

## Southern Healthcare (Wessex) Ltd

# Parkwood House

### Inspection report

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Date of inspection visit: 02 & 03 February 2016  
Date of publication: 09/03/2016

### 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 

### Overall summary

The inspection took place on the 2 and 3 February 2016 and was unannounced. We last inspected the service on the 1 September 2014 and we had no concerns.

Parkwood House can accommodate up to 51 older people who may be living with dementia or have a physical disability. The service provides both nursing and residential care. On the day of the inspection there were 39 people living at the service. We spoke with the registered manager about the numbers of people living at the service and they stated they were unlikely to accommodate many more people than they were now.

This was due to the issues in reaching the third floor for people with mobility issues. In that case, they are going to consider reviewing the maximum number of people they will have registered with us.

A registered manager was employed to oversee the service locally. 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 manager was supported by an administrator and clinical lead to manage the service

# Summary of findings

People told us they were safe and happy living at Parkwood House and were looked after by staff who were kind and treated them with respect, compassion and understanding. Parkwood House had been awarded the Eden Alternative status and were working towards the Butterfly award. Both of these are national awards only given to services who achieve recognised standards of care. They had also had their local authority Dementia Kitemark status renewed in 2015. This demonstrated the provider, registered manager and staff were working to a high level of improving the experience of people living at the service. All staff expressed a commitment to values of providing only good care and to continue to improve the service.

People felt in control of their care. People's medicines were administered safely and they had their nutritional and health needs met. People could see other health professionals as required. People had risk assessments in place so they could live safely at the service. These were clearly linked to people's care plans and staff training to ensure care met people's individual needs. People's care plans were written with them, were person centred and reflected how people wanted their care delivered. People's end of life needs were planned with them. People were supported to end their life with dignity and free of pain.

Staff knew how to keep people safe from harm and abuse. Staff were recruited safely and underwent training to ensure they were able to carry out their role effectively. Staff were trained to meet people's specific needs. Staff promoted people's rights to be involved in planning and consenting to their care. Where people were not able to consent to their care, staff followed the Mental Capacity Act 2005. This meant people's human rights were upheld. Staff maintained safe infection control practices.

Activities were provided to keep people physically and cognitively stimulated. People's faith and cultural needs were met. The service was adapted to meet the needs of people so they could live as full a life as possible.

There were clear systems of governance and leadership in place. The provider and registered manager ensured there were systems in place to measure the quality of the service. People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously. Regular audits made sure aspects of the service were running well. Where issues were noted, action was taken to put this right.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe living at the service.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Staff followed safe infection control procedures.

Good



### Is the service effective?

The service was effective. People were looked after by staff trained to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required. Staff always asked for people's consent and respected their response.

People's nutritional and hydration needs were met.

People had their health needs met.

Good



### Is the service caring?

The service was caring. People were looked after by staff who treated them with kindness and respect. People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

Staff sought people's advance choices and planned their end of life with them.

Good



### Is the service responsive?

The service was responsive. People had care plans in place to reflect their current needs. Care was centred on the person.

Activities were provided to keep people physically, cognitively and socially active. People's religious needs were met.

People's concerns were picked up early and reviewed to resolve the issues involved.

Good



### Is the service well-led?

The service was well-led. People, relatives and staff said the service was well-led.

Good



# Summary of findings

There was clear evidence of the provider ensuring the quality of the service. The registered manager had audits in place to ensure the quality and safety of the service.

People and staff felt the registered manager was approachable. The registered manager had developed a culture which was open and inclusive. People and staff said they could suggest new ideas. People were kept up to date on developments in the service and their opinion was requested

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There were contracts in place to ensure the equipment and building were maintained.

# Parkwood House

## Detailed findings

### Background to this inspection

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

The inspection took place on the 2 and 3 February 2016 and was unannounced.

Two inspectors, a specialist nurse in older people services and a pharmacist completed this inspection. A new inspector also shadowed experienced inspectors.

Prior to the inspection we reviewed information we held on the service. This included previous inspection reports, notifications and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Notifications are incidences registered people are required to tell us about by law.

