# Dr Steven Sadhra

# Parklands

## Inspection report

Callow Hill Lane
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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 |

## Overall summary

This inspection took place on 12 January 2015 and was unannounced. Parklands provides accommodation and personal care for a maximum of 29 people. There were 23 people who lived at the home at the time of our inspection.

There was no registered manager in post at the time of our inspection. The current manager was applying to become registered with us. 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.

At our last inspection in February 2014 the provider was not meeting the essential standards of care and welfare, and the assessing and monitoring of the quality of service provision. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we found the provider had made some improvements

# Summary of findings

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. The quality of record keeping for medicines was not always good. This increased the risk of medicines not being given as prescribed and people's health maybe at risk of harm.

People and their relatives said they felt safe and staff treated them well. Relatives told us staff were kind and caring and thoughtful towards people. We observed there was not always enough staff available in one of the communal lounge areas to meet people's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA) and report on what we find. The manager understood their role and responsibilities. We found the provider had not consistently followed the principles of the MCA and DoLS when assessing people's ability to make specific decisions, and so the decision to restrict somebody's liberty is only made by people who had suitable authority to do so.

Staff we spoke with understood that they had responsibility to take action to protect people from harm. They demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were supported by staff with up to date knowledge about providing effective care. We saw that staff treated people with dignity and respect whilst supporting their needs. People's preferences were taken into account and respected.

People had sufficient food and drink to maintain a healthy diet. People were supported to eat and drink well and had access to health professionals in a timely manner. Risks to people's health and wellbeing were well managed

Relatives knew how to raise complaints and the provider had arrangements in place so that people were listened to and action taken to make any necessary improvements.

The systems in place to monitor and improve the quality of the service did not always ensure people received personalised care.

The registered manager promoted a positive approach to including people's views. People and staff were encouraged to be involved in regular meetings to share their thoughts and concerns about the quality of the service

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

The service was not safe

People were not protected against the risks associated with the administration and management of medicines.

People told us that they felt safe and staff were able to tell us what actions they would take if they had any concerns about the people they supported. We saw people had their needs assessed and risks to their health and wellbeing had been carried out. Staff were aware of how to support and protect people where risks had been identified.

**Is the service effective?**

Requires Improvement

The service was not effective.

Due to a lack of consistency in applying the MCA and DoLS we could not be confident people's best interests would be protected.

Staff had the relevant training, skills and guidance to make sure people received the care and support they needed. People were supported to have enough to eat and drink and to maintain their health.

**Is the service caring?**

Good

The service was caring

People, who lived at the home and relatives thought staff were caring. Staff treated people with kindness and people's independence was respected.

Staff understood how to provide care in a dignified manner and respected people's right to make their own decisions where possible.

**Is the service responsive?**

Good

The service was responsive.

Care plans showed people's care and support needs. Staff also knew about people's interests, personal histories and preferences. Development of additional information to support staff was needed to consistently respond and deliver person centred care. People and their relatives knew how to make a complaint if they were unhappy and we saw complaints had been responded to.

**Is the service well-led?**

Requires Improvement

The service was not well led.

Monitoring of the services people received was not consistently applied or fully effective in identifying risks to people's safety or where improvements were needed.

# Summary of findings

People who lived at the home, their relatives and staff were complimentary about the service and felt the manager was approachable and listened to their views.

# Parklands

**Detailed findings**

## Background to this inspection

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

We made an unannounced inspection on 12 January 2015. The inspection team consisted of two inspectors.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who lived at the home, and three relatives. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager and four staff. We looked at seven records about people's care, staff rosters, complaint files, meeting minutes for meetings with staff and people that lived at the home. Quality audits the registered manager and provider had competed.

Requires Improvement

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe living at the home and staff treated them well. One person said, "I always feel safe, they (staff) are all very kind and listen to what I say." Relatives we spoke with said that they felt their family member was safe. One relative said, "I feel my [family member] is very safe, absolutely no concerns."

We spoke with staff about what action they would take to keep people safe if they suspected possible abuse towards people. One member of staff said, "We all would report if we had any concerns." They described the action they would take, and were aware that incidents of potential abuse or neglect must be reported to the local authority. Procedures were in place that showed any concerns about people's safety were appropriately reported.

We saw staff supported people with their mobility with the use of equipment such as walking frames and wheelchairs. We saw people had their needs assessed and risks to their health and wellbeing had been carried out whenever a risk had been identified. This included risks associated with their mobility, nutrition and their risk of developing pressure sores. We saw plans in place for staff to follow. Staff we spoke with understood how to support and protect people where risks had been identified. Staff understood their responsibilities in relation to concerns they had about people's safety and to report this to the manager. This showed people had the appropriate support to reduce the risk of them falling and promote their safety.

