Parklands Care Services Limited

The Parklands Care Home

Inspection report

26 Ellison Street
Thorne
Doncaster
South Yorkshire
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30 April 2018

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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

This was an unannounced inspection, which meant no one related to the home knew we would be inspecting the service that at the first visit. The inspection took place on 27 and 30 April 2018.

The Parklands 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 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. At the time of the inspection 22 people were living at the home.

At the last inspection in November and December 2016 the service was rated Requires Improvement. This was because we identified shortfalls in staffing, staff supervision, meals and maintenance. These issues had not been identified by the registered provider through the monitoring system in place at that time, or where they had, action had not been taken to address them in a timely manner. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection we asked the registered provider to complete an action plan to show what they would do and by when, to improve the key questions Safe, Effective and Well Led to at least good. At this inspection we found a marked improvement in most of these areas. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

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 new manager and they told us they were applying to be registered with the Care Quality Commission.

At this inspection people who used the service and the visitors we spoke with told us they were happy with how care and support was provided at the home. They spoke positively about the staff and the way the home was managed. People told us they felt safe living in the home. We saw there were systems in place to protect people from the risk of harm.

Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified any potential risks to people and care plans were in place to help ensure people's safety.

Medicines were stored appropriately and the audit procedures had been improved. There was enough skilled and experienced staff on duty to meet people's needs.

There was a safe recruitment process and new staff received an induction into how the home operated and

their job role, at the beginning of their employment.

Staff had access to training that met the needs of the people using the service. However, some staff needed more support to complete the e-learning programme that was available.

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

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People said they were happy with the meals.

People's needs had been assessed before they moved into the home and they and their relatives were involved in planning their care. The care files we checked reflected people's needs and preferences, so staff had clear guidance on how staff should provide care to them.

People had access to a programme of activities and entertainment, as well as trips out into the community.

People said they would feel comfortable speaking to staff if they had any concerns. There had been improvements made to the system for monitoring and improving the quality of the service provided.

Further information is in the detailed findings below

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.
There were enough staff available to meet people's needs.

Repairs had been undertaken 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 and report abuse.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective

People received sufficient amounts to eat and drink.

Several areas of the home had been redecorated and refurbished.

Training was provided and there was a plan in place to make sure staff continued to receive the training they needed. The management team had started to address the shortfall in staff supervision. However, this needed further work and time to be embedded into practice.

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

Is the service caring?

Good

The service was caring.

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

People were involved and consulted. Staff respected people's privacy and dignity and were aware of people's cultural and religious needs.

Is the service responsive?

Good

The service was responsive.

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

Activities were made available to people on a regular basis, including trips out to places of interest.

People felt able to raise concerns and were confident they would be resolved.

Is the service well-led?

Good

The service was well led.

The service had a new manager, who intended to apply to be registered with CQC.

The processes to audit the service had been improved, and were more effective.

People and their relatives felt consulted and involved, were asked to fill in quality surveys and were invited to meetings where they could share opinions and 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 registered provider was 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 took place on 27 and 30 April 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We contacted the local authority to gain further information about the service.

At the time of the visit there were 22 people using the service. We spoke with seven people who used the service and six visiting relatives. Some people were living with dementia and we could not speak with all of them in a meaningful way. Therefore, we used the Short Observational Framework for Inspection (SOFI) in one of the dining rooms at lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time observing how staff interacted with people who used the service and with people's visitors. We observed lunch being served on both days of the inspection.

We looked at the general decoration and presentation of the home, including evidence of whether the home was dementia friendly.

We spoke with the manager, two senior staff members, five care workers, the cook and the handyman.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing three people's care records, the staff training matrix, five staff recruitment and support files, medication records and quality and safety audits to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

People we spoke with said told us they felt safe living at the Parklands. For instance, one person said, "I love these girls [the staff]. They keep me safe." One person's relative told us, "Yes, it is safe and [family member] is well looked after."

At the last inspection we found that review and improvement was required regarding staffing and staff deployment. At this inspection there were sufficient staff to keep people safe and meet their needs. Feedback from people who used the service and their visiting relatives confirmed this. During both of our visits we observed that there were enough staff to respond to people's needs in a timely way. For instance, call bells where answered promptly, which meant that people were not left waiting for care. Staff we spoke with also agreed there was enough staff for the number of people who used the service and that they were deployed effectively.

The registered provider continued to ensure that care was planned and delivered in a way that promoted people's safety and welfare. Where people were at risk, records were in place to monitor any specific areas and provided guidance to staff about what action they should take to protect people. Risks assessments were in place for areas such as moving and handling people safely, 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 staff demonstrated a good understanding of people's needs and how to keep people safe. For instance, when people required assistance to mobilise we saw that people were supported safely. We also saw that staff were mindful of supporting people to maintain their independence.

The registered provider continued to ensure that people were safeguarded from abuse and reported any safeguarding issues or incidents appropriately. The manager and the staff we spoke with 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. They were aware there was also a whistleblowing policy. This told staff how to report suspected wrong doing at work, by telling someone they trust about their concerns.

