

## Parklands Care Services Limited

# The Parklands Care Home

### Inspection report

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05 December 2016  
09 December 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection included three visits to the home, which took place on 28 November, 5 and 9 December 2016. The first of these three visits was unannounced. The last inspection took place in May 2016 and we identified no breaches of regulation at that time.

The Parklands provides accommodation for up to 40 older people, some who are living with dementia. The home is situated in the Thorne area of Doncaster.

The service did not have a registered manager in post 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. The registered provider had appointed a manager and the manager had told us they were applying to be registered with the Care Quality Commission. However, at this inspection they told us that they were leaving their post and no longer pursuing their registration. This meant that the home had been without a registered manager for a significant period of time.

Although staff worked well as a team, most told us they were not always able to respond to people's needs, because there were not always enough staff around to enable them to do so.

The manager had a plan in place to make sure that all staff were up to date with all aspects of their training. However, they had not been able to provide all staff with formal, one to one supervision as regularly as they should. Additionally, the manager themselves had not received professional supervision in all the time that they had been in post.

We saw that quality and safety audits took place, but they were not always effective and the registered provider had not always responded in a timely way when improvements were identified as needed.

There was a policy to protect people from abuse. Staff had received training in this area and knew how to recognise and respond to abuse.

We saw that people received their medicines in a safe manner.

Risks associated with people's care had been identified and action had been taken to reduce the risk from occurring.

People were supported to make decisions about their care and their choice was respected. Care plans included information about people's likes and dislikes.

Overall, people received a nutritious and balanced diet. Snacks and drinks were offered throughout the day.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support.

We observed staff interacting with people who used the service and found they were calm, respectful and caring. People we spoke with liked the staff and got on well with them.

A good range of social activities were provided in the home and there was an activity co-ordinator. We saw lots of events had been organised.

There was a complaints procedure and people we spoke with told us they would talk to the manager or staff if they had a complaint.

People who used the service were involved in the development of the home and were able to contribute ideas.

We identified a breach of the Regulations in relation to governance. You can see what action we told the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

There were not always enough staff available to meet people's needs.

There were repairs needed to make sure that the home environment was safe for people.

There was a safe recruitment process

The service had a policy in place to safeguard people from abuse. Staff knew how to recognise, record and report abuse.

We saw that people received their medicines safely.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Overall, we saw people received sufficient amounts of food and drink. However, at one mealtime one staff struggled alone, and could not meet people's individual needs.

Some areas of the home were being redecorated, but this was not to a very good standard and there were areas that needed significant refurbishment.

Training was provided and there was a plan in place to make sure staff continued to receive the training they needed. However, not all staff had received supervision as often as they should.

The service was meeting the requirements of the Mental Capacity Act 2005.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

We observed interactions between staff and people and found staff were caring and people responded well to them.

Staff knew how to respect people's privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The care plans reflected people's individual needs and preferences.

Lots of activities were made available to people on a regular basis, which included trips out to various places of interest.

There was a complaints policy, and people felt able to raise concerns and were confident they would be resolved.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

The registered provider had not ensured that the service had a registered manager.

There was a process to audit the service, but this was not always effective, and did not always lead to timely improvements.

Staff felt supported by the manager, although the manager had not received the formal and professional supervision to support them in their role.

People and their relatives felt involved, were asked to fill in quality surveys and attended regular meetings where they could share ideas.

# The Parklands Care 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.

The inspection included three visits to the home, which took place on 28 November, 5 and 9 December 2016. The first of these three visits was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

During the inspection we spoke with 12 people who used the service and 10 visiting relatives, and spent time observing staff supporting people. We observed staff interactions with people who used the service and with people's family members. We observed lunch being served in both dining areas.

We looked at the general decoration and presentation of the home. We also looked for evidence of this being a dementia friendly home for those people who needed this type of support.

We spoke with 9 care staff, the cook the deputy manager and the home manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's care and support records including their plans of care. We saw the system used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

## Is the service safe?

### Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One visiting relative told us that whilst living by themselves, their family member had suffered dramatic weight loss, but was now safe because they were receiving 24 hour care at the Parklands, and was putting on weight.