We looked at the system the provider had in place for recruiting new workers. Staff we spoke with told us new staff had a Disclosure and Barring Service (DBS), references and records of employment history. The three records we checked confirmed this. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

People said they felt there were enough staff. A relative said, "There are enough staff, the call bells are always answered quickly." A staff member said, "We are always busy but there is enough staff." We mostly saw examples where staff responded to people's care needs without delay.

However we observed during the afternoon people were left with no support from staff in one of the communal lounges. At the time the call bells in the lounge were all found to be disconnected. This meant that people were unable to summon support when needed. During that time people went to walk without support and were at risk of falls. For example, one person who lived at the home went to help another person who wanted to move from their chair. A member of staff who was cleaning the home saw this as they passed by the door and alerted staff. We spoke to the manager about what we saw. They could not explain why the call bells were disconnected and said they should have been connected. The manager also said there should always be a member of staff available in each of the lounges to ensure people's safety.

The manager told us and showed us they had assessed people's individual needs to ensure the planning of staff met each person's needs. The manager showed us they were increasing the number of staff for the afternoons as they had identified a risk to people living at the home. In the short term this need was covered by existing staff where possible. The manager was in the process of recruiting staff to provide an extra person for support in the afternoons, and assured us that someone would be in post within the next two months. Improvements were needed so that any risks were reduced so people received the right care at the right time.

People who lived at the home and relatives we spoke with had no concerns about the administration of medicines. A relative said, "Happy to let them (Staff) do (the medicines) they give them at the right times." Another said, "They [staff] are always respectful and kind when doing the tablets." During our inspection we found some areas of the administration of medicines required improvement.

At our last inspection, 18 February 2014, we found proper steps were not being taken to ensure that each person who used the service was protected against the risks of receiving care and support that is inappropriate or unsafe by means of planning and delivery of that care. Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2010. On this inspection we found the provider now met this regulation, and improvements had been made. Despite these improvement's, we found people were not always protected against the risks associated with the unsafe use and management of medicines.

We found that there were systems in place to audit medicine records. However these systems had not

Requires Improvement

# Is the service safe?

highlighted the concerns that we found. We looked at three people's medicines records. We compared records with the stock and saw there were two records that were not correct. We found there were more tablets than there should have been if they had been correctly administered, this indicated people had not received medicines as prescribed. If medicines are not given as prescribed people's health maybe at risk of harm. We discussed this with the manager and they took the appropriate steps to investigate and action these concerns.

Some people living at the home were unable to communicate when they needed additional medicine that was prescribed for them. Staff we spoke with were aware of when these medicines needed to be administered. However, there was no information available to guide new staff to know when to administer these medicines. These medicines were prescribed as and when required. We discussed this with the manager. They advised they would ensure protocols were in place to advice staff when these medicines should be administered. If medicines are not given when required people's health may be at risk of harm.

Requires Improvement

# Is the service effective?

## Our findings

We discussed the Mental Capacity Act 2005 [MCA] with the manager. They demonstrated they had some knowledge about how to ensure the rights of people who were not able to make or to communicate their decisions were protected. For some people steps had been taken to ensure that people who knew the person and their circumstances well had been consulted to ensure decisions were made in their best interests. The manager and staff had received appropriate training in MCA. Staff we spoke with were aware of the principles of the MCA.

We saw in records and the manager told us that there were other people that would be unable to make important decisions and they had not been assessed. This meant that the principles of the MCA had not been fully followed when assessing a person's ability to make a particular decision. The manager told us they would take immediate action by ensuring these assessments were completed.

There was evidence that family members were asked to consent or refuse care on behalf of their relatives. For example the use of bedrails for one person, the relative had signed the consent form to give the permission to use them. The manager could not show us the relatives had the appropriate legal authority to do this, such as lasting power of attorney for care and welfare. There was no mental capacity assessment in the file, and no best interest's decision. The manager said they would take the necessary action to complete these so the rights of people who were not able to make or to communicate their decisions were protected.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us there were people living at the home that were currently subject to an application for a Deprivation of Liberty Safeguards (DoLS). We spoke with the manager about when an application to deprive someone of their liberty should be made. The manager showed us they had some knowledge about the DoLS and agreed that there were people at the home that would need a DoLS when their mental capacity had been assessed. The manager and staff had undertaken training in DoLS, staff we spoke with understood the principles of DoLS. We discussed with the manager that there was a need for them to fulfil their responsibility. They told us they would take immediate action by reviewing all the people living at the home. They would make applications to the local authority for those that required them. Arrangements in place did not ensure that the provider had taken steps to ensure the legislation was appropriately applied and people's rights upheld.

