

Parklands Healthcare Limited

Parklands

Inspection report

Callow Lane
Callow Hill
Redditch
B97 5PU
Tel: 01527 544581

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

The Parklands provides accommodation and personal care for older people, for a maximum of 29 people. At the time of our inspection there were 24 people living at the home.

The inspection took place on the 22 and 23 October 2015 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People and their relatives told us that they felt safe and staff treated them well. However, we saw that staff were not always deployed effectively to keep people safe. The registered manager had identified that more staff were needed but had not consistently arranged for the extra

Summary of findings

staff to be on duty to support people safely. Staff we spoke with demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. Staff had up to date knowledge and training to support people who lived at the home. Staff knew people well, and took people's preferences into account and respected them.

On many occasions staff were seen to be kind and caring, and thoughtful towards people. Staff showed a culture that was focussed on the people that lived at the home.

People were able to make choices about their day to day care and staff supported them to make decisions in their best interest. The registered manager had identified that some people would need assessments by the local authority to ensure people did not have their liberty deprived in an unlawful way. Applications had been submitted to the supervisory body so the decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

People told us they had access to access to health professionals were needed. Relatives told us they were constantly updated about their family member and were involved with their care provision. We saw people had food and drink they enjoyed.

People were able to see their friends and relatives as they wanted. There were no restrictions on when people could visit the home. People and relatives knew how to raise complaints and were confident action would be taken if needed. The registered manager had arrangements in place to ensure people were listened to.

People were involved in pastimes they enjoyed. Staff knew people and their needs well. Relatives told us they were consistently involved with their family member's care. They knew who to speak to if they needed to make a complaint and felt confident any issues raised would be resolved. People who lived at the home and staff were involved in regular meetings were supported by the management team.

The provider needed to action the identified concerns and effectively monitor the future quality of service provision. Roles within the management team needed clarity to ensure actions were followed through and completed in some areas to promote the safety and wellbeing of the people who lived at the home.

Please see the actions we told the provider to take at the end of the report.

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 not consistently safe

People did not consistently benefit from enough staff to keep them safe. People were supported by staff who understood how to provide and meet their individual care needs safely. People received their medicines as prescribed.

Requires improvement



Is the service effective?

The service was effective

Some people were subject to restrictions on their liberty, authorisation had been sought to ensure that any restriction was appropriate. People had choices within a balanced diet. People had access to health professionals when they needed to.

Good



Is the service caring?

The service was caring

People living at the home were treated with dignity and respect. People and relatives thought the staff were caring and compassionate.

Good



Is the service responsive?

The service is responsive

People were involved in past times they enjoyed. People benefitted from regular reviews. People and relatives felt they were able to raise any concerns or comments with staff and these would be addressed appropriately.

Good



Is the service well-led?

The service was not consistently well-led

People were not consistently supported by staff who were monitored by the management team to ensure they received quality care. The management team were approachable for people, their relatives and staff at the home. People did benefit from a culture focussed on them.

Requires improvement



Parklands

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.

We made an unannounced inspection on 22 and 23 October 2015. The inspection team consisted of one inspector, a specialist adviser and an expert by experience. Both the expert-by-experience and the specialist adviser were knowledgeable about dementia care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports the provider is required to send us by law about important incidents that have happened at the service.

We spoke with 11 people who lived at the home and three relatives. We also spoke with a doctor who visits people regularly at the home. A project worker employed by the local council to assess against the dementia standards also spoke with us whilst they were updating their assessment.

We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the provider, the deputy and nine members of staff. We looked at four records about people's care and three staff files. We also looked at staff rosters, complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

Is the service safe?

Our findings

People told us that staff were frequently very busy. One person we spoke with said, “The staff are always so busy so I don’t know if there are enough of them to take care of us.” Another person told us, “Staff are lovely, caring and kind and there’s a nice atmosphere most of the time but it can get really busy.” However a further person said, “If I use my alarm call in my room staff are there within minutes which I think is very good.” Relatives told us there were enough staff to keep their relatives safe. One relative told us, “I think there are sufficient staff around to care for my (relative) and to make sure they are kept safe.”

We spoke with the registered manager and she told us she had increased staffing levels to support the people because there had been a series of falls that had happened when people were unsupported during the evenings. We spoke with staff and they told us they needed the extra member of staff to ensure that people were supported safely. However they told us that this was frequently not arranged. We saw from the recent rotas that the additional member of staff was not consistently scheduled. The registered manager had identified that without the additional member of staff people were at an increased risk of falls. She was in the process of recruiting to these posts to ensure there was consistently sufficient staff on duty to meet the needs of people living at the home in a safe way.

