

Friend4Friend Limited

Parklands Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Parklands Care Home is registered to provide accommodation and nursing care for up to 10 younger adults (aged 18 - 65 years of age) who primarily have mental health care needs. At the time of the inspection, nine people were in residence and supported by a team of nurses, support workers and ancillary staff.

People's experience of using this service:

People were looked after by staff who had received safeguarding training and knew what to do if they witnessed or suspected that a person was being abused. The staff ensured people's safety was maintained and any risks were well-managed. Medicines were administered safely by qualified nurses and there were effective infection control measures in place.

Each person's care and support needs were assessed before they moved to Parklands Care Home. The service currently has one vacant room and the registered manager said prospective service users would be fully assessed prior to placement being offered, including if the service user would be compatible with others living in the home.

The staff team were well-trained, and this enabled them to do their job well. Staff told us they were well supported by the management team. Training included a comprehensive induction programme for new staff and ongoing refresher training. Staff supported people to live their life in their way of choosing and to re-learn or develop life skills. The staff supported people to explore new opportunities and take part in community activities they were interested in.

People told us the staff team were kind and caring and looked after them well, treating them with dignity and respect. We received positive comments from people we spoke with about the staff who supported them. One person said, "The staff are the best" and another commented, "My life is so much better now. I am really happy here and have lots of fun".

Care records were maintained for each person and amended as and when necessary. This ensured each person received the level of care and support they required and any changes in need were identified and acted upon.

The registered manager and clinical lead also worked at another of the provider's care homes but were always available. The provider visited the service twice a week. There was a robust staffing structure in place and staff could be used from the other two local care services when required. Staff said they were valued and supported by the registered manager.

The service had measures in place to monitor the quality and safety of the service. This ensured people were happy with the care and support they received, and actions could be taken if there was dissatisfaction expressed. A regular programme of auditing was undertaken, and people were encouraged to provide

feedback regarding their views and opinions of the service.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection:

This is the first inspection of this service since it was registered by the Care Quality Commission in October 2020. The service has been rated Good.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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 Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Parklands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to an inspection site visit we reviewed all the information we had received about the service. This included details about any incidents the provider had told us about and were required to notify us of.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the Inspection we met with the registered manager, the clinical lead nurse, the unit leader one qualified nurse and two support workers. We reviewed three people's care records and five staff files. We

looked at key policies and procedures and other records relevant to the running of the home.

During the inspection period we spoke with two people in full and briefly to two others. We received feedback from two social care professional who work with the service.

Is the service safe?

Our findings

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

This is the first rating for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding adults training as part of their mandatory training programme. Staff we spoke with knew the procedure to follow if they needed to report concerns about a person's safety and welfare.
- The registered manager had attended local authority safeguarding training and also been a guest speaker in Safeguarding Adult conferences.
- The registered manager had previously demonstrated their ability to safeguard people and report and investigate any concerns raised.
- The service had a Safeguarding Policy, and this was reviewed on an annual basis. The provider acted in line with this policy.

Assessing risk, safety monitoring and management

- For each individual person the assessment and care planning process identified any risks that could affect their care and support needs. Risk management plans were put in place to reduce or mitigate identified risks.
- The assessments and management plans were regularly reviewed and adjusted as required.
- Risks in respect of falls, self-harm, community access and behaviours were examples of risk assessments and management plans seen. Each assessment included guidance for staff about how they could reduce potential risks to people.
- A personal emergency evacuation plan had been prepared for each person. These detailed the level of support the person would need in the event of a fire.
- The service had a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe. This included fire safety checks, water checks, checks of the premises, servicing and maintenance of all equipment.

Staffing and recruitment

- People were supported by a team of 30 nurses, support staff, ancillary staff and the management team. There were enough skilled and experienced staff to meet the care and support requirements of each person. Staffing levels were reviewed each month to ensure they remained sufficient.
- There were safe recruitment procedures in place to ensure suitable staff were employed. Recruitment checks included an application form, interview assessment, written references and a DBS check.
- Any new employee will need to comply with the COVID-19 vaccination requirement.

Using medicines safely

- There were safe systems in place to manage the ordering, receipt, storage, administration and disposal of any unwanted medicines.

- Medicines were administered by qualified nurses who were trained. Their competency was regularly reviewed to ensure their practice remained safe.
- A medicine administration record (MAR) was used to record when medicines were administered. Nurses checked these for any missing signatures and took appropriate action. There have been no medicine errors.
- A medicine audit was completed by the clinical lead each month with the balance of all stock also being checked.