We spoke with staff about how they would safeguard people from abuse and they knew what signs to look for and how to report abuse if it happened. They told us they had completed training in this area and this was repeated on a regular basis to ensure they were up to date. Staff felt they could raise issues of this nature with the manager and felt confident that they would be looked in to without delay.

Most feedback was that there were not always enough staff available to keep people safe and meet people's needs. For instance, one person who used the service said, "I feel that there should be more staff, because I have to wait for assistance to go to the toilet." A family member said, "At this side (the quieter area of the home) there are more staff, which means there is more time for one to ones, but on the other side, staff struggle to cope." Another family member said, "There seems to be enough staff and the care is adequate, but I feel they would like to be able to spend more time chatting with people."

Several staff told us that numbers of people in the home had increased, and some people's needs had also increased. Further staffing hours had been provided, but this had not wholly kept pace with the need. This was especially at key times, such as when people were getting up in the morning or going to bed at night. One staff member said, "The morning period is especially busy as we are trying to get everyone up. It is difficult because you hear a call bell going because someone wants to get up, but you can't go, because you are helping someone else." Another member of staff had a different opinion and they said they felt here was not a staffing problem.

During all three of our visits we did note that staff were always busy. For instance, during lunch on the first day of the inspection, there was one staff member serving lunch, clearing away and trying to assist people in the main dining area. It was not possible for them to assist people on an individual basis. Additionally, we noticed that call bells were not always answered promptly. On some occasions call bells were ringing for more than five minutes before staff responded, which meant that people were left waiting for care.

The manager told us they had used a dependency tool, but that this did not wholly suit the needs of the home, as it did not take into account that the building was arranged into two units. They had also reviewed incidents in the home, including falls and we saw that this showed no clear evidence of a link with the numbers of staff available. The manager remained concerned that they were not able to provide enough staff to meet people's individual needs at key times, within the staffing hours available. This was particularly in the mornings and evenings, when senior staff's time was taken up with administering people's medicines. The manager showed us the information they submitted to the registered provider that determined the number of staff required, and explained that some further resources had been made available to provide cover at these key times.

As a result of the evidence above, we found that staffing had been identified as an area for improvement and addressed by the manager and provider. However, further review and improvement was required. The manager assured us that they continued to review staff deployment, and continued to discuss the staffing arrangements with the registered provider to make sure that people were safe. They added that they also kept the commissioning authority up to date when people's needs changed, and this had led to reassessment of some people's needs by other professionals, in relation to people's placement funding.

We looked at care plans and found risks associated with a person's care had been assessed. We saw risks assessments in place for weight loss, choking, falls and pressure area care. Risks identified the hazard, and what control measures were in place. The risk assessment also identified the likelihood of this occurring. During the inspection, we saw that staff looked after people in a safe manner. We saw staff using the correct techniques when supporting people to transfer from wheelchairs to chairs. We also saw staff being mindful of supporting people to maintain their independence. For instance, a staff member supported one person by discreetly walking behind, when they were using their walking frame.

We looked at recruitment files for four staff and found the registered provider had a safe and effective system in place for employing new staff. Files we looked at contained pre-employment checks which had been obtained prior to new staff commencing employment at the service. These included two satisfactory references and a satisfactory disclosure and barring service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

We looked at arrangements in place for storing medicines and found they were stored safely and appropriately. We observed staff administering medicines safely. We looked at records in relation to medicine management including medication administration record (MAR) sheets for four people and found them to be completed appropriately. We also saw that people had a front sheet, which included the person's photograph, and information about any allergies they had.

## Is the service effective?

### Our findings

People who used the service and the family members we spoke with felt that they were being looked after well by the staff at the Parklands. One person we spoke with said, "The staff are good here, they help me a lot. A family member said, "They are tuned into [my family member's] individual needs and the amount of compassion and re-assurance we have heard staff give to people is amazing."

We looked at whether people received sufficient amounts of food and drink to ensure a healthy balanced diet. People could choose cereals, toast or a cooked breakfast. There were two options for the main meal, which was served at lunch time, followed by a dessert. A lighter, snack meal was served at tea time and this usually consisted of sandwiches or soup. Other drinks and snacks were offered throughout the day.

