have been given more responsibilities now." They went on to tell us how confident they now felt in performing their role. A member of staff said, "It is a better place to work now, there is a nicer atmosphere and much better organised."
- Staff were receiving regular supervision. This meant they had an opportunity to share ideas and receive any support they needed with performing their role and identify any further training they needed. One member of staff said, "I now have regular supervision with the manager and I have received training to supervise care workers."
- We saw the management team had developed systems to give them a good oversight of the service. This included completing audits of care documentation and medication records. There were systems in place to monitor accidents, falls and near misses and actions taken were shared and recorded.
- The registered manager completed daily spot checks and was visible with staff and people.
- The registered manager had worked with external health and social care professionals to address safeguarding concerns previously raised at the service. They had taken action to mitigate further risks to people.

At our last inspection the registered manager failed to engage with people and deliver person centred care.

This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- The management team demonstrated they had a good knowledge of people's care needs.
- There were now regular meetings held with relatives and people. We saw minutes of these discussing Christmas activities and trips out.
- The registered manager had also sent out a survey for people and relatives to complete we saw feedback from this. 94% said staff were smartly dressed and 100% said staff were helpful.

At our last inspection the registered manager failed to promote a positive person-centred culture and act on their duty of candour. This was a breach of regulation 7 (Registered Managers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 7.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We received many positive comments from people, relatives and staff about the running of the service. One relative told us, "I cannot fault anything, we have been very well treated here." Another relative said, "I am very pleased with this place. I know (person name) is being looked after well."
- Staff shared the registered managers vision. One member of staff said, "I love all the residents, it is rewarding helping them. I want them to have a better quality of life, especially making comfortable at the end of their life."
- The deputy manager told us how proud they were of the work they had done to empower senior support workers to develop their role and take on more responsibility.
- The registered manager knew how to act under duty of candour and understood their legal responsibilities.
- Any complaints had been acted on, although people and relatives we spoke with said that they general did not have any complaints.

Working in partnership with others

- The registered manager and staff worked in partnership with other healthcare professionals such as GPs, palliative care nurses and physiotherapist to promote positive healthcare outcomes for people.
- The registered manager had also made links with the local community and on the day of our inspection a local choir was at the service singing Christmas corals to people.