Preventing and controlling infection

- People lived in a home that was clean, homely and free from any odours. Support workers assisted people to maintain the cleanliness of their home and to attend to their own personal laundry.
- Staff completed online infection prevention and control training which covered the use of Personal Protective Equipment (PPE). COSHH (control of substances hazardous to health) online training covered all aspects of cleaning and 'touch-point' cleaning.
- PPE, including hand sanitising gel was located in several areas of the home and replenished as often as needed.
- All staff were double vaccinated and tested Covid-19 in line with published guidance.
- The provider had Infection control policies in place, and posters were displayed around the home about good hand washing techniques.
- All visitors to the home had to complete a health questionnaire and their temperature was checked. A lateral flow test was undertaken before being able to enter the home if the visitor did not have proof of a negative test.
- None of the staff or people who lived at Parklands Care Home had been affected by the COVID-19 virus.

Learning lessons when things go wrong

- Any accidents or incidents that occurred were reported and recorded.
- Monthly audits of any incidents were completed. In the last couple of months these had been minimal however the frequency of such events can be variable. This checking process enabled the auditor to look for trends and triggers and make any changes to prevent a reoccurrence.

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.

This is the first rating for this newly registered service. This key question has been rated Good. 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

- People's care and support needs were fully assessed, and a person-centred care plan devised setting out how they wanted to be looked after. People were involved in drawing up their care plans and had signed their agreement to the plan.
- People's care plans were reviewed and evaluated monthly. Amendments were made to the plans where required. This ensured people always received the care and support they needed.
- The service strived to work in line with the Equality Act 2010. The registered manager explained they supported people who were concerned about their sexuality or could be racist towards staff members.

Staff support: induction, training, skills and experience

- The staff team said they had received the training they needed to do their job well. Training was delivered by online modules or via face to face training sessions delivered by external trainers.
- New staff had an induction training programme to complete. All staff were expected to complete the Care Certificate. There was a mandatory training programme for all staff and modules had to be refreshed regularly.
- In addition to mandatory training, staff received specific training relevant to the people they were supporting. An example here would be good.
- The service supported and encouraged staff to develop their skills. The registered manager was an assessor for those staff working towards health and social care qualifications.
- Staff had handover report meetings between shifts, regular team meetings and individual supervision sessions with a senior member of staff. The registered manager had identified that not all staff had received their supervision session in line with the provider's policy and was already addressing this.

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

- People's needs were assessed regarding the level of support they required to eat and drink. Body weights, diet and fluid intake was monitored where required.
- A meal and menu survey had been completed in July 2021. Comments included, "I like the staff eating with us", "There is a good menu and the portion sizes are correct", and "We are not rushed". One person told us, "The food is lovely, and I can choose what I have".
- There was a four- week menu plan consisting of mainly home cooked meals.

Staff working with other agencies to provide consistent, effective, timely care

- The staff worked alongside other health and social care professionals to ensure people's care and support was effective.

- Feedback we received from professionals we contacted was positive. Comments included, "We have kept in touch with the manager throughout the pandemic. My view is that people are well cared for at Parklands and their safety is paramount" and, "I visit regularly. The staff communicate well and in a timely manner."
- The staff team advocate on behalf of the people they look after and ensure they receive the health care support they need.

Supporting people to live healthier lives, access healthcare services and support

- People's specific health needs were documented in their care plans and the staff team had good knowledge of people's support needs.
- People were supported to attend health appointments where this had been identified as part of their care plan.
- A health care professional reported that the service always acted on any advice given and adjusted care plans as needed.

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

- People lived in a home that had been completely refurbished and was well-maintained. A local artist had painted colourful pictures on the walls in communal areas. There was one lounge area and a dining room which was described as, "The hub of the house".
- People had access to outside space, a smoking shelter and an activity garden room.
- Bedrooms were on the ground and first floor. Two of the bedrooms on the ground floor were adapted and suitable for people with mobility impairment. These two rooms had en-suite wet-rooms.
- One person told us, "This is the nicest home I have lived in. I like my room".
- Offices were located on the second floor plus there was a further lounge room which people were able to use. The registered manager said this room could be used as a de-escalation area if a person needed a calm and quiet space.

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.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make their own decisions was assessed as part of the overall assessment and care planning process.
- Where appropriate, advocacy services and family members were consulted to make decisions regarding care and support issues.

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.

