Advinia Care Homes Limited

Parklands Court 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
Parklands Court Care Home provides personal and nursing care for up to 163 people, including older people and people with dementia. At the time of our inspection 108 people were living at the service.

Parklands Court Care Home consists of 4 purpose-built single storey buildings named Collins, Samuel, Harrison and Marlborough. Each unit has access to a garden.

People's experience of using this service and what we found
The provider's governance and quality assurance systems were not effective in enabling them to assess, monitor and improve the quality and safety of people's care. Staff recruitment checks needed to be improved to ensure people were supported by suitable staff. Infection control practices did not fully protect people from the risk of infections.

Improvement was needed to ensure all staff who administered medication were assessed as competent. The mealtime experience was disorganised. Staff displayed caring qualities; however, some practices did not protect people's dignity. There was a lack of activities available for people to participate in.

People were protected from the risk of abuse. People had person centred care plans and risk assessments which provided guidance for staff to follow to support them safely. Medication was managed safely and there were protocols in place to ensure people received their medication as prescribed.

People were offered choices. Staff sought consent before carrying out tasks.
Staff knew people well and knew how to communicate with people. People had end of life plans in place.

Lessons were learned following incidents and accidents and this learning was shared with staff. The registered manager took on board feedback and was proactive in addressing concerns identified during the inspection.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 14 April 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
The inspection was prompted in part due to concerns received about poor nutrition and hydration, poor personal care, staff conduct, neglect of people and poor management. A decision was made for us to inspect and examine those risks.

We have found some 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 and Recommendations
We have identified breaches in relation to infection control practices and 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive 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 Health and Social Care Act 2008.

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 4 inspectors, a specialist advisor (who is 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 is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Parklands Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with 4 people who used the service and 14 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, unit managers, care workers, and an activities co-ordinator.
We reviewed a range of records. This included 16 people's care records and multiple medication records. We looked at 3 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.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Preventing and controlling infection

- We identified hygiene practices needed improvement to prevent the spread of infection.
- Skirting boards across all units were visibly chipped and worn. This made it difficult for staff to clean these to prevent the risk of infection.
- Some areas of the environment were unclean. For example, on the Harrison unit a bath and a chair hoist were visibly unclean.
- Care equipment used to support people was not clean. For example, bed rail bumpers on multiple people's beds on the Collins and Marlbourgh units were torn or frayed making it difficult for staff to ensure these were clean to minimise the risk of infection.
- The shower floor drain on the Harrison unit had become loose and was visibly unclean.
- The flooring in the communal lounge of the Harrison unit was not adequately cleaned. Relatives also commented on this. One relative said, "The floor is sticky."
- Several communal toilets across the Harrison unit were visibly dirty and one toilet basin was chipped increasing the risk of infection.

The provider had not ensured people were protected from the risk of infections through their infection control practices. This was a breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff wore personal protective equipment (PPE) and inspectors' temperatures were checked on arrival.
- There was an infection control policy in place which was up to date.

Staffing and recruitment

- Staff had not always been recruited safely.
- At the last inspection, improvement was needed to ensure a full employment history was obtained from prospective staff. At this inspection, we found this issue remaining. We identified 4 staff files contained gaps in their employment history which has not been explored with the staff in question.
- Staff told us the registered manager had recently updated the dependency tool which had identified additional staff were needed. Additional staff had been provided across the units and staff told us this had made a positive difference. One staff member said, "This has made a real difference for staff having time to spend with the residents."
- The registered manager carried out a Disclosure and Barring Service (DBS) check prior to staff

commencing work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● Systems and processes were in place to safeguard people from abuse.
● People and relatives told us they felt safe.
● Staff could explain the actions they would take if they had concerns about people. One staff member said, "It's our duty of care for residents to keep them safe."
● The registered manager carried out a thorough investigation into any safeguarding incidents to identify any learning and take action to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Care records outlined all known risks to people and guidance for staff to follow to support people safely and mitigate the risk.
● We identified one person who had pressure damage to their skin. The tissue viability nurse had recommended they were repositioned every 2 to 4 hours. This person's repositioning records indicated they had not received consistent support to reposition at the recommended intervals. This concern had been identified by the unit manager who had re-written the care plan and highlighted repositioning requirements to staff during handover.
● Risks associated with people's individual health needs, including diabetes, had been assessed and staff had been provided with information and guidance on how to manage these.
● Accidents and incidents were recorded, analysed and lessons learned to reduce the risk of reoccurrence.