During the inspection we spoke with 10 people and eight relatives. We spoke with nine staff and were supported on inspection by the registered manager, administrator and clinical lead. On the second day the Director of Nursing for the provider met with us. We read seven people's care records and checked they were receiving their care as planned. We also spoke with the same people to ask their views, where that was possible. We observed how staff interacted with and looked after people and sat with and spoke with people at lunchtime.

We reviewed three staff personnel files, staff training records and staff rotas. We also reviewed the records held by the registered manager and provider to evidence they were ensuring the quality of the service. This included policies and procedures, a range of audits, records of complaints and records of communication with people, family, professionals and family.

We spoke with four health professionals and one activity provider during the inspection.

# Is the service safe?

## Our findings

People felt safe living at Parkwood House. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Visitors also felt it was a safe place for their family member to live.

People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. Staff said they would listen to people or notice if people's physical presentation or emotions changed as this may be a sign something was wrong. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff would pass on concerns to the registered manager. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to the provider or external agencies, such as CQC, if they felt concerns were not being addressed. One staff member said, "I wouldn't work here if I did not feel comfortable about raising a concern".

People's medicines were administered safely. Everyone we spoke with told us their medicines were administered on time and as they would like. Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed.

On the first day of the inspection we identified that clear direction was not given to staff on the precise area prescribed creams should be placed and how often. No record was being kept to show creams were administered as prescribed. We also saw one person was having creams used on them that had not been prescribed for them. Staff were not monitoring the date creams were opened to ensure they were disposed of in line with the manufacturer's guidance. We discussed our concerns with the registered manager who took immediate steps to put this right. They completed an immediate audit of creams to ensure people only had creams being used that were prescribed for them and put body charts in place to identify where creams should be used. Staff were then spoken with

in each staff handover to ensure they understood how to record the creams. The registered manager confirmed this would be audited weekly until the system was running as desired.

There were sufficient staff to meet people's needs safely. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level. People said there were enough staff on duty to meet their needs. One person said "They don't take long when I ring the bell" and another said, "There's somebody always on hand." Staff also felt there were enough staff on duty to meet people's care needs and to spend time with people. The service had been awarded the Eden Alternative status. This is a philosophy that encourages staff to empower people by recognising what they are able to do and by engaging them in activities. They said in applying the Eden Alternative principles they had time to meet people's needs properly and to spend time in conversation with them. Staff told us more staff were now in place across the day and evening to ensure they could provide meaningful care for people.

Staff were recruited safely. The registered manager ensured new staff had the necessary checks in place to work with vulnerable people before they started in their role. All prospective staff completed an application and interview. Staff told us recruitment of new staff was robust. New staff came for a trial day and people and staff were asked for their feedback. In this process, prospective staff's attitude and values were assessed alongside any previous experience. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role.

Risk assessments were in place to support people to live safely at the service. These were up to date. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments. Staff told us how they took time to get to know people to mitigate the risks people faced. All risk assessments were clearly linked to people's care plans and the registered manager's review of staffing levels and staff training.

Personal Emergency Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan in place to ensure people were kept safe in the event of a fire or other emergency. Risk assessments were in place to ensure people were safe when moving around the inside and outside of the building. Risk assessments were in place

## Is the service safe?

for people who smoked but this was not reflected in the service's fire risk assessment. The registered manager ensured a specialist company was booked to come and complete this soon after the inspection took place.

Staff followed good infection control practices. We observed hand washing facilities were available for staff around the service. Staff were provided with gloves and aprons. Staff were trained to follow good infection control

techniques. Staff explained the importance of good infection control practices and how they applied this in their work. The registered manager audited infection control twice a year and discussed their findings with staff to improve practice. There were clear policies and practices in place and the registered manager ensured appropriate contracts were in place to remove clinical and domestic waste.

# Is the service effective?

## Our findings

People felt staff were well trained and able to meet their needs. Staff told us they felt trained to carry out their role effectively. One staff member said, “We get the training we need”. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were also trained in areas to meet specific needs of people living at the service. For example, training in supporting people with dementia, catheter care and care of people being fed through the stomach wall was provided as required. Training had been reviewed for all staff to ensure they were having the training essential to their role. For example, all staff had training in meeting the needs of people living with dementia. Staff had received specific training through their work to gain the Eden Alternative status and were now working towards the Butterfly Award as part of the Dementia Matters agenda. Staff explained how they put the training into action to support people.

