

PK Healthcare Limited

Parkdale Care Home

Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Parkdale Care Home is a residential care home providing personal care to 17 people. The service can support up to 30 people.

People's experience of using this service and what we found

Governance systems were still being embedded and the provider was working to ensure they had up to date and accurate information about what work was required. This included monitoring care practice and reviewing people's care plans to ensure they had been updated.

People could not be assured that their safety in the home and risks within the property were fully assessed and managed. People received their medicine on time; however, improvements were needed in the records kept by the home. People were supported by enough staff who had been safely recruited. People were protected from the risk of abuse, and we were assured by the infection, prevention and control measures in place.

People were not always supported to have maximum choice and control of their lives, however, the provider was aware of this and had an action plan to address this.

People had access to food and drink throughout the day and staff were trained to support people's needs. People were supported to access health appointments and there was communication with other agencies when needed.

The environment was homely. However, improvements had been highlighted by the provider and plans were in place for the replacement of some furniture and the redecoration of some areas of the home including replacing some of the flooring.

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

Rating at last inspection

This service was registered with us on 01/07/2021 and this is the first inspection

Why we inspected

The inspection was prompted in part due to concerns received about the impact of changes to the management of the home. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to premises and equipment and good governance. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe
Full details are in the safe section below

Requires Improvement ●

Is the service effective?

The service was not always effective
Full details can be found in the effective section below

Requires Improvement ●

Is the service caring?

The service was not always caring
Full details can be found in the caring section below

Requires Improvement ●

Is the service responsive?

The service was not always responsive
Full details can be found in the responsive section below

Requires Improvement ●

Is the service well-led?

The service was not always well led
Full details can be found in the well led section below

Requires Improvement ●

Parkdale 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by two inspectors.

Service and service type

Parkdale Care Home is a 'care home'. People in care homes receive accommodation and 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 who was in the process of registering with the Care Quality Commission. This means that once registered, they along with the provider, will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced; however, we telephoned the provider from outside the home because of the risks associated with COVID 19. This was because we needed to know of the COVID 19 status in the home and discuss the infection, prevention and control measures in place.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided and we spent time in the communal area observing the support people received. We spoke with nine staff members including two directors, manager, senior support worker, support workers and domestic staff. We reviewed a range of records. These included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Due to COVID-19 we reviewed a number of records off site.

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 inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Assessing risk, safety monitoring and management

- There were hot water pipes around the home that were uncovered which could cause burns should people come into contact with them. When we advised the provider of our concerns, they took immediate action to have them covered.
- During the inspection we saw restrictors fitted to all windows were not appropriate and could be overcome using basic tools. We shared our concerns with the provider who took immediate action to address them.
- The provider had a fire risk assessment which was overdue for review and not all the remedial actions identified in the assessment had been carried out. The provider confirmed that a fire risk assessor had been due to visit but had been cancelled due to a COVID-19 outbreak at the home. After the visit the provider sent us an action plan to tell us what action they were taking to address the shortfalls we found during the inspection and confirmed that a new assessment had been carried out.
- We found redundant pipework in the shower room had not been removed. This is increased the risk of Legionnaires disease developing in the water system.

This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people using the service were not fully assessed. The provider had only taken over the service two months ago and had identified that people did not have comprehensive risk assessments in place. At the time of the inspection the manager was in the process of reviewing and updating peoples risk assessments.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks were carried out, for example, fridge/freezer and hot water temperatures.

Using medicines safely

- Administration records for medicinal patches did not contain information about where the patch had been placed on a person's body. This increased the risk of skin irritation caused by repeated applications of a patch to the same area of the body and against manufacturers guidelines.
- Records kept for the administration of topical creams were incomplete.
- People received their medicines as prescribed and were dispensed by senior carers. Protocols had been drawn up considering people's preference as to how and where they would like to have them administered.
- Staff administering medicines received training and had competency assessments carried out to ensure that the learning had been embedded.

- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these.
- Medicines were stored securely and at the right temperature and we evidence that temperatures were checked regularly.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- All staff, regardless of their role, received training in safeguarding people from the risk of abuse.
- A staff member told us, "If I had any concerns that abuse was taking place, I would report it to the manager and if I felt I wasn't listened to I would report it to CQC".

Staffing and recruitment

- Discussions with people who use the service told us staff were always available when needed to support them. We observed staff were always nearby to assist people when needed.
- Staff were recruited safely, and checks were made to ensure they were of good character to work with the people living at the home.
- Throughout our visit we saw staff responding to the needs of the people living there in a timely manner.
- A staff member told us, "Even when its busy I always get time to sit and chat with the people I support"

Preventing and controlling infection

We reviewed the infection control measures in place in light of the COVID 19 pandemic.

- We were assured that the provider's infection prevention and control policy were up to date.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found rusty pipework in a toilet.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- Accidents and incident were fully documented and investigated to identify ways of preventing them from happening again.

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 inspection for this newly registered service. This key question has been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had not met the requirements of the MCA. MCA assessments had not been carried out in relation to care provided which meant people's rights were not protected.
- Where people lacked capacity to make certain decisions, best interest meetings had not been held and carers, family members and professionals had not been consulted.
- The provider had only recently taken over the service and had identified the shortfalls in this area and had commenced carrying out capacity assessments and was working with the local authority to address this.
- Where a person living at the home had passed responsibility for making decision on their behalf to someone else, the home had ensured that correct legal paperwork was in place.
- We heard staff asking for peoples consent throughout the inspection.
- Staff received training on the MCA and were able to tell us about the principles that underpin it.