The majority of staff had worked at the home for some time and knew people's needs well. During our inspection we spoke to one member of staff who had recently started work at the home. They told us they had received a thorough induction and had worked alongside another member of staff so they were supported to learn about people and their needs effectively.

One member of staff told us, "We know people well," and another said, "There is loads of training, it's always good." Staff said they were supported and well trained. This was confirmed when we spoke to the manager and looked at staff records. For example we saw staff applied effective moving and handling practices to support people to move safely. This meant people were supported by staff who had up to date practices.

People told us the food was good and they had plenty of choice. One person said, "The food is absolutely marvellous, not a bit institutionalised." Another said, "If there is something you don't like speak to the cook and they will give you something you do like." Relatives told us the choice of food was good. One relative said, "The food's excellent," and another said, "There's plenty of choice." We observed people being offered choice at meal times and staff offered support in a kind manner as they encouraged their independence. People were assessed to reduce the risk of malnutrition and dehydration. This showed staff had the information available to meet people's nutritional needs.

People were supported to access health care services to maintain and promote their health and wellbeing. One person said, "I know the doctors who come here." One relative said, "The doctor visits weekly, I am happy that they would pick up any concerns." We saw that each person had a health care folder which included a health plan and detailed people's appointments with health care professionals and monitored to ensure people had access to health care services they needed.

Good

# Is the service caring?

## Our findings

People we spoke with said, "I think this is a marvellous care home," and another said "I am quite happy here." One relative said, "It's like your own home. Sitting in your own lounge, relaxed and comfortable." Another said, "Very good atmosphere, good feeling about the place." None of the people or their relatives we spoke with spoke raised any concerns about the quality of the care.

We spoke with relatives who visited the home frequently. One relative told us," There's a big smile when we arrive, [relative's] much happier here." Another said, "Staff are very easy to speak to, always update us on how [my relative] is." There was a relaxed atmosphere at the home and staff we spoke with told us they enjoyed supporting people who lived at Parklands.

People we spoke with told us that staff were caring and kind. A relative said," Staff always treat people with dignity and respect." Another said, "(Staff) never raise voices at anyone, they will always calm difficult situations down." We spent time in the communal lounge and dining areas and saw that staff were caring, respectful and knowledgeable about the people they cared for. We heard staff talking with people about their current interests and aspects of their daily lives. This showed that staff had developed positive caring relationships with people who lived at the home.

We saw staff supported people to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people time to express their wishes and respected the decisions made. For example, people were asked where they wanted their meals, if they wanted to eat in the lounge instead of the dining room. This was respected by staff. We saw staff promoted people's independence with personal care and in activities with voice prompts and actions. For example, explaining to the person what they were doing and encouraging the person to be independent and maintaining the person's dignity.

Relatives told us they were able to visit their family members whenever they wanted. One relative said, "There is private space when we visit, we can come at any time," and, "I can make tea, or anything when we visit, and bring cake." Another relative told us, "Very welcome, we can go when we like." We heard staff chatting with people about who had visited them and who would be visiting them that day. This helped people to maintain relations that were important to them.

Some people who could not easily express their wishes may not have had family or friends to support them to make decisions about their care. There were links to local advocacy services available to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

# Is the service responsive?

## Our findings

People said they were involved in their care planning. One person said, "I tell them what I like." Relatives told us they had been asked for their views and opinions when planning their family members care. One relative said, "We have a review every month to discuss my [family members] care." Another said, "We were asked for loads of information about [family members'] life when they first came."

We looked at the care records for one person who needed some support with their behaviour that challenged. The records did not detail the person's behaviours, their possible trigger that made them anxious or how staff were advised to support the person to keep the person safe and well. We spoke with staff who told us how they responded to the person to help reduce their anxieties. This information showed they knew the person well but it was not included in the person's care plan. This meant there was a risk that staff may respond to the person's needs inappropriately or in an in consistent way.