We observed lunch being served on the first day of the inspection. The dining rooms looked fresh and inviting with a number of small tables. People could sit in small groups and some people ate in the lounges, or their bedrooms. Meals were served promptly and choices of soft drinks were offered. We saw people eating soft diets and these looked appetising with each food pureed individually. We also saw people using plate guards, which promoted their independence.

People we spoke with had mixed opinions about the food provided. People's comments included, "The food is usually very good." "That's a good dinner, it looks nice." "The food is lovely." However, one relative told us, "[my family member] always says the dinners are nice, but we feel there should be more choice at tea time, as there normally are only sandwiches or soup offered." Another relative agreed, saying, "I don't think there is a choice. I have to tell them what [my family member] likes, but they still give [my family member] sandwiches, which [my family member] doesn't like."

In the main dining area, for a significant part of the meal, there was one member of staff serving the food, although the staff member was observed tried hard, there were not enough staff available to give one to one encouragement and offer alternatives to the people who needed it. For instance, one person was asleep at the table, staff woke them periodically and reminded them to eat, but did not have time to spend with the person, as they were serving others. The person ate very little. Eventually, their meal was taken away and a desert offered. We saw that another person also ate very little, but was not offered an alternative.

The menus were hand written on blackboards and we found that this was not easy to read or understand. For instance, one lady did not realise that the teatime choices were also written on it. The manager told us there was a pictorial menu to assist people to clearly see what was on offer. Staff also told us they showed people the plated meals, if they had difficulty in deciding which option they wanted. However, we did not see staff use these approaches to help people choose at the time of the inspection.

There were two choices of main meal. However, we saw instances when people's choices were not promoted. For instance, we did not hear staff reminding people what they had originally ordered, or checking if they still wanted that choice. One person told us the portions were too large and that they had asked for a smaller portion, but did not get one. Additionally, although salad was on the menu, no salad

dressing was made available.

The manager told us that they were trying to make the home more dementia friendly, such as painting the corridors in distinguishing colours with coloured handrails and doors. There were some pictorial signs and we discussed more of these being made available to help people find their way around the home. These were put in place very quickly.

We went into one bathroom which felt very cold. This was passed to the handyman, who quickly rectified the issue. We saw that some areas of the home were being redecorated, but this was not to a very good standard and there were areas that needed significant refurbishment. For instance, the conservatory was cold, we were told that the electric fire did not work and there were signs of the roof leaking. Additionally, the manager told us the decking, which was outside of the conservatory was unsafe, and they had put up notices warning people not to use it. They were unable to tell us when it would be repaired, so that people would have access to a safe outside area.

We looked at care plans and found evidence that people had been referred to professionals such as speech and language therapist (SALT), district nurses and emergency care practitioners. People we spoke with and their relatives told us that other professionals were often involved, as the home would refer people if required. One family member told us that staff acted immediately, if they felt someone needed a doctor or ambulance. Another family member said, "There have been a few times when staff has been anxious about [my family member's] health and they have got the Doctor out and kept us fully informed." One person we spoke with who used the service said "I fell last week and have a nasty bruise above my eye, I don't know what happened, but staff looked after me and the Doctor said everything was alright."

People we spoke with told us the staff were well trained. The staff we spoke with told us new staff completed mandatory training as part of their induction to the home and all staff attended relevant training and updates on a regular basis. One care worker said, "The manager does most of our training." We saw that the manager was qualified to provide the training in the subject areas they were delivering to staff. Staff's inductions were designed to suit their individual requirements. For instance, one new staff member told us they had a very thorough induction and had shadowed experienced staff until they were felt to be competent and confident. Another new staff member said they had not needed such an intense induction, as they had extensive experience and training in health care settings.

We looked at records in relation to staff training and spoke with the manager. The manager had a training plan in place to make sure that staff received the necessary training. We saw evidence that staff had completed training in the core subjects such as moving and handling, fire prevention and safeguarding. However, the manager had not been able to provide all staff with formal, one to one supervision as regularly as they should. The manager told us that this task was to be addressed, by delegating some staff supervision to other members of the home's management team.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The members of the management team and nurses we spoke with had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

We saw consent forms within people's care plans for such things as taking photographs for in-house media,

dealing with finances and consulting with other professionals. Each person's care plan included an initial assessment, which discussed the person's capacity to make decisions. Where necessary, decisions were made in people's best interests and where this was the case, key people involved in the person's life had been involved.