Using medicines safely
● People's medication was managed safely. However, not all staff who were involved in administering medication had had an annual review of their competencies. Only 9 of the 19 registered nurses had completed the competency checks and 7 were out of date. This put people at increased risk of not receiving their medicines as prescribed.
● Where people were prescribed time-critical medication, this was administered in a timely manner.
● Each person had a person-centred care plan for how they like to be supported with their medication.
● Where people received their medication covertly, we saw evidence this decision had been made in line with people's rights under the Mental Capacity Act.
● Where people had been prescribed medication on a 'when required' (PRN) basis, staff had guidance on when and how to offer these.

Visiting in care homes
● The visiting arrangements enabled people to maintain contact with their loved ones.

Requires Improvement

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet
- People were not always supported to maintain a balanced diet.
- The mealtime experience was disorganised. We observed some people waiting over 30 minutes for their food to arrive.
- We found people who ate in their rooms did not always receive enough support to eat. We saw some people's food went cold. We raised this with the registered manager who took immediate action to address these concerns.
- Pictorial menus had been produced to assist people with choosing what they would like to eat. However, we did not observe staff using these in practice.
- Where people were at risk of dehydration, their daily fluid intake was monitored, and they were actively encouraged to drink enough.
- People's food preferences were outlined in their nutrition and hydration care records.
- People told us if they did not want to eat what was on the menu they were provided with alternatives. One person said, "I've gone off meat; they make alternatives."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People were not always supported to access external healthcare services and support as required.
- We identified several people who had extremely long, overgrown toe nails. This contradicted their care records, as staff had recorded, they had checked their nails when supporting with personal care. This concern was also expressed by relatives. One relative said there was, "shocking attention to hair and nails". We raised this with the registered manager who was unaware of these concerns and agreed to discuss this with staff and contact the chiropodist.
- Care records evidenced involvement from external professionals.
- One visiting health professional said, "They (staff) do a really good job [and are] proactive with patients. If they see any decline, they are on the phone. If you give them a plan, they follow it. I've got a good working relationship, no concerns."

Adapting service, design, decoration to meet people's needs
- The service design and decoration had not been adapted to meet people's needs.
- The communal areas needed improving to ensure it was a homely, comfortable environment and more dementia friendly.

● People had memory boxes outside of their room, however, not all of these had been utilised. Memory boxes help people recall memories and have meaningful conversations. They are ideal for older people and those living with dementia. This meant opportunities for people to orientate independently around the home were reduced.
● Some people's rooms contained photographs and personal items to make the room feel more homely.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and choices were assessed and kept under regular review.
● Care records had been developed based on people's assessed needs to achieve effective outcomes for people.
● People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their care planning. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience
●Staff had the training and skills to enable them to support people effectively.
● Staff confirmed they received an induction when they began working at the service. One staff member said, "The training is really in-depth."
● The registered manager had a training matrix in place to monitor staff training and ensure staff had suitable skills to support people.
● Staff told us they felt supported by the management team.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● We found the provider was working within the principles of the MCA and appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● Staff were able to explain the actions they would take if people refused to consent to their personal care. They demonstrated they understood the principles of the MCA.
● Where people's capacity to make significant decisions was in doubt, mental capacity assessments had been completed and any decisions reached in line with people's best interests.
● We observed staff offering people choices. One staff member said, "There is no routine for getting up at a certain time; it is their choice. It's up to us to see if they are ok and do they want an extra hour in bed."

Requires Improvement

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
- Staff did not always respect people's dignity needs.
- We saw people were not always supported to change their clothing following food spillages. We noticed several people with food on their clothes.
- We observed one person walking through the corridor with a staff member. Their continence pad was hanging down and clearly visible. We asked the staff member to assist the person.
- Staff understood the importance of promoting people's independence and ensuring people's personal information was handled confidentially. Staff gave us examples of how they supported people to do what they could for themselves. We saw they took steps to ensure people's personal information was only accessed by authorised persons. One staff member said, "Everything that is discussed on the unit is only discussed on the unit or in the office. We must document everything. We don't pass information over the phone if we don't know who they are".

Supporting people to express their views and be involved in making decisions about their care
- People were supported to express their views and given the opportunity to make decisions about their care.
- Staff told us how they supported people to express their views and be involved in their care. One staff member said this was achieved by, "asking permission, gaining consent and asking their choices."