This is the first rating for this newly registered service. This key question has been rated Good. 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; equality and diversity

- People said the staff who looked after them were kind and treated them well. One person said, "I like all the staff they are very kind" and another commented, "I am very happy here. My life is so much better now."
- It was evident there was a good rapport between people and the staff team. We observed staff interactions that were nurturing and supportive. People were supported to make their own choices and be independent.
- The registered manager, nurses and senior staff worked alongside the support workers and ensured people were treated in the way they liked. A 'look and listen' observation tool was used regularly by senior staff to monitor staff interactions. The last one undertaken on 31 October 2021.
- Survey results the provider had previously obtained from people and professionals included the following comments: "All staff go the extra mile", "The residents are safe and well cared for", and "Feedback from (named person) suggests high quality care."

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

- People were looked after in the way they wanted to be and were encouraged to make their own decisions. Comments from people included, "I get to choose my own clothes when I go out shopping and that makes me feel good".
- 'House meetings' were held regularly, and each person was encouraged to express their views. One person had asked for a garden bench and this had been provided.
- People were asked about the things they liked to do and social activities, and then supported to achieve their wishes. For example, one person was being supported to join the gym.

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 carer's.

- People's care plans included relevant information about how they liked to communicate. For example, one person's care plan stated they liked simple, clear instructions.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to have as much choice and control of their lives as possible. This included making decisions about their daily lives and how they spent their time. The staff looked after them with respect for their wishes and choices.

- People were supported to maintain meaningful family and social relationships.
- The aim of the service was to support people to develop life skills and in time, live more independently in the community. They were supported with laundry, cleaning and drink preparation for example.

Is the service responsive?

Our findings

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

This is the first rating for this newly registered service. This key question had been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Each person had a care plan in place which set out how their care and support needs were to be met. Care records provided a daily summary of information about the person's activities and how they were feeling.
- People's likes, and dislikes were documented, and they were provided with person centred care and support.
- People were supported in activities of their choice. This included shopping and accessing other community facilities. People were encouraged and facilitated to try new activities where this would enhance their quality of life and wellbeing.
- Where people were troubled with anxiety or agitation, their care plan recorded details of coping strategies and stated how the staff could best support them.
- The staff prepared care plans which they called 'Tactile Interventions and appropriateness' – the staff did this to record whether a person at times of distress or anxiety liked to be comforted by touch or not.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place and people were asked in individual communications or group house meetings if they wanted to raise any concerns or complaints.
- The service had dealt with five complaints in the previous 12 months and had acted where they could to resolve the complaints. None of the complaints were raised by people who lived in Parklands Care Home.
- CQC had been notified of these complaints that had occurred when the service first opened.
- People felt they could raise any concerns about the service or staff and said they were listened to.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they promoted created high-quality, person-centred care.

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

- The staff team was led by the registered manager who was supported by the clinical lead (a qualified nurse) and a unit lead (deputy). People were supported by a team of support staff and qualified nurses plus a cook and maintenance staff.
- Care plans were reviewed at least monthly and updated as often as necessary. The service used an electronic recording system.
- Systems were in place to monitor and review the quality of the service. This was achieved using a programme of auditing. The registered manager and clinical lead were visible in the service and available to speak with people. This ensured they were fully aware of how the service was performing.
- The registered manager completed a director's report on a quarterly basis, to keep them informed on how the service was performing.
- Notifications of important events were submitted to CQC as required.

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

- People were provided with person-centred care. The aim of the service was to enable people with enduring mental health issues to regain skills for independent living or living in their own home with community support. Their care and support was therefore geared to their specific needs.
- The staff team were aware of people's individual communication needs. Staff were also made aware of any specific gestures or body movements and their meanings.
- There were systems in place to communicate both within the service and with external agencies. Staff completed electronic care notes and there were handover reports between shifts.

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

- House meetings were held regularly, and feedback was encouraged from people. This ensured they had a say about their home-life, the meals served, and any other aspects of their daily lives.
- Any equality and diversity matters were addressed, and staff worked with people to resolve any issues they had. Examples included racist language and sexuality.

Continuous learning and improving care

- Staff meetings and individual staff supervision meetings enabled the team to work consistently and discuss

any improvements needed.

- The registered manager was involved with local networks, forums and mental health services and used these opportunities to share intelligence and lessons learnt.
- The registered manager told us about lessons that were learnt when the home first opened and some of the placements had been inappropriate. This had led to the pre-admission assessment procedures being redesigned.

Working in partnership with others

- The service worked well with any other health and social care professionals who were involved in people's care and support.
- It was evident there was good collaborative working in place. This meant people were supported well and had the best possible outcomes. It is too early to assess whether the aim of helping people back into community living is met.