The registered manager had reported an incident prior to our inspection involving a serious injury to one person living at the home. One person had fallen in the lounge and another person had tried to help them and had fallen too. This incident had happened when no staff were present. As a result of this incident the registered manager told us she had identified the need for a member of staff to be available at all times in each of the two lounges when they were occupied. Some people needed support with their mobility and would not always remember to summon staff before they mobilised so were at high risk of falling. However we saw that this was not common practice. There was not consistently a member of staff available in each of the lounges to ensure people were not at risk of falling. We saw on at least five occasions people were on their own in the lounges, on one occasion for approximately 20 minutes with no staff in the room. There were sufficient staff on duty as identified by the registered manager on these occasions. For example during these occasions we saw one person try

and got up and ended up sitting on another person. We also saw one person who lived at the home trying to support another person who was trying to mobilise. Although they were unharmed on these occasions there was a potential injury to the people involved. The registered manager told us that staff should call for support if they needed to leave the room by using the call bell system. Staff told us that this was what they had been directed to do to ensure people were safe. However we saw that this was not adhered to consistently and was not monitored for the effectiveness therefore people were at continued risk of falls.

Staff said the sharing of information at handovers contributed to keeping people safe. They said they would discuss each person’s wellbeing at handover and raise any issues they had observed which may require a risk assessment review or follow up on their physical health needs. We saw relevant information was shared with staff to enable them to support people. Staff said and we saw people had their needs assessed and risks identified. Staff told us about how they followed plans to reduce these identified risks. However we saw one example where the person had not had their identified risks monitored for three months. This was a risk to this person’s health and wellbeing. We spoke with the registered manager and staff and they assured us that this would be monitored from now on. We did see other occasions of staff monitoring people’s risks. For example, staff regularly reminded a person to use their walking aid to ensure they could mobilise safely, this was evidenced in the person’s risk assessment.

People we spoke with said they felt safe. One person said, “I think the staff do care for me nicely, they keep me safe and well especially when I have a shower making sure that I don’t fall over.” Another person told us they felt safe, they said “You can’t get a better place, the surroundings are great, and I have no qualms with the staff, the home is comfortable clean.” Some people we spoke with were not able to tell us if they felt safe. We saw staff supporting people and we saw through people’s facial expressions they were relaxed and confident with staff.

The staff we spoke with were able to tell us how they would ensure people were safe and protected from abuse. One member of staff said, “We know people really well and would know if there were any problems.” Staff we spoke with were able to describe what action they would take

Is the service safe?

and were aware that incidents of potential abuse or neglect were to be reported to the local authority. Procedures were in place to support staff to appropriately report any concerns about people's safety.

The staff told us the appropriate pre-employment checks had been completed. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. One person said, "I'm given my medication every day by the staff and they have never missed me." Another person told us, "I'm very independent so staff don't really have to do much for me, I self-medicate but the

staff are around if I need them." We saw the registered manager had risk assessed this and completed regular reviews to ensure the person was not at risk. Relatives told us they were happy with the support their family members received. All medicines checked showed people received their medicines as prescribed by their doctor. We observed staff supported people to take their medicines. We found people were asked for consent before their medicines were administered and people received their medicines as prescribed to meet their needs. There were suitable storage and disposal arrangements for medicines in place. Some people were unable to say when they needed their as and when medicines. There was clear guidance for staff to know when to administer them.

Is the service effective?

Our findings

People and relatives told us staff knew how to provide the support people needed. One person we spoke with said, “They (staff) know me really well, they know what I need help with.” We saw staff had the skills to meet people’s needs. For example, we saw they supported people to move safely. One person said, “From what I have seen the staff seem to know what they are doing so they must have been trained to do the work that they do.” Relatives told us that staff were aware of how to support their family members. Staff we spoke with told us they had received training in a range of areas to be able to do their jobs effectively. The provider had arranged for all staff to complete the care certificate. This was to update their skills and to ensure staff were able to continually improve their practice. Staff told us they were well on their way to completing their qualification.

We spoke with a new member of staff who started work at the home the previous week. We saw they were included in the numbers of staff supporting people and not in addition to the staff team. We spoke with the registered manager and they told us the new member of staff was mentored by the senior staff to support them with their learning and confidence. However we saw that the senior staff member was frequently involved in other tasks and therefore unable to dedicate their time to the new staff member. The registered manager said she would look at how they could support new members of the team to ensure people were supported by knowledgeable staff.

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the registered manager had completed this process for people when it was needed. The registered manager started the process by assessing the person’s capacity to make that specific decision. When they established the person did not have capacity the manager ensured the decisions were made in the person’s best interest. For example we saw staff had involved the doctor and family to make a decision about a person’s wellbeing.

People told us they were always asked before staff supported them. We saw staff checking people understood how they were going to support them. Relatives said staff asked before they supported their family members. One

relative said, “All the staff talk to my [family member] respectfully, they say what they want to do and ask if that’s okay.” Staff we spoke with understood the importance of ensuring people agreed to the support they provided. Staff had an understanding of how important it was for people to give their consent. They said they would pass on any concerns about people’s ability to make decisions to the management team.

We looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. Some of the staff we spoke with were unable to fully describe the impact of the DoLS and MCA to the people they were supporting. Staff had received training in this area. However other staff members had a good understanding of the implications for people they supported. The registered manager said they would look at how this could be discussed at staff meetings to ensure all staff were aware of the practical implications for people living at the home. The manager had submitted applications and had received some confirmations from the local authority. They understood the process and were aware of how to access any further support.

People told us they enjoyed the food and were offered choice. One person said, “The food is good and there’s plenty of it too.” Another person told us, “There are drinks around all day and snacks too. The food is wonderful and most days there two choices from the menu.” A further person said, “The food is very good they make a celebration of the different days like pan cake day and we always have fish and chips on a Friday, which I love.” Relatives told us they had seen that the food was generally good, and staff made special efforts to support people with their special celebrations. We saw there were picture menus to support people to choose meals they liked. We saw staff supporting people discreetly and kindly as they were needed. There was a chatty friendly atmosphere during the meal time and people told us they enjoyed the experience as much as the food. We saw a new member of staff spend time with one person who needed extra support. They were patient and caring and the person ate most of the meal provided with the support they received.

We spent time with the cook and they showed us how people’s nutritional requirements were met. They were aware which people had special dietary needs. They

Is the service effective?

worked with staff and people to ensure everyone had the food they needed and enjoyed. Staff told us that people at risk of weight loss had been reviewed by their doctor and were regularly monitored.

People told us their GP came out regularly to monitor them, and their dentist and optician visited them at the home when needed. One person said, "If I need to see the doctor staff are good enough to arrange this for me. The Chiropodist and hairdresser come in every few weeks." Relatives we spoke with said their family members received support with their health care when they needed it. One relative said, "Last week my [family member] was poorly

they called the doctor straight away." Another relative told us, "If the staff have any concerns about my [family member] they call me at home and we discuss the situation." The staff we spoke with told us the importance of monitoring the health of each person. Some people were not always able to say if they felt unwell. Staff said they used observations and discussion with their colleagues to communicate and record any concerns about people's wellbeing. We spoke with the doctor who visited the home on a weekly basis. The doctor told us they thought the care was very good and had no concerns about the support people living at the home received.

Is the service caring?

Our findings

People told us staff were caring. One person said, “I like living here and I’m happy, the staff look after me very well and they are kind. When I’m upset or need to talk to someone staff are there to help me.” Another person said, “It’s a wonderful place to live in with lovely caring staff.” One relative we spoke with said, “It’s a great caring home; they have been wonderful to my [family member].” Another relative said, “We all come on a regular basis and the staff are caring and compassionate they treat the residents as people.”

Staff had access to people’s personal histories to support them to provide personalised care and to get to know people’s likes and dislikes. We saw staff chatting with people; they had a good knowledge of people’s personality, their lifestyles and interests. We saw caring conversations between staff and the people living at the home. For example, we saw one member of staff spent time with one person who was upset. They took the time to reassure them and then chatted about their family who would be visiting them soon. We saw the person was reassured and was smiling at the end of the conversation. People told us they liked to have a chat with staff and staff listened to what they had to say, when they had time. When we spoke with staff about providing care and support to people they were respectful and showed they cared. Staff told us they enjoyed working at the home and the people living at the home were very important to them.

Relatives told us they were welcome to visit at any time. This helped people who lived at the home to maintain important relationships. All the relatives said they were involved in people’s care and this was important to them. They told us they were kept up to date with what was happening with their relative when they weren’t there. Staff told us they always included people’s relatives, and talked with them about what was happening with their family member.

Some people who could not easily express their wishes did not have family or friends to support them make decisions about their care. Staff at the home had links to local

advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People told us they were listened to and they could say what support they needed. One person told us, “I am very independent; I can do what I like when I want.” Another person said, “Its lovely here they (staff) know what help I need and I am okay to do the rest myself.” We saw that people were listened to by staff and that staff knew people well.

People and their relatives we spoke with told us people living at the home were treated with dignity and respect. One person told us staff always respected their choices. They said, “I can go where I want to, I go for a wander outside when I feel like it, and the weather is good.” A relative told us, “They always treat my [relative] with respect and call them by their name.” The staff we spoke with told us how they maintained people’s privacy and dignity. One member of staff said about people living at the home, “We always remember that they are people first and that this is their home, and always support their dignity.” The staff said ensuring people maintained their dignity was very important to them. We saw staff treating people with dignity and respect. For example, closing toilet doors and calling people by their name of choice.

We spoke with a project worker employed by the local council. They told us that the service had been awarded funding to spend on adaptations that were to support people with dementia. This person told us that staff were very good at supporting people with dementia and had a real understanding of what sort of support needed to be available. We saw lots of examples of where staff showed a really good understanding of how dementia affected people. We saw them diffuse difficult situations. For example, we saw one member of staff notice that one person was becoming restless, so they suggested a walk outside. We saw that person return from their walk with a lovely smile on their face and they then settled into their usual routine.

Is the service responsive?

Our findings

People we spoke with told us they were happy with their care and support. Relatives told us their family member had their care needs reviewed. One relative said, “Staff know what my [family member’s] needs are and they respond to their needs on a daily basis.” Another relative told us, “If I have any concerns I talk to the staff and they are always helpful, staff have discussed the care that my [family member] needs so I feel included in the care planning.” Relatives said their family member’s needs were supported in a way that was adaptable. One relative told us their family member’s needs had changed and the staff had changed how they supported them to ensure they continued to meet their needs. Another told us how responsive staff were to their family member, “My [family member] once fell out of bed once, but now they have put bed rails and a mat on the floor so they know if it’s happened again.”

We saw in most care records that staff recorded as much information as possible about each person living at the home, their interests, history and preferences. Staff told us they added to this information so they knew as much as possible about the person and their history. Staff we spoke with were able to tell us about the individual needs of each person as well as any health conditions that affected their care. We looked at four people’s care plans and found that three were consistently updated and focussed on each person as an individual. However one care record had not been fully completed or reviewed. We raised this with the registered manager and they said this was an oversight, and they regularly monitored the care plans to ensure they were completed effectively. We raised this because the assessments had raised the concern about this person’s weight, because the care plan had not been fully completed and reviewed since the person arrived in July, the person had not been weighed regularly to ensure they were not at risk to their health and wellbeing.

People said they were involved in activities they liked to do. One person told us, “There are some things to do each day, the activities are good.” Another person said, “I do think they could look at doing something with a mini bus to take us out and about, although there are things and activities that happen in the home.” The activities organiser told us

how they had recently come into this post and they were still working out what programs of activities worked best for people at the home. The activities organiser was part of the staff team for supporting people therefore was unable to fully dedicate their time to this role. Relatives told us their family members were sometimes involved with pastimes they enjoyed. We saw people involved in group pastimes and we could see from the smiles and laughter how much people enjoyed the interactions.

People told us they have access to support with their religious beliefs if they wanted. One person said, “The minister from the church comes once a month to provide the Holy Communion for the residents if they want it.”

We saw the provider regularly sought people’s views and their families and professionals such as visiting nurses and chiropodists, about their experience of the service. We looked at the responses for this year’s questionnaires and all responses were recorded as excellent, good or adequate. The provider had taken action to look at improving the adequate responses. For example improving areas of the home such as the lounges and the plans for the top floor improvements.

People said they would speak to staff about any concerns. One person told us, “If I had concerns or needed to complain I would talk to the staff who would help me, I know.” Another person said, “If I needed to complain I would discuss it with the manager who I feel is good at what she does.”

Relatives told us they were happy to raise any concerns with either the registered manager or staff. They said someone was always accessible to talk to about anything. One relative told us of an example where they had made a request and it had been acted upon straight away.

The provider had a complaints policy in place. This information was available to people and was displayed in the home. The registered manager had not received a complaint during the last year, and was unable to show us in practice if they responded to these appropriately. The registered manager told us how people would make a complaint and what would be done to resolve it. People and their relatives were confident that any concerns raised would be actioned.

Is the service well-led?

Our findings

The registered manager acknowledged they could not consistently demonstrate good management and leadership. There were several areas which needed improvement to ensure people received consistent safe quality care.

We saw that staff were not always deployed effectively. The registered manager had identified that staff needed to be constantly available in each of the lounges when they were occupied. The registered manager had identified this after a serious incident that was reported to us before the inspection. However we saw that this did not consistently happen. The management team were unaware that this was not consistently achieved therefore the risk to people they had identified had not been mitigated by what they had put in place. They had not effectively monitored the deployment of staff to ensure staff were always calling for assistance when they needed to leave the lounges and that this was achievable. People were still at risk of falling as they were not always able to recognise the need to summon assistance and staff were not consistently available.

We also saw that the registered manager had identified the need for additional staff during the evening to keep people safe. However staff told us that the additional staff member had not always been scheduled. We spoke with the registered manager and they told us they were in the process of recruiting extra staff. We tried to establish how many staff were on duty by looking at the rotas with the registered manager. We could not see clearly how many staff were on duty and if the additional member of staff was regularly in place. The registered manager could not explain why the extra staff were not consistently scheduled on the rotas. She said she would discuss with the management team to ensure this was completed.

We looked at how the accidents and incidents were monitored. We saw the overview of accidents and incidents had not been completed since July 2015. The incidents for October had all happened in the evening; however the registered manager was unable to tell me if they matched dates when there was the additional staff member. There had been serious incidents that had happened to people living at the home. However, steps put in place such as increased staffing levels were not monitored for their effectiveness and people were still falling.

We saw records of audits had been carried out to assess the quality of the service. These had identified areas where improvement was required. However we saw some actions had not been followed through or monitored for their effectiveness. For example, we looked at one person's record and the audit had not identified that this person had not had a review of their care delivery since they arrived in July 2015. This person had identified risks that had not been monitored by staff since their arrival. Therefore they were at risk to their health and wellbeing because staff had not completed monitoring their identified risks. We spoke with staff and they told us this was an oversight. We spoke with the registered manager and they gave assurances that this would now be monitored.

The provider needed to ensure actions were followed through and completed in some areas to promote the safety and wellbeing of the people who lived at the home.

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

The registered manager told us she wanted to complete regular observations with staff to ensure they were delivering quality care consistently. The provider had recruited a deputy manager to support the registered manager to provide a quality service. The deputy had only been in post for a short period of time and was still working with the provider to identify her role. Therefore we were unable to see the benefits of this additional post for people living at the home at the time of our inspection.

We looked at the culture of staff providing care at the home. We saw many examples of caring interactions between staff and people who lived at the home. People told us they felt well supported by staff and that staff really cared about them. One person said, "I can't think of anything I would like to change about the home, no it's very nice." Staff told us that the people living at the home were very important and that they supported them by giving them as much choice as possible and supporting their independence. A relative told us, "I am very happy and pleased with the home and the way my [family member] is cared for." We saw the culture of the home was focussed on each person as an individual. We saw that people were listened to by staff and were involved in making decisions about how they wanted to be supported.

Is the service well-led?

People and their relatives told us the management team listened to their concerns and always took action when needed. They told us all the team were approachable and happy to speak to them. One person said, “I know the manager and she is kind and runs the home very well. There is nothing I would like to change.” There were regular ‘residents and relatives’ meetings that involved people in what was happening at the home. One relative said, “There is nothing I would want to change about the home; in fact I have recommended it to a friend who was looking for a good home for their relative.” Another relative said, “If I was worried or concerned about anything I would talk to the manager who is patient and caring.”

Staff told us it was a “Good place to work.” Staff said they worked together as a team. However some members of staff said they were frustrated by the lack of consistent action relating to staffing levels. Staff told us they generally felt supported by the management team and there was always someone available to speak with them if they had a concern. The registered manager had taken some action by acknowledging the need for additional staff; however staff had not felt the full benefit of these actions at the time of

our inspection. Staff told us there were regular meetings with the management team to involve them in what was happening at the home. Staff were aware of the whistle blowing procedures and one member of staff said, “I would always report a concern.” Staff we spoke with said they were confident to report any concerns and discuss with the management team.

The provider completed regular visits and assessed many aspects of care provision. For example we saw the last visit was focussed on the infection control management. We saw that all actions raised had been completed at the time of our inspection.

We saw the provider had made improvements to the home. The registered manager told us there were plans to further improve facilities for people living on the top floor of the building. This demonstrated that the registered manager was making improvements with particular consideration to meeting people’s needs and to enhance their wellbeing. There were also plans for continued refurbishment of the home with particular focus on the needs of people with dementia.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service. Regulation 17(1) (a)