Ensuring people are well treated and supported; respecting equality and diversity
- We observed one person being hoisted for pressure relief. The person seemed distressed and staff responded promptly to offer them reassurance.
- Relatives told us staff were kind. One relative said, "The staff are wonderful; how kind they are to the patients."
- We observed people looked at ease when staff were supporting them.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People were not always supported to take part in activities relevant to them.
- We observed there were not enough staff to spend quality time with people and support them to take part in activities. People were sitting with no stimulation or sleeping. One staff member told us, "We don't get time to sit and talk to people." A person said, "They used to have time to have a little few minutes' talk. They don't seem to have time now; they are busy all the time."
- We observed very few activities taking place. One relative said, "There's not enough going on to stimulate the residents."
- Relatives told us staff supported them to maintain relationships with their loved ones. One relative described how they were supported to talk to their relative on the phone. Another relative said, "Family and friends go and see them and are always made welcome."
- We discussed our concerns around activities with the registered manager who told us they were in the process of recruiting two additional activities coordinators.

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

- People received personalised care, to meet their needs and preferences.

Staff knew people well and knew how to support them. Staff members could explain people's likes and dislikes.

- People were supported to make their own choices and staff encouraged their independence. One staff member told us, "One lady likes to do her personal care herself. We ask is there anything we can do for you. We don't want to take away their independence."
- Care records provided information about people's likes and dislikes and how they wished to be supported.

End of life care and support

- People received end of life care in line with best practice. The registered manager confirmed there were people receiving end of life care across the units.
- Care records contained information about how people wished to be supported at the end of their life, and their wishes after their death. Care records evidenced involvement from relatives where people lacked capacity to make their own decisions about their end of life care.
- Staff confirmed they received end of life training and explained what good end of life care looks like. One staff member said, "Give them proper tender, loving care, make them comfortable, try and keep someone with them if family can't be with them and be dignified."

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately.
- Relatives told us they were aware how to raise a complaint and told us they would approach the manager or the unit managers.
- There was a complaints process in place and the registered manager was responsible for reviewing these.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met.
- The registered manager understood the requirements of AIS.
- People's communication needs and preferences were outlined in their care records. Care records provided guidance for staff on how to communicate effectively with people.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

● The provider had quality assurance systems and processes in place to monitor and improve the quality and safety of people's care. However, these were not effective and had not enabled them to identify and address the issues identified during our inspection, including concerns around staff recruitment, medicines competences, mealtime support, adaptation of the premises, promotion of dignity and activities provision.
● For example, infection control audits had not identified all infection control issues highlighted during the inspection. The most recent bed rail audit had not identified that several bed bumpers were in a state of disrepair.
● Care plan audits had not identified staff were not completing all personal care tasks.

The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager took on board our feedback and put together an action plan following the inspection.
● The registered manager ordered new bed rails following the inspection.
● At the last inspection we found systems had been ineffective to mitigate risks in relation to self-harm for one person. At this inspection, there was no one at risk of self-harm, and we found known risks to people had been assessed and mitigated.
● Improvements had been made since the last inspection to ensure governance systems supported adherence to current government guidance in relation to COVID 19. We spoke to the registered manager who understood when people may need to isolate due to risk of infection. The policies supporting this were

up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centered, open, inclusive and empowering, which achieves good outcomes for people

● The provider sought to collect people's and staff's views through supervisions, meetings and questionnaires.

● Regular staff and 'residents' meetings were held.

● Staff told us they felt supported by the provider. One staff member said, "(Person) is a good boss and specific in what she wants." Staff said the registered manager was accessible to them; she would regularly visit each unit.

● A monthly newsletter was produced for people and relatives to keep them up to date with what was happening in the service. This included a "you said, we did" section.

Working in partnership with others; Continuous learning and improving care

● The provider took steps to ensure lessons were learned and shared following accidents and incidents to reduce the risk of similar incidents reoccurring. We saw evidence learning from incidents was discussed during staff meetings.

● Staff worked in partnership with external health and social care professionals. This was evidenced in people's care plans, and we observed staff working with external professionals during the inspection.

● External professionals were complimentary about the service.

● The registered manager told us they worked with a range of professionals to ensure people received a joined-up approach to their care. This included community psychiatric nurses, advanced practice nurses, a general practitioner (GP) and a dentist.

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 registered manager understood duty of candour and was open and honest with people and their relatives when things went wrong. The registered manager told us, "I have to be open and honest. [If there are] any accidents or incidents, [I will] talk to the families [and] let safeguarding, Care Quality Commission and RIDDOR know." RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, which puts duties on the reporting of certain workplace accidents, occupational diseases and specific dangerous occurrences.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and processes had failed to effectively assess and monitor infection control practices.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes were not effective in enabling them to assess, monitor and improve the quality and safety of people's care.