## Is the service caring?

### Our findings

We spoke with people who used the service and they told us the staff were very caring. People's comments included, "The staff always treat me kindly, even though I am nasty to them sometimes.", "I feel they look after me very well, the staff are kind to me.", "The staff are good, they help me a lot.", "Staff have been nice to me whilst I have been here."

Relatives' comments included, "All of the staff are obliging, friendly and put you at ease. They are just lovely and the team work is really good. They are a happy team." "The girls [staff] I have seen here are absolutely brilliant."

During the inspections we observed staff assisting people in a caring and compassionate manner. We heard staff explaining what they were doing. For instance, we heard one staff explaining, "I am going to pull your chair out a little to make it easier for you to get up." We saw staff giving people hugs and re-assuring them when they looked anxious. Some of the staff we spoke with told us they were from the local area and knew quite a few of the people in their care, and could therefore relate with them and reminisce.

We heard staff promoting people's independence by encouraging people to do things for themselves. We saw that people looked well looked after, with clean clothes that were nicely co-ordinated.

We spoke with one particular member of staff who showed us that they were very knowledgeable about the needs and personalities of the individuals in their care and how they worked and assisted them in a positive way. They told us about people's needs and effective ways of overcoming some of the challenges people presented with. For instance, they explained that one person was at risk of choking, so they needed their meal to be blended, and needed constant supervision while eating.

We saw staff to be friendly and polite with people whilst maintaining professionalism. We saw staff laughed along with people in a pleasant way. Additionally, one relative said, "They are good at encouraging [our family member] to sit with other people who will chat, which is good for [our family member]."

People told us they had nice rooms and could personalise their rooms with individual items. Care plans we saw included a personal history section. We spoke with staff who gave us a clear picture about how they would ensure people's privacy and dignity was maintained, and one person's relative told us, "Such things as incontinence is dealt with great dignity. Once when we came [our family member] needed changing and staff quietly told us to go and get a drink whilst they put clean clothes on."

People's relatives and friends could visit without undue restriction. The relatives we spoke with all said that they were welcomed into the home at any time and that staff always ensured that they were well looked after.

In the reception area there was a self service drinks area, where visitors could make a drink and we saw and heard staff asking relatives if they would like a hot drink making, or something to eat. One relative said, "As

soon as we come, someone asks us if we would like a drink, it doesn't matter how busy they are, they always make time to look after us."

## Is the service responsive?

### Our findings

We spoke with people who used the service and their relatives and they all felt involved in their care and support. A relative said "They are tuned into [my family member's individual needs and the amount of compassion and re-assurance we have heard staff say to people is amazing." Another relative said, "Staff are very good at listening. If [my family member] wants to get up early, they can, and they can choose to stay in bed later." One relative said, "Staff really go out of their way to support [my family member] in eating well. [My family member] can have breakfast at any time, and staff are obliging all of the time."

Our observations and conversations with people showed that when possible, care was focussed on individual needs, although this was sometimes dependent on staffing availability at certain times of the day.

People we spoke with felt staff involved them in their care on a day to day basis. We looked at three people's care plans and found they had been recently updated. They were informative and gave clear guidance for staff on how people liked and needed to be cared for and supported.

People and those that matter to them were encouraged to make their views known about their care, treatment and support. An example of person centred care was that one relative wanted their family member's bedroom to be decorated in exactly the same way it was in the person's own home, as they felt this was important, to help the person to settle in. The manager and staff had worked with the family to make this happen, to very good effect.

Another relative told us they had asked the manager if their family member could have a room on the ground floor, but this not been available at that time the person moved in. They told us the manager promised a room on the ground floor as soon as possible, and this had now happened. It had also become evident that the person did not like a noisy environment, and had been encouraged to sit in a small, quiet lounge, and this had helped reduce their anxiety and agitation.