The manager completed an analysis off any accidents and incidents. This included what actions had been taken to reduce the risk of the incident reoccurring. For example, as a result of a recent incident the handy person was installing door alarms to some of the external doors, to minimise the risk of anyone who was vulnerable leaving the building unescorted.

The registered provider continued to ensure that there was a safe and effective system in place for employing new staff. We saw that pre-employment checks had been undertaken prior to new staff commencing work. 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.

The registered provider continued to ensure the safe management of people's medicines. Medicines were only handled by members of staff who had received appropriate training. People's medicines were stored safely and appropriately. We observed staff administering people's medicines safely and taking time to explain to people about their medicines. People had a front sheet, kept with their medication administration record (MAR) sheets. This included the person's photograph and information about any allergies they had. The records we saw in relation to medicine management were completed appropriately.

We found that overall, the home was clean and we observed that staff followed infection prevention and control policies, using personal protective equipment, such as gloves and aprons appropriately. Effective audits were in place and these ensured the home was kept clean and well maintained. However, there were a small number of areas where a smell of urine could be detected at times. The manager was aware of this and it was evident that they were taking action to address the issue.

Good

Is the service effective?

Our findings

For the most part, the registered provider ensured that staff had the right skills, knowledge and experience to meet people's needs. Staff completed an induction when they commenced work for the registered provider. This included training and working alongside experienced staff while the got to know people who used the service. When necessary, new staff undertook the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care settings.

Staff completed mandatory training, which included moving people safely, health and safety, food safety, fire safety and safeguarding vulnerable people from abuse. Some people who used the service were living with dementia and most staff had completed training in dementia awareness. However, the staff training matrix reflected that some staff had not completed all of their core training updates, by e-learning. We discussed this with the new manager, who said they would ensure that staff received all the support they needed to do this.

At the last inspection we found there was a need to improve the regularity with which the staff received one to one staff supervision. Supervision sessions are one to one sessions held with staff members and their managers to discuss any work, training and development issues. At this inspection we found that some progress had been made in ensuring all staff had supervision. However, there remained some work for the new manager to do, as the regularity of staff supervision had been affected by the absence and departure of the previous manager. The new manager was aware of this issue and had already started to formulate a plan to ensure it was effectively addressed.

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's relatives said they did not feel that people were overly restricted or controlled in the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw applications had been made to the DoLS supervisory body, when appropriate. Where people did not have the capacity to make certain decisions their care records included information about the decisions made in their best interests and who had been involved. However, we found there was room to improve the language used in people's records, to make them better aligned to the MCA. For instance, some records used the word 'consent' to indicate the agreement of people's relatives when there were discussions about whether some forms of care were in a person's best interests.

The registered provider continued to ensure that people received a varied and nutritious diet in line with their individual needs. We observed lunch being served on both days of the inspection and spoke to people before and after their meals. There was a relaxed atmosphere in the dining room 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. Staff provided the support people needed to eat their meals in an unhurried and sensitive way, communicating well with them, offering people choices and explaining what was on offer.

People's relatives told us their family members' dietary needs were well catered for, as staff had a good knowledge about people's cultural and dietary needs, as well as their preferences. It was evident that drinks and snacks were available between meals. Where needed, monitoring charts were used to record and assess people's food and fluid intake and, where necessary, health professionals, such as dieticians were involved to make sure the service was meeting people's particular dietary needs.

The registered provider continued to ensure that people were supported to maintain good health and had access to health care services. We looked at care records and saw professionals, such as district nurses, speech and language therapist, physiotherapist and continence service had been involved as required.

The environment was generally appropriate for people's needs and suitable adjustments had been made for people living with dementia. There was safe space for people to walk around and there were choices of lounges for people. Relatives were able to spend time with their family member, in their bedroom or in various communal areas. There was appropriate signage for bathrooms and toilets, in accordance with recognised best practice. There was also reminiscence pictures and décor appropriate to the era of the people living in the home.

Bedroom furnishings were well spaced, so people were able to move around them. There were patio doors so people could gain access to the gardens on the ground floor. Nurse call alarms were in each bedroom and located near to people's beds, as well as in bathrooms and toilets.

There was an ongoing programme of refurbishment, repair and redecoration, so, generally, the home was well redecorated and reasonably well maintained. The manager told us the registered provider had a plan for refurbishment for this year. This included the replacement of some floor coverings and redecoration in vacant rooms.

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and they spoke positively about the care provided at the Parklands. For instance, one person said, "The staff are very nice." One relative said, "The staff care about people and it shows."

We observed staff interacting with people who used the service and found they were kind and caring. Staff knew people well and had the knowledge to respond to different situations appropriately. We saw staff were kind, patient and respectful towards people, and people were relaxed in their company. We saw staff communicated with, and treated people in a caring way. Where necessary, they spoke with people in a discreet, quiet and calm manner. They listened to people, smiling, making eye contact and waiting patiently for answers. This was helpful in meeting the communication needs of the people who were living with dementia.

Throughout our inspection we observed staff upholding people's dignity, showing people respect and protecting people's right to privacy. Where necessary, staff spoke to people quietly, so that conversations were kept private. We saw that when people were supported with personal care, doors were closed. We spoke with staff who told us they always knocked on doors prior to entering people's rooms and obtained people's consent prior to providing any care.