Staff were also being supported to gain qualifications in health and social care. Staff had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role. Additional supervision was offered for any staff who required it and any staff performance concerns were reviewed by the registered manager.

New staff underwent an induction when they started to work at the service. New staff shadowed experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. Their progress was reviewed with new staff to offer any support and advice as required. The service was aware of the Care Certificate and were looking to introduce it. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the MCA and had attended training. The 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. Records demonstrated MCA assessments were taking place as required. People who lacked capacity were encouraged to have a say in their care through an independent advocate. Staff ensured their care was discussed with a range of professionals and the family, where appropriate to ensure the decisions were made in the person's best interest. Staff were given clear guidance in the care plans on when they were acting in people's best interest.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer.

People were complimentary about the food. People said the choice of meals was good and the portions were plentiful. One person told us, “The food is lovely.” Another person said ‘The food is good here, they give you three choices and one of them is a roast.’ Lunch time was unhurried and a sociable occasion. Staff sat with people as they ate and supported people as required. The support offered by staff was given in the person's own time. The person was given control of what they wanted to eat and drink and in what order. For example, staff asked which part of the meal they wanted next and whether they would like a sip of their chosen drink at regular intervals.

People had their nutritional and hydration needs met in a person centred way. People had access to fluid and snacks when required. People who were able could have drinks and snacks when they liked. People who could not help themselves were supported by staff to have regular food and fluid intake. Staff looked for creative ways to ensure people had enough to eat and drink. Staff went out of their way to buy special food people liked. In addition to set meal times and drinks rounds, people were encouraged to eat where and when they would like. People were provided with food and drinks when desired. People's likes and



## Is the service effective?

dislike were sought from them or from gained by experience as staff got to know them. People's special dietary needs were catered for. People could contribute ideas to the menu.

People's food and fluid intake was carefully recorded and monitored. Any concerns were acted on immediately. For example, people who were losing weight or were observed by staff to struggle to eat certain foods were referred for assessments with their consent. Guidance given was then followed to support the individual person.

People had their healthcare needs met. People said they could see their GP and other healthcare staff as required. People added that this was always achieved without any delay. Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. People also had regular medicine and health assessments with their GP. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care and treatment. Staff said any changes in the person's

health were updated in the person's care plan and this information would be communicated at morning and evening handover meetings so staff were updated on people's current needs. Visiting Health care professionals stated that staff are very helpful and actively seek the most appropriate member of staff who knows the resident well to answer questions they may have regarding an update on that person's progress or deterioration.

Staff had reviewed the way they met people's needs through the adaption, design and decoration of the service. Gradually, they were replacing people's room doors with traditional 'front doors' with residents choosing their own colour. These were observed to be in place for some people and were bright with brass door knockers and letter boxes. Signage was being improved to make it more applicable for people living with dementia to move around independently and recognise important parts of the service such as the toilet.

# Is the service caring?

## Our findings

People told us they were well cared for by staff who treated them kindly, with compassion and with respect. People told us they were happy with the atmosphere at the home, which they found to be open and friendly. We observed people were relaxed and staff appeared unhurried. Everyone we spoke with praised the kindness and caring attitude of the staff. We observed staff interacting with people in a respectful and compassionate way, giving people time to respond to questions. Staff demonstrated they knew people well and sought to meet their needs as they liked them met.

A relative stated that the staff were very kind to his wife and had only noticed positive interactions between people and staff. Another relative commented they felt their mother was safe, warm and well fed in the care home. A third relative said, "The staff and service are excellent; staff constantly converse with people. They are extremely kind and helpful. They look after people's every need. We feel relaxed when we leave that mum is being looked after." All visitors confirmed they were welcomed at any time of the day or night and kept up to date with their loved ones needs.

All of the people we spoke with were happy there. One person said, "It is lovely here, we always have a laugh." Another person said, "I haven't stayed anywhere else so I can't compare it, but I am happy here and I feel safer than at home." People told us they were well cared for and were very complimentary about the staff. Comments included, "Wonderful carers", "They will do anything for you" and, "This is a homely, friendly place".