Although some people who used the service could not remember being asked about their preferences, likes, dislikes and how they would like to be cared for, there was evidence in people's written care plans that this had happened.

Most relatives told us that they felt they were kept fully informed, however, some relatives told us that communication with relatives needed some improvement. For instance, one family member told us they had discussed their family member's care plan with a social worker, but not with staff in the home. Another family member told us that they had told staff that their family member preferred a bath rather than a shower, but they were not sure if this was happening. Another relative said, "I don't think we are kept up to date. I always have to ask or tell them things."

People were supported to maintain their hobbies and interests. The home employed a very enthusiastic activity co-ordinator who was responsible for providing activities, entertainment and social stimulation for

people. We spoke with the activity co-ordinator who told us they tried to involve everyone in something of their choice. Although, they did say that a few more hours each week, would allow them with more one to one time with people who had specific communication needs, and those who spent more time in their rooms, or in bed.

We saw that people were provided with a variety of outings, events and in house activities for people to choose from. Activities for the day were attractively and clearly displayed on notice boards with pictures to aid people's understanding and involvement. Posters show organised community events and planned outings that people could go on. The activities coordinator regularly produced a pictorial newsletter to also keep people up to date with what people had been involved in and what was on offer.

The activities co-ordinator asked people what they would like to do and then worked out a programme around their interests. For instance, one lady had asked about flower arranging, so this was being organised. The activities co-ordinator also ran a 'chat a while' meeting every month, where everyone could have a say in what activities and events they would like to be arranged.

Everyone we spoke with was very complimentary about the activities provided. For instance, one relative said, "The activities are very good, [my family member] has been encouraged to join in and is enjoying doing things that they never would have done before."

The service had a complaints procedure and people told us if they had complaints they would speak with the manager. There was information displayed around the home, regarding how people could complain. We saw the manager kept a log of complaints. The record reflected that complaints were acknowledged and dealt with in line with the company's policy. We spoke with the manager about complaints and they told us they tried to use the learning from any complaints as a positive way, to help make sure similar issues were not raised again.

## Is the service well-led?

### Our findings

The home had a manager who had been in post since January 2016. However, they told us they had stopped the process of applying to register with the Care Quality Commission, as they had given notice and were leaving their post, and that the registered provider was going through the process of recruiting a new manager. This meant that for a significant period the home had not had a manager who was registered with the Care Quality Commission.

Also of concern was that there was no record of the manager having received any formal, professional, supervision meetings during their time managing the home. It is important that all staff, including the manager, receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities. This was addressed by the registered provider, once identified during this inspection.

The registered provider visited regularly and spoke with the people who used the service, visitors and staff. They monitored records in areas such as care plans, nutrition, medication, safeguarding, training and infection control. The management team in the home also completed audits in a range of areas to make sure policies were followed and people received a good quality service. This included all aspects of health and safety in the home, infection control and medication. The manager kept and updated an action plan, which showed what had been identified as needing to be addressed.

However, at this inspection we identified improvements needed in staffing, staff supervision, meals and maintenance, but these had not been identified by the registered provider through an effective monitoring system, or where they had, action had not been taken to address them in a timely manner. This is a breach of Regulation 17 (1), (2) (a), (b) (c), (e) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

People who used the service and relatives we spoke with told us they found the manager approachable. One relative said, "They [the staff] took the entire trauma out of [our family member] coming here. [The manager] is quite reassuring; she talks us through things that might upset us i.e. when [our family member] is focussing their anger towards me. [The manager] explains about dementia to us, which helps us to understand why [our family member] behaves as they do. I can't say anything negative about this home."

Staff comments were also very positive; Staff we spoke with told us that training, support and the team work was good. One care worker said, "[The manager] works hard, is always around when you need her and does what she says she is going to do."

People we spoke with told us they had been invited to fill in quality surveys. They had been invited to meetings with their relatives to discuss aspects of the home and had felt able to contribute. Following these meetings a poster was placed in the entrance to the home indicating issues people had raised and what action the manager had been taken in response.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have systems that were effective to assess, monitor and improve the quality and safety of services.  This is a breach of Regulation 17 (1), (2) (a), (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).