People's needs and preferences were recorded in their care plans, which included information about people's likes and dislikes as well as their history, culture and interests. This helped staff to get to know people, and enabled them to provide person centred care. We saw that staff treated each person as an individual and involved them in making decisions about their day to day care. Staff promoted people's independence and we saw people were supported to maintain their individuality. People told us they chose what they ate, how they spent their day, when they went to bed and when they got up in the morning.

People confirmed that they and, or their relatives had been involved in planning their care. The visitors we spoke with said they visited regularly and were made to feel welcome. They confirmed that they could visit whenever they wanted to. This helped to ensure that people were supported to maintain their relationships with family and friends.

Care plans included information about people's wishes and preferences for their care at the end of their life. People's final wishes were noted, where these had been expressed. It was evident that when people were cared for at the end of their lives they were supported sensitively and kept comfortable.

Good

Is the service responsive?

Our findings

People said they were happy with the care provided. One person told us, "They [staff] are lovely." The relatives we spoke with said the staff were responsive to their family members' needs.

The registered provider continued to ensure that needs assessments were carried out before people were admitted to the home. People who used the service and their relatives were involved in the assessment and care planning process. Staff we spoke with demonstrated a very good knowledge of the people they cared for. There had been considerable improvement to the layout and language used in people's plans, to make them more relevant to each person and easier for staff to follow.

The records we saw included detailed information about the care and support each person needed. This included the person's abilities, so staff knew the level of support people needed and could help to maintain people's independence. Care plans included people's religious, cultural and heritage needs. There was evidence that people's plans were reviewed regularly and had been updated when necessary. The daily notes showed how each person had spent their day and helped to ensure that all staff were aware of any changes in people's care and wellbeing.

The service continued to employ an activities co-ordinator who arranged social activities and entertainment, both within the home and out in the community. There was a very new staff member in this post. It was clear that the previous activities co-ordinator had provided them with a very thorough handover regarding their role and people's preferences, interests and hobbies. There was a schedule of activities, as well as pre-planned and organised group activities for the next months. These were displayed in a bright, pictorial format to help people decide what they wanted to join in with.

People said they enjoyed the activities, although they missed the previous activities coordinator very much. Staff told us about people being enabled to follow past hobbies. People who liked doing housekeeping tasks were encouraged to be involved and we saw that one person had their own housekeeping box, containing their cleaning equipment.

There was clear guidance in people's plans about their communication needs and how they communicated their wishes. This included how staff should support people to understand information and to communicate. Accessible information was provided, which centred on people's day to day needs. This included pictorial information, such as signage, menus and activity and entertainment planners. People's care plans were available in printed versions and in large print. Written information could also be provided in different language formats, on request. Each person was given information, such as the complaints procedure and the 'Service User Guide', which told them how the service intended to operate. This was in an accessible format to help them make decisions and understand guidance.

The registered provider continued to ensure that an effective complaints procedure was in place. Complaints raised were investigated and acted upon. The people we spoke with told us they knew who to complain to and that the manager and staff listened and responded to any concerns they may have.

Good

Is the service well-led?

Our findings

The service had a new manager, who had been in post for less than a month. The previous manager had been absent in previous weeks, leading to them tendering their resignation. This meant the home had not had a registered manager for a significant period. The new manager had been the deputy manager for around ten months prior to this. They told us they intended to apply to register with the Care Quality Commission.

At the last inspection we identified improvements needed in staffing, staff supervision, meals and maintenance. These had not been identified by the registered provider as the monitoring system had not been effective, or where they had been identified, timely action had not been taken to address them. This was a breach of regulations. At this inspection we found that the registered provider had addressed all of the areas and was no longer in breach of regulations.

The manager told us the registered provider had undertaken some refurbishment and repair projects making the home a more pleasant place to live and work in. Although there remained some work to do in relation to staff supervision some progress had been made and the new manager planned to continue with this. New, more robust audits had been introduced in respect of medicines and infection control. The manager undertook a daily walk round of the home, to assess the health and safety, cleanliness and maintenance in the home, observing staff providing the service and speaking with people and their visitors.

In addition to the audits completed by the manager and senior members of the team, the registered provider completed a monthly audit. It was evident that any lessons learnt were cascaded to other homes owned by the registered provider, which helped to ensure that continual improvements were made across all the registered provider's homes.

The registered provider gained people's opinions in a number of ways. For instance, people and their relatives said they regularly spoke with the manager. In addition, we saw the registered provider had signed up to a service which sent quality surveys out to people on their behalf. This was a relatively new development, so no responses were yet available. We also saw records of relatives' meetings that had been used to gather people's views. People who used the service, their relatives and the staff spoke about positive changes introduced in the past year and how they had been sustained. Staff members told us the manager promoted a good, open culture in the team. They felt able to discuss any issues in staff meetings and they were positively encouraged to share any ideas they had for improving the service.

The manager worked well with other professionals and agencies. For instance, staff told us they had seen an improvement in relationships with visiting health care professionals, and this helped to provide better, more joined up care for people.