The service was running in line with the principles of the Eden Alternative which was to prevent loneliness, helplessness, and boredom. Loving companionship was seen as the antidote to loneliness with older people needing easy access to human and animal companionship. People were supported to develop friendships and acquaintances with other people living in the service.

People were encouraged to care for each other and staff in a mutual caring way. People who chose to stay in their room or were nursed in bed were provided with staff time. Animals in the form of the service's guinea pigs and visiting animals were used for people to relate to. Some people living with dementia also had special dolls or cuddly toys to relate to in a special way. Staff were observed to be in rhythm with people; knowing when to encourage conversation and activity but also respecting when people wanted time to be quiet or have a short sleep.

People were in control of every aspect of their care. People said they were consulted about their care needs and how they wished to be supported. People's preferences were sought, known to staff and respected. The maximum possible decision-making power was placed in the hands of people or those closest to them. People's wishes in relation to their manner of dress and lifestyle were respected. For example people were well presented, their clothing was clean and had been well looked after and accessories such as jewellery were co-ordinated.

Staff described how much they enjoyed working at the home. One said, "I love working here" and another said, "I was nervous starting here but they are like my family, the staff and the residents". Staff knew people, their likes and dislikes, and established a rapport with each person. Staff spent time with people, they chatted and listened to them, were patient, kind and encouraging. We saw lots of fun and heard laughter.

People's end of life needs were planned with them. Records detailed how people would like their end of life needs to be met. People were encouraged to think about this early in life so their desires about how they wanted their end of life to be could be documented. Where this was not possible, family and close friends were asked what the person would have liked if they could say for themselves. People were cared for by staff trained to support people and their families at this time. Pain relief was available to be used as required.

# Is the service responsive?

## Our findings

People were carefully assessed before moving to live at Parkwood House to ensure staff could meet their needs. Initial assessments of people's needs were then drawn up into brief care plans so appropriate care could be given by staff from the start of the person's stay at the service. People were involved in writing their care plan as much as possible. Family involvement was encouraged and care plans were shared with people and relatives. Any changes to people's needs were updated in the care plan.

People's full care plans were developed as staff got to know people. These were person-centred, this meant their individual needs were planned for and met. Records clearly detailed people's preferences, likes and dislikes and how they would like their care delivered. They also recorded the ways staff could look after people who may be unable to communicate easily with staff. We saw evidence of care adapted to meet people's changing needs and this was consistently recorded. It was evident there was good involvement from other health professionals with a quick response when this was required.

Staff were seen using the care plans throughout the day and writing daily records about the care people had received. Plans included significant past information as well as current needs. Plans were being updated each month to reflect any changes in people's needs, and were linked to risk assessments, such as for pressure area care. Where there had been changes to people's needs medical or other advice was sought quickly.

One person was found to have dry, crusty residue around the area where they were fed by the stomach. We spoke with the registered manager about this who immediately put in place a recording and monitoring process to ensure this did not happen again.

People were provided with a range of opportunities to remain cognitively, physically and socially stimulated. There was a designated activities co-ordinator employed to provide a programme of events at the home aimed at

supporting people to remain active. Planned activities were provided daily by staff and by entertainment coming into the home. People were given a list of the activities in advance in a newsletter. Activities provided included exercises, musical entertainment, poetry, games and quizzes. Activities had been added to reflect people's preferences and feedback on things they had enjoyed. There were also regular trips out and about. People told us they could join in or not as they wished. People's faith and cultural needs were met. Local religious leaders visited the service each month or as required for people.

The Eden Alternative award demonstrated the service had met the requirement to meet people's needs and prevent boredom. The website for the Eden Alternative states people's daily life should include spontaneous activity and variety by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom. The service had activities running throughout the two days we were at the service which were offered on a one to one, small group and larger group basis. People could choose what to take part in from the variety on offer. Staff told us they were planning to introduce opportunities for activity in the evening so people could take part in activities together, relax and have fun with staff and each other.

The service had a complaints policy in place with clear details of how people could complain if they were not happy about the service they were receiving. Review of records showed that action was always taken when a complaint was raised. The registered manager used a number of ways to listen to people such as meeting with them and relatives to look at the issues involved. Feedback was then provided and the complainant asked if they were happy the complaint had been resolved. Staff also picked up on people's smaller concerns which were not formal complaints. These were not currently recorded or reviewed so the registered manager could review if there were any patterns to the concerns. The registered manager agreed to review how to do this.