People told us and we observed that they did some of the things they enjoyed which reflected their interests. One person said, "I watch the snooker on the TV," and another said, "I come down part of the time to be sociable, I have my own routine." A relative we spoke with said, "There are enough entertainments, they are short and sharp to keep people's attention." Another said, "They need to have more activities, I love to see people's faces light up when they have musical activities." We saw a dedicated member of staff provided group activities for people living at the home. There was a schedule of arranged entertainment provided at the home. The activities were supported by care staff and activity staff. We saw that people were smiling and joining in the activities and their mood was enhanced.

Our observations showed that staff knew people well and had a good understanding of each person as an individual. Staff told us that people were treated as individuals and that information in people's care plans provided their choices and individual needs.

People had access to a range of religious activities. A relative said, "My [family members] priest has visited; they can visit whenever my [family member] wants." Staff said people could attend church services if they wished, there was a regular monthly service held at the home. A relative said, "My [family member] loves the service."

People said there were regular group meetings that people and their families could attend. One person said, "You can air anything you have to say." Relatives said they regularly attended these meetings for updates about the home. One relative told us, "I always know what's going on, I go to the meetings, I'm involved in reviews and speak to staff all the time." A relative said their family member's needs had changed and staff had adapted the care they delivered to meet these changes. Another relative told us that staff had shared their concerns about their relative not eating. They discussed this with staff and the outcome was to try using a small plate. This was tried with good results.

People said they were happy to raise any concerns with the manager or staff. One person said, "I would go to the manager, they are very approachable." Relatives said they would be happy to raise any concerns with either staff or the manager. One relative said, "Very comfortable to raise any concerns, we are always taken seriously." They gave an example of a concern they had raised and said it had been acted on straight away. We saw that complaints had been actioned and resolved in a timely way.

Requires Improvement

# Is the service well-led?

## Our findings

At our previous inspection on 18 February 2014, we found the registered provider did not have an effective system in place to identify assess, monitor and manage the risks relating to people who used the service. Regulation 10 (1) (a) (b) Health and Social Care Act 2008 (regulated activities) Regulations 2010. We found improvements had been made and actions were completed. However further improvements were found to be needed on this inspection.

There was a lack of consistency in how well the services provided were managed and led. Although audits or checks were completed on all aspects of the service these had not highlighted the risks evident to people within the home. For example care plans were checked and reviewed regularly but these checks were not always effective. We looked at seven care plans and found in two of them gave conflicting advice about the person's current needs. For example, the aids to support one person with meeting their needs were unclear. In another person's care records there was a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) however the care plan stated there was not one in place. This could lead to vital information not being available in an emergency, or the incorrect information acted on in error. We showed this to the manager and they took immediate steps to rectify the concerns that we found. Improvement was needed in the quality assurance system to ensure person centred care is provided for each person and it was effective.

Another example were the medicines records. For example none of the medicines records we looked at had medicines stock amounts carried forward from the previous month. This meant checking for possible errors and effective ordering of medicines would be difficult to complete. Improvement was needed to ensure a robust checking system was in place to identify any possible errors as quickly as possible. Another example was there was no information recorded to guide staff where to apply creams. We spoke with staff and those we spoke with were aware of where to apply creams. However It is important that records give a clear indication for all staff know where creams should be applied to ensure people are given the correct treatment.

People who lived at the home and relatives said the manager was very approachable and the staff were open and friendly. One person said about the manager, "You can talk about anything, she will listen." One relative said, "I would speak to the manager, very approachable, very friendly and nice." Another relative said, "Parklands is a very good service."

Staff said that the manager was approachable. One member of staff said," The manager is good, helps with care, and knows all the people really well." Staff said they felt well supported by their manager and felt able to approach the manager with any concerns they had. Team meetings also provided opportunities for staff to raise concerns or comments with people's care. For example, staffing pressures and ways of ensuring people had the support they needed in the afternoons. This showed the manager encouraged staff to have opportunities for sharing their views.

We looked at systems in place for recording and monitoring accidents and incidents that occurred in the service. Staff were aware of when and where to record information. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe, for example moving furniture in a bedroom to create more space. The manager reviewed the forms so risks were reviewed.

The provider told us they were making improvements to the services people received and the home environment. One relative told us, "They are redecorating, ploughing some of the money back in. Nice to focus on improvements, not just profit led." The information we received from the provider on the provider information return (PIR) showed there were plans for future improvements with decoration relating to the dementia standards. These were confirmed by the manager. Staff said improvements were happening and we saw there was in some area's decoration related to dementia standards, to support people to recognise distinct areas of the home.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment<br><br>This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2010, which corresponds to Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>The registered person did not have suitable arrangements in place for obtaining and acting in accordance with the consent of service users in relation to the care and treatment provided for them. |