Advinia Care Homes Limited

# Parklands Court Care Home

## Inspection report

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Date of inspection visit:
03 March 2021

Date of publication:
14 April 2021

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Parklands Court care home provides personal and nursing care for up to 163 people, including older people and people who may live with dementia. At the time of our inspection 87 people were living at the service.

Parklands Court care home is purpose built and consists of six separate, single storey buildings named Collins, Samuel, Harrison, Marlborough, Elmore and Clarendon. Each unit has access to a garden. The Clarendon unit has not been used by the Provider for a number of years and was closed at the time of our inspection.

People's experience of using this service and what we found
At our last inspection we found the provider's governance system required improvement. At this inspection we found improvements had been made but some concerns were still found in relation to the quality and safety of the care provided. Systems had been ineffective to reduce risks following an incident and address a repeated concern when medicines were administered via a patch. Some improvement was required to recruitment records and to ensure current COVID 19 government guidance was followed when people needed to isolate.

At our last inspection we found concerns in relation to how safeguarding was recognised and reported. At this inspection we found improvements and staff felt confident to raise concerns. People and relatives told us they felt safe and staff knew their needs well. Staff told us there was enough staff but the use of agency staff could impact on how people's needs were met.

The provider had worked with partner agencies to improve their medicine ordering system and this had improved care and reduced errors. There were systems in place to analyse incidents and learn lessons to improve care, but this needed further embedding to ensure this was done consistently.

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

Rating at last inspection
The last rating for this service was Requires Improvement (published 24 October 2020) and there were breaches of regulation. At this inspection we found some improvements had been made, however further improvement was required and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected
We carried out an announced focused inspection of this service on 08 September 2020. Breaches of legal requirements were found. We undertook this focused inspection to confirm if they now met legal

requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same, requires improvement. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parklands Court Care Home on our website at www.cqc.org.uk.

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 a breach in relation to regulation 17, good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

**Requires Improvement**

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Details are in our well-Led findings below.

# Parklands Court 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
The inspection was carried out by two inspectors, a medicines inspector, an assistant inspector, a specialist advisor (who was a qualified nurse) 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.

Service and service type
Parklands Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The provider was in the process of recruiting for this position. The regional support manager and regional director had been supporting the service since the last registered manager left.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with twenty three members of staff including the regional director, regional support manager, clinical services managers, unit managers, senior care workers, care workers and the domestic staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two 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
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

● On one occasion, when a person was at risk of self-harm, the provider had not fully explored the risks. Not all steps had been taken to mitigate the risk and an incident had occurred. Following this incident, the provider took action to ensure the risks were addressed.

● At our last inspection we found risk assessments were not always completed in a timely way . There were also concerns that monitoring records to support people with pressure damage and dehydration risks were inconsistent. At this inspection improvements were found; the provider had moved to an electronic care record system which managers told us had improved the oversight to ensure records were completed in line with people's care needs.

● At our last inspection we found when people demonstrated behaviours that could pose a risk to other people, care plans needed more detail. At this inspection we found improvements had been made and care plans contained guidance for staff on how to support people in a person-centred way.

Staffing and recruitment

● There were recruitment processes in place and we saw evidence of pre-employment checks to ensure staff were suitable to work with people who may be vulnerable. Improvement was needed to ensure a full employment history was obtained.

● At our last inspection staff told us at times that were not enough staff to meet people's needs. At this inspection staff told us there were enough staff, but the use of agency staff could impact on how people's needs were met due to them not knowing people's needs as well as the permanent staff. We spoke with the regional support manager who advised they had systems in place to promote a consistent group of agency staff working at the service by using the same agency and block booking staff.

● People told us they didn't have to wait to receive care. One person told us, "I've got an emergency bell and staff come quite quickly." Another said, "Staff are always around if I need them. I don't have to wait," our observations confirmed this.

● The provider used a dependency tool which was reviewed monthly or when there were any changes to people's needs or new people coming into the service. This indicated there were sufficient staff to meet people's needs.

Using medicines safely

● At the last two inspections we found that patches were not being safely applied. At this inspection we found that this had been resolved on the unit where concerns were identified at the last inspection, but we still had concerns on another unit where patches were not being applied in line with the manufacturers guidance. The same site was being used too frequently which can lead to skin irritation and more drug being

absorbed leading to people receiving a higher than intended dose.
● Medicines were stored securely and at the correct temperature. Controlled drugs were stored securely and recorded correctly.
● Records were kept of medicines prescribed for and given to people. These showed that people who used the service received their medicines at the times that they needed them.
● When people had been prescribed medicines to be given on a 'when required' basis detailed person specific care plans were in place to support people to have their medicines in a clear and consistent way.