# Is the service well-led?

## Our findings

Parkwood House is owned and run by Southern Healthcare (Wessex) Ltd. Parkwood House is one of four care services they own in the South West. A nominated individual (NI) was appointed who has responsibility for the registered provider and for supervising the way the service is managed. There was a senior management team to oversee the governance and leadership of all services including Parkwood House. It was clear from records held within the service that members of the senior management team take an active role in auditing and assessing the service to ensure Parkwood House is maintaining the expected quality of the service. A member of the senior management team, who is the Director of Nursing, attended the service on the second day of the inspection and confirmed they take an active role in supporting the registered manager and monitoring the service.

The service was managed locally by a registered manager with the support of an administrator and clinical lead. Other staff took other senior roles in care and nursing. All staff were clear about their roles and responsibilities.

People and visitors spoke positively about the registered manager. People and visitors felt comfortable approaching the registered manager. They felt any issues would be heard and acted on. For example, a relative had had a concern that there wasn't effective communication between the manager, multi-disciplinary professionals and themselves. This had now been resolved by the registered manager. They stated: "We were made to feel better by the (registered) manager's comments." Visiting health care professionals stated they had seen an improvement over recent years; they thought a lot of the registered manager.

We saw during our inspection the registered manager was accessible to staff and people living in the home and spent a lot of time with the people talking with them interacting socially. A member of staff told us the manager was always interacting with people.

Staff said the registered manager and administrator were supportive of their needs at a professional and personal level. Staff development was seen as important. Staff described how every effort was to accommodate child care

for example, so they could be happy in their work and at home. We were told by the registered manager and administrator that they believed in employing good staff, investing in the staff and retaining their staff.

The service was awarded the Eden Alternative status in 2015. The service had their local authority Dementia Kitemark status renewed in 2015 and was working towards being awarded Butterfly Service® status. They had their first visit from the Dementia Matters personnel and were now working through their action plan. All the staff spoke passionately about their achievements so far and wanting to gain "Butterfly status". One staff member said, "I am proud we have our Eden alternative accreditation. It is a good team. I wouldn't be here today without the support I have had."

The registered manager described how a lot of time and effort had been taken by the staff and themselves to drive improvement within the service. The aim being to improve everyone's experience of living at Parkwood House. They described how they utilised observation tools to feed back to staff on performance and improve practice. Staff told us how a change in culture over a period of time had evolved and how they were involved in this process. Staff added that they felt this culture was open and valued them as individuals. One staff member said, "This is a really good team, there are bumps on the road but we are doing OK" and another, felt all staff were easy to approach adding, "I love doing this job, helping people". Staff said there were regular team meetings. There was also a meeting at 11am each day and any issues that need to be addressed were raised at this meeting. Staff were also asked their views by regular questionnaires.

People were involved in contributing ideas on how the service could be run. People and their families were asked to complete questionnaires but were also asked their opinion informally. People commented that their ideas were sought and put into action when we spoke with them. For example, a suggestion for a bar and cinema were being actioned. Residents' meetings also took place at regular intervals so people and their relatives could meet with staff and discuss changes in the service and anything they would like to see carried out differently.

The registered manager and provider had a number of audits in place to ensure the quality of the service. This included an infection control audit, audit of medicines, care plan audit and audit of falls. These were completed at

## Is the service well-led?

regular intervals and action was always seen to be taken as required. The registered manager advised learning which needed to be applied to the service as a whole was then reviewed. There was no current audit of first aid kits and resuscitation equipment. These were put in place before the inspection was completed. We discussed the auditing process with the registered manager and Director of Nursing as there was no visible plan as to when the various audits should or would take place. They stated they would review this so it was clear and therefore, simpler to view if an audit had been missed.

The registered manager had introduced a policy in respect of the Duty of Candour (DoC) and understood their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in

relation to care and treatment and to apologise when things go wrong. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

CQC had received all notifications as required. Notifications are events that registered people are required to tell us about by law.

The registered manager had systems in place to ensure the building and equipment were safely maintained. The utilities were checked regularly to ensure they were safe. Essential checks such as that for legionnaires and of fire safety equipment took place.