WR Signature Operations Limited

Parklands Manor

Inspection report

Parklands Drive
Chertsey
Surrey
KT16 9FS

Tel: 01932874440
Website: www.signature-care-homes.co.uk

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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

Summary of findings

Overall summary

About the service:
Parklands Manor is a purpose built care home with nursing for up to 93 people, some of whom are living dementia. At the time of the inspection there were 45 people at the service who were receiving a regulated activity.

People's experience of using this service:
● People were safe at the service. Systems were in place to ensure that risks to people's care were managed well. On the day of the inspection staff levels required improvement on one of the units. The provider confirmed that this had been addressed after the inspection. In all other areas of the service the staff levels were appropriate for people's needs.
● People were supported by staff who had sufficient training and supervision to ensure that good care was being provided.
● People were consulted about their care and, where appropriate. Assessments of people's capacity took place to ensure that care was being provided in their best interest.
● Staff treated people with care, compassion and dignity and people were treated in a respectful way.
● Care plans were detailed and provided good guidance for staff.
● Audits were carried out to monitor the quality of the care. The registered manager understood their responsibilities and ensured that they sent notifications to the CQC where appropriate.
● Where complaints had been made these were investigated fully and improvements made.
● Staff were supported and valued.
● The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".
● More information is in our full report.
Rating at last inspection:
● This was the first inspection of the service.

Why we inspected:
● This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
● We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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 Details are in our Safe findings below.	Good
Is the service effective? The service was effective. Details are in our Effective findings below.	Good
Is the service caring? The service was caring. Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led. Details are in our Well-Led findings below.	Good

Parklands Manor

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
● Our inspection was completed by three inspectors, a nurse specialist 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. Our expert-by-experience had knowledge about personal care of adults living with dementia.

Service and service type:
●This service provides nursing and personal care to people some of whom are living with dementia.
●The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

Notice of inspection:
● Our inspection was announced.
● The inspection took place on the 25 January 2019.

What we did:
●Our inspection was informed by evidence we already held about the service including information from notifications that the service sent the us. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House.
● We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

● We spoke with six people who used the service and two relatives.
●We spoke with the registered manager and 13 members of staff.
●We reviewed seven people's care records, six staff personnel files, audits and other records about the management of the service.
●We requested additional evidence to be sent to us after our inspection that related to training and supervision of staff. This was received and the information was used as part of our inspection.
● We received feedback from one health care professional after the inspection.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
● People we spoke with told us that they felt safe living at the service. One person said, "We feel safe here because there is always someone about to help you." Another told us, "Staff support me to walk with my crutches, they don't rush me." A relative told us, "[Family member] feels safe here because he likes having people around him and he especially feels safe at night because the carers are around if he needs them."
● Staff understood what they needed to do if they suspected abuse. One member of staff said, "I would report concerns to the manager or the regional manager. If I did not think my concerns had been acted on I would then report to police, the local safeguarding team and the CQC."
● Staff received safeguarding training and there was a whistleblowing policy, which staff had a copy of and could access on the provider's computer systems.

Assessing risk, safety monitoring and management:
● Care plans were in place to manage risks to people. They contained assessments related to risks and steps staff should take. These included the risk of falls, risk of dehydration and failing to maintain adequate nutrition, moving and handling and safe evacuation procedures.
●The risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people when they became exposed to the risk. For example, one person's evacuation plan stated that the person was independent but was not able to open the fire escape doors. It informed that care staff were to support and assistant the person during a fire drill or actual fire.
●Staff were knowledgeable about the risks to people and steps they would take to ensure people's safety. Staff told us that they would discuss risks with people. One member of staff told us, "We have discussed falls and other hazards with individual residents. For example, wet floors, changes in environment." Staff were able to state what risks were recorded in people's care plans and how to provide support to people to minimise the risk.
● When clinical risks were identified, appropriate management plans were developed to reduce the likelihood of them occurring. People who were at risk of developing pressure ulcers had pressure relieving mattresses and were repositioned every three hours in bed (or more frequently if needed).

Staffing and recruitment:
● We identified on the day of the inspection that there was a lack of staff on the floor where people were living with dementia. We found that people on this floor were not always receiving support when they needed it. However, the provider ensured soon after the inspection that an additional member of care staff was going to be permanently rostered on to address this.
●In all other areas of the service there were sufficient staff to support people. One person told us, "I think there are enough staff. There's always someone around when you need