Preventing and controlling infection
● We were somewhat assured that the provider was meeting shielding and social distancing rules. One person who was self-isolating at the time of our visit had their bedroom door open which was not in line with current guidance to reduce risks of the transmission of COVID 19.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● 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 promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong
● At the last inspection we found robust analysis had not always occurred following safeguarding incidents and risks to people were not always reduced. At this inspection we found improvements had been made although further embedding was required to ensure this was consistently applied.
● The provider had a system in place to monitor incidents and accidents. On one of the units in the service it had been identified that a number of people were experiencing unexplained bruising. The provider had ensured the relevant professionals were aware and taken steps to minimise the risks with the use of equipment.

Systems and processes to safeguard people from the risk of abuse

At our last inspection people had not been protected from the risk of abuse. This constituted a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation

● At our last inspection we found three incidents of alleged abuse had not been recognised as a safeguarding concern and risks were not always reduced after safeguarding incidents occurred. At this inspection the provider had improved their systems to ensure safeguarding concerns were identified, reported and action was taken to reduce risks.
● People and relatives told us they felt safe, one person told us, "Yes, they come around checking on me." A relative said, "Definitely safe, the staff are always there and on top of things."

● Staff were positive about the additional safeguarding training and support they had received since the last inspection and understood how to recognise the signs of abuse and how to report. One staff member told us, "Safeguarding is in place to protect the person, and to look at ways of stopping it happen again."

Requires Improvement

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to have effective systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements although they still failed to meet the requirements of the law and the provider was still in breach of regulation 17.

- Auditing of medicines was taking place but had been ineffective to ensure when people needed medicines via a skin patch, guidance was followed. This was the third inspection where this concern had been identified. Following our feedback, the management team put a system in place to ensure all medicines administered via a skin patch were audited on a monthly basis.
- Systems had not identified where there were gaps in employment history in some staff files. This is information that is required to ensure staff are suitable to work with people who may be vulnerable. The provider updated their system after our feedback to address this issue.
- Systems had been ineffective to mitigate risks in relation to self-harm for one person.
- Governance systems had not ensured isolation was being carried out in adherence to current government guidance in relation to COVID 19.

The provider's failure to ensure that effective systems were in place was a continuing breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

- At the time of the inspection there was no registered manager in post. The provider had been actively recruiting for the position and a peripatetic manager had recently been recruited who was based at the service until a registered manager was in post.
- We saw systems had improved with regards to understanding and learning from incidents when people displayed distressed behaviours, however more time was needed to ensure these systems were fully embedded across the service.
- Organisations registered with CQC have a legal obligation to tell us about certain events at the service, so we can take any follow up action needed. At the last inspection we identified the service had not notified

CQC of some allegations of abuse. At this inspection we found improvements and we had received notifications as required.

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

● People and relatives spoke positively about the service and told us about how care was provided in a person-centred way. One person told us, "My choice is to go early to bed, and they respect that." A relative said, "Yes, they understand [person's] dementia and they know they love [a specific singer] so have given them the Alexa so they can listen to his music."

● Staff, people and relatives spoke highly of the managers of the individual units and said they could talk to them to raise concerns. One relative told us, "The unit manager is brilliant, and I can talk to them about any of my concerns. We discuss things and it feels like we are a team working together to support [person]."

Continuous learning and improving care; Working in partnership with others

● The service had worked in partnership with the CCG, GP practice and pharmacy to improve communication and the medication ordering system. This had been successful in reducing the number of safeguarding concerns relating to medicines not arriving in time and people missing their medicines. The process had been rolled out to other services and the service had been nominated for an award in acknowledgement of this work. Following the inspection, the provider told us they had won the award.

● The management team had worked with the local authority quality team and clinical commissioning group to address concerns and improve care. We saw improvements had been made since our last inspection.

● The service worked in partnership with other professionals and agencies, such as community health services and social workers to ensure that people received the care and support they needed. One professional told us, "The staff on all of the units are very good at carrying out follow up actions that are requested."

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

● The service had recently carried out a survey with people to gain their views. However, further work was required to analyse and act on any findings.

● Regular staff meetings were held, and staff surveys were carried out. At the last staff survey the responses received raised concerns about staff morale. Most staff we spoke with were positive about working at the service, one staff member told us, "It's a very supportive environment." Another said, "Staff morale is good we are a happy bunch." The regional support manager told us the senior management team had make themselves more visible in the service so staff could approach them with any concerns.

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

● The management team were open and transparent during the inspection and demonstrated a willingness to listen and improve. This was demonstrated by the action they took in response to our feedback during the inspection.

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<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems in place to ensure the safety and the quality of the service were inconsistent. |