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

- People's health and support needs were regularly reviewed updated in their care records. People had access to the healthcare services they needed.
- Records of visits by health professionals were unclear. We shared the concerns that this information seemed to be recorded in different locations depending on who completed the records and the provider took immediate action to address this.

Staff support: induction, training, skills and experience

- People were supported by competent and trained staff. All new staff starting at the service received an induction to allow them to learn about the home, the needs of the people living there and the policies and principles of the home. New staff also worked alongside experienced staff.

- Staff undertook a comprehensive training programme to ensure that they had the knowledge and skills to carry out the role.
- Staff told us that they thought the training they received was good, one staff member said, "it gave me the knowledge and confidence to do my job."
- Staff consistently told us that they felt supported by the management of the home, a staff member said, "I know if I have any concerns I can go to (manager) and they will listen to me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Many of the people who lived at the home had done so for many years and their needs and choices were assessed by the previous provider. The new provider had begun reviewing people's assessments and care plans to ensure they fully understood people's needs so staff could deliver appropriate care.
- A new care plan template had been implemented and the manager was consulting with people that used the service and their families and representatives to contribute their knowledge and understanding of their current needs.

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

- People spoke positively about the food at the service, one person told us "I really enjoy the food here."
- People were offered choices at mealtimes.
- At the time of the inspection, the main dining room was undergoing refurbishment and the lounge was being used for meals until this was completed.
- People's dietary and support needs were detailed in their care plans and specialist support was obtained from professionals such as dietitians. We observed that these needs were met during mealtimes.
- People's weight was monitored; however, people's care plans did not contain instruction as to what action should take place if a person was losing weight. The manager was in the process of updating all of the care plans and this information was included in the new plans.
- People's fluid intake was monitored and recorded but there was no information for carers to follow if the person failed to meet the targets. The manager was in the process of updating all of the care plans and this information was included in the new plans.

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

- The home is split over three floors with a lift and two staircases to allow people to move around the home safely.
- The home had an adapted bathroom equipped so that people with mobility issues could access it safely.
- There were some areas in the home the provider had identified needed redecoration and we saw there was a plan in place to ensure these works were completed.
- People were able to personalise their rooms with personal belongings.

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 inspection for this newly registered service. This key question has been rated as requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples spiritual and cultural needs were not fully respected. We saw that people were asked about this during their assessment and it was recorded in their care plans, however, this information was not used to plan their care.
- People told us that staff were kind and caring. A person living at the home said, "the staff are amazing, nothing is too much trouble."

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

- We saw no evidence of people being involved in the planning of their care. The provider was aware of this and was in the process of consulting with people and their friends and families and updating the care plans to reflect people's choices and wishes.
- We saw people being offered choices consistently throughout the inspection. A staff member told us, "it is important to offer people choices even if we know what their preferences are"
- People using the service told us that they were listened to when they made requests, one person told us, "The staff here always listen to me and help me if I ask for it."

Respecting and promoting people's privacy, dignity and independence

- We saw that there was a toilet on the ground floor that did not have a lock fitted to the door. This affected the privacy and dignity of people using it.
- We observed many respectful and compassionate interactions during the inspection.
- We saw that people were encouraged to be as independent as possible and this included the use of aids such as adapted crockery at mealtimes.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person living at the home had a personalised plan of care that included information about their health, diet and communication needs. However, the plans lacked information about people's wishes, interests and hobbies.
- The provider who had only recently taken over the service was aware of the shortcomings in people's plans of care and was in the process of consulting with people and their friends and relatives and updating their plans of care.

End of life care and support

- People had not been consulted about what they wished for their end of life pathway. The provider was aware of this and was in the process of consulting people and their friends and families before updating the care plans to include this.

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 carers.

- People's communication needs were assessed and documented in their plan of care.
- Where required, the provider supported people to access specialist services to assist in their communication needs such as opticians.
- Where required the provider could offer information in other formats such as large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There was an activities co-ordinator employed and we saw in-house activities taking place throughout the inspection.
- People told us that they enjoyed the activities on offer at the home

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and records of complaints and the response and any lessons learned were documented.
- We were told by people living at Parkdale Care Home and staff that the manager had an open-door policy and that they could approach them any time to discuss any concerns.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance systems were still being embedded following the transfer of ownership from the previous provider.
- At the time of inspection, the provider was still working through the necessary checks and audits to ensure they had accurate information on what was and was not working and if any tasks required more attention. For example, care plans were still being reviewed and the provider was still in the process of getting to know people and match the care observed with the documented directives.
- While we did not see any impact to people using the service, we had to acknowledge the management team were not able to offer us the reassurance people were getting the right care as they were still re-assessing people's needs to ensure care plans were relevant and up to date.
- The provider demonstrated they were committed to meeting their responsibilities but told us they needed more time to ensure all checks and audits were carried out. This meant we could not say with confidence the governance systems were effective because the provider was not yet in possession of all the information needed.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their friend and families had not always been involved in decisions about their care and support.
- The manager and provider had identified that this needed to improve and was in the process of consulting with people to develop person centred plans of care.

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

- People had not always been given the opportunity to be involved in and influence the running of the home. The manager and provider had identified that improvements were needed and were planning to consult with people to improve communication and obtain their views.

- Staff told us that they received regular staff meetings and handovers. A staff member told us, "I know if had any ideas about someone's care needs, I could approach (manager) and I would be listened to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.
- The manager understood their legal responsibility to be open and honest with people when things went wrong.

Working in partnership with others

- The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Hot water pipes had not been covered, window restrictor were not fitted with tamper proof fixings and the fire risk assessment had not been reviewed and some remedial actions identified in the last assessment had not been addressed
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had only recently taken over the service and were still making improvements to governance systems which had failed to identify some of the issues found during the inspection