

Parklands Care Services Limited

# The Parklands Care Home

## Inspection report

26 Ellison Street  
Thorne  
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South Yorkshire  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 3 May 2016 and was unannounced. The home was registered with the Care Quality Commission in July 2015 and this was their first 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.

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 provider had appointed a manager and they were in the early stages of applying to be registered with the Care Quality Commission.

The provider had a policy to protect people from abuse. Staff had received training in this area and were knowledgeable about how to recognise and respond to abuse.

We saw that people received their medicines in a safe manner. We looked at records in relation to medicine management and found each person had a medication administration record (MAR) in place. This clearly evidenced when people had been given their medicines.

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

We saw that there was enough staff around to ensure people's needs were met. Staff worked well as a team and were able to respond to people's needs. The provider had a staffing tool which was used to determine the correct number of staff to be on each shift.

We looked at records in relation to training and spoke with the manager. The manager told us they had found it difficult to ascertain what training staff had completed prior to her working at the home. The manager showed us a plan she had put in place to ensure that all staff were up to date with all aspects of training.

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

People received a nutritious and balanced diet. Snacks and drinks were offered throughout the day. We spoke with the cook who was knowledgeable about the different dietary requirements people had, and provided meals to suit their needs and tastes.

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 found they got on well with them.

The manager was in the process of working with people and staff in updating people's care plans and introducing new documentation. We looked at three care plans and found that in the main people's needs were identified, reviewed and carried out.

Social activities were provided in the home and the provider employed an activity co-ordinator. We saw lots of events had been organised.

The provider had a complaints procedure and people we spoke with told us they would talk to the manager or staff if they had a complaint. We did not see any information displayed which would inform people how to complain or what the process was.

During our inspection we saw the registered manager interacted well with staff and people who used the service.

We saw audits took place to ensure policies and procedures were being followed, although these were in the early stages and required embedding in to practice.

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

## 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.

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

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

The provider had a safe recruitment process

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

### Is the service effective?

Good ●

The service was effective.

We looked at records in relation to training and spoke with the manager, who had recently set up a training plan.

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

We saw people received sufficient amounts of food and drink to ensure a healthy balanced diet was provided.

### 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.

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

### Is the service responsive?

Good ●

The service was responsive.

The service was in the process of reviewing care plans and setting up new documentation.

Social stimulation was provided to people on a regular basis

which included trips out to various places of interest.

The provider had a complaints policy, and people felt able to raise concerns and were confident they would be resolved.

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

The service was well led, but systems needed embedding in to practice.

The manager was in the process of setting up new audits to monitor the service.

People felt involved in the service and attended regular meetings where they could share ideas.

Staff felt supported by the manager and attended regular team meetings.

**Requires Improvement** ●

# 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 checked 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.

This inspection took place on the 3 May 2016 and 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.

We spoke with seven people who used the service and six relatives, and spent time observing staff supporting people.

We spoke with two care workers, the cook, the registered manager and both directors of the company. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three 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 relative said, "Sometimes there are staff shortages due to sickness, but that did not impact on their relatives care because people never get left and they are never neglected." Another relative said, "I know my relative is safe here, if they weren't I would say." A person who used the service said, "I feel safe enough." When we asked more about this the person said they would, "Feel safer with their door locked at night as another resident has been in my room twice."

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.

We looked at how the home managed people's medicines and if this was done safely and effectively. We observed a senior care worker administering medicines during the morning. We found they knelt at the side of people, explained what they were doing and ensured the person was alright. We looked at records in relation to medicine management and found they were accurately completed. We checked Medication Administration Record (MAR) sheets for four people and found them to be completed. We also saw that people had a front sheet which included the person's photo, and any allergies. We also checked four people's controlled medication and the recording of these and found both to be accurate.

We looked at arrangements in place for storing medicines and found they were securely stored. However we found that the medication room did not have a thermometer or record of temperatures taken. This showed that medicines were at risk of being stored at a temperature that was not within the guidance of the manufacturer. We saw temperatures were taken and recorded for the fridge used to store medicines. We spoke with the manager about this and were told this would be resolved.

Through our observations and talking with people we found there was enough staff available to meet people's needs. However, there was a section of the home which was not in use on the day of our inspection due to low occupancy. One person said, "They could do with more staff sometimes." We spoke with the manager and were told that they had a tool in place to identify people's needs and determine the number of staff required. If more people were living in the home they would consider more staff in order to meet people's needs.

Staff we spoke with told us they felt there was enough staff working with them. They felt they were able to meet people's needs. They also said this had recently got better since the new manager took over.

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.

We looked at recruitment files belonging to four staff and found the 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.

## Is the service effective?

### Our findings

People we spoke with told us the staff were trained to do their job well. One person said, "The staff know what they are doing and are very organised."

We spoke with staff who told us they attended training on a frequent basis. One care worker said, "Training has got better since the new manager came, prior to that it wasn't as frequent." However, all the staff we spoke with told us they had completed mandatory training as part of their induction to the home.

We looked at records in relation to training and spoke with the manager. The manager told us they had found it difficult to ascertain what training staff had completed prior to her working at the home. The manager showed us a plan she had put in place to ensure that all staff were up to date with all aspects of training. We saw one training session taking place on the day of our inspection. The manager told us and we saw evidence that since January 2016 when the manager took over the staff had completed moving and handling training, fire prevention and safeguarding as a priority. Other training sessions were planned to take place in the near future.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) are aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

Through our observations and from talking with staff we found the service to be meeting the requirements of the DoLS. Staff were knowledgeable about this subject. We spoke with the manager who knew when to apply for DoLS for people and evidenced that some applications had been made to the supervisory body and were waiting the outcome.

We saw consent forms within care plans for such things as taking photographs for in-house media, dealing with finances and consulting with other professionals. Each care plan contained a mental health initial assessment which indicated whether the person had capacity or not. For example, one care plan stated that the person had capacity and wished to be involved in all decisions.

We saw people received sufficient amounts of food and drink to ensure a healthy balanced diet was provided. We saw people could choose cereals, toast or cooked breakfasts. The main meal was served at lunch time and was a cooked meal with two options followed by a dessert. A lighter snack meal was served at tea time and this consisted of sandwiches, soups, and other snack meals. Other drinks and snacks were offered throughout the day and people appeared to eat enough to satisfy their appetite.

People we spoke with had mixed opinions about the food provided. One person said, "The meals are alright, but I don't like them at tea time, it's always soup and sandwiches. I can ask for an alternative and I choose toast." People also commented about the times meals were served. Breakfast and lunch were the main

meals and served close together and the afternoon meal was then a snack. The manager told us that she had discussed menus and mealtimes with people and their relatives and was in the process of looking at alternatives.

The menu was displayed on a chalk board inside the dining area and was not clear to people. For example, on the day of our inspection the menu had changed to celebrate the birthday of the soul singer, James Brown. The menu stated 'Soulful dinner.' This could have been displayed much better. We found people struggled to see what was written on the board. We spoke with the manager about displaying the menu better. This was something the manager had been looking at and later sent us an example of how the menu was going to be presented in the future. This also used pictures to assist people to clearly see what was on offer.

People we spoke with and their relatives told us that other professionals were available if required and the home would refer people if require. 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.

## Is the service caring?

### Our findings

We spoke with people who used the service and they told us the staff were very caring. One person said, "I feel comfortable here, it's just a warm feeling, with good staff." Another person said, "The staff are very caring, kind and help me a lot." One relative we spoke with said, "There is always such a nice atmosphere here, the staff are so nice, nothing's too much trouble."

We observed staff interacting with people who used the service and found they were very calm and caring in their manner. Staff assured people were offered choices and that they were respected. We observed one care worker sat at the side of someone whilst they assisted the person to eat a snack and drink. The care worker assisted the person to clean their mouth following the snack. This was carried out in a discreet way and conversation was flowing between them. The person was smiling throughout the interaction and appeared happy in the presence of the care worker.

We observed staff to be friendly and polite with people whilst maintaining professionalism. We saw staff laughed along with people in a pleasant way. One care worker noticed that someone hadn't felt too good recently and knew they liked having their hair done. The care worker told the person the hairdresser was at the home and it may help the person to feel better. The person responded saying, "You are right, thank you love."

One relative called in while we were inspecting with flowers and card to thank staff for their kindness shown to the person's relative. The card thanked staff for their care and stated how much it meant to the person and the family that they sprayed the person's favourite perfume on them when the person was ill. This showed the care staff knew the people well and knew what would enhance their life.

People told us they had nice rooms and could personalise their rooms with individual items. One person said, "I have fetched in photos and verses to make my room like home." Another person said, "I have a nice room and I am quite happy here."

Care plans we saw included a personal history section which included why the person came to The Parklands. One person had a relative who was very important to them and who had always been an important part of the person's life. We saw that staff assisted the person to maintain this relationship.

We spoke with staff about how they would ensure people's privacy and dignity was maintained. One care worker said, "It's important to give people choices and involve people in their care. This helps them to feel more confident and comfortable."

## 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. One relative said, "Yes we are always involved in everything. We are always asked our opinion before the staff do anything; they never do something without asking first." Another relative said, "They [the staff] tell me about my relative, they will either phone or tell me as soon as I visit." People we spoke with felt staff involved them in their care.

We looked at three care plans belonging to people who used the service and found two had been recently updated on to new paperwork. These were informative and gave instruction on how best to support the people. However, one person had a temporary care plan in place regarding a medical issue and had been prescribed a short seven day course of medication. However this care plan had no update and this issue had been resolved. We discussed this with the manager who said they would look at it. One care plan was still on the previous paperwork and was due to be updated shortly. The new care plans were more organised but required embedding in to practice.

The home employed an 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. Activities included, movie afternoons, hand massage, coffee mornings, and trips out to various places of interest. Activities were linked with national events such as life story club event for personal history awareness month and apple i.e. baking for national apple pie day and gardening for national water a flower day. The entrance to the home had comprehensive list of activities and outings for people to engage in. The activity co-ordinator asked people which activity interested them. The home was celebrating a 1940's weekend the week of our inspection. One relative said, "I visit quite a lot and at different times and there is always something going on."

The service had a complaints procedure and people told us if they had complaints they would speak with the manager. One person said, "I know how to complain but my family would do so on my behalf if needed." A person who used the service said, "I don't really know how to complain, but I would get my [family member] to deal with any problems that may crop up."

We saw the manager kept a log of complaints, but had only received one. This had been acknowledged and dealt with in line with the company policy. We spoke with the manager about complaints and they told us they would use complaints as a learning tool to ensure similar issues were not raised again.

We found there was no information displayed regarding how people could complain. We informed the manager who told us they were looking at the policies and would display something to explain the process.

## Is the service well-led?

### Our findings

The home had a manager who had been in post since January 2016 and was in the early stages of applying to register with the Care Quality Commission. The management team consisted of the manager, a deputy manager and senior care staff.

People we spoke with told us they found the manager approachable. One relative said, "The manager is doing a brilliant job. She's caring and her mood is constantly calm." A person who used the service said, "I don't know the manager that well at the moment, but they haven't been here that long." Another person said, "I can say something and they will listen, I really can't fault them."

Staff we spoke with told us that things had improved for the better since the new manager had arrived. They felt training; staff support and the atmosphere of the home had improved. One care worker said, "The manager is very helpful. What she has done in the last few months is amazing. We have had staffing levels increase, quality of care is better and we can call her out of hours when required."

We looked at audits which had taken place to ensure policies and procedures were being followed and to find out how the provider ensured people received a quality service. We found that the company completed a registered provider's audit which took place twice a year. The last one took place in March 2016 and focused on areas such as care plans, nutrition, medication, safeguarding, training and infection control. Any actions from these audits formed the home action plan. The action plan was quite comprehensive and included many areas, but also showed what had been achieved. For example, one entry was that training was not evident therefore it was assumed that it was not completed. The action was to set up a six month programme to be completed by all staff in the basic principles of care and core topics. We saw the manager had put a training plan in place to address this which was work in progress.

The management team also completed other audits such as infection control and medication. However, the last medication audit had not identified that there was no thermometer or temperature recording sheet for the medication room. The manager told us they would action this without delay. Some audits required time to embed in to practice.

People we spoke with told us they had been invited to meetings with their relatives to discuss aspects of the home and felt able to contribute. Following these meetings a poster was placed in the entrance to the home indicating issues raised and what action had been taken. We saw displayed that people had requested a more varied menu and the provider had updated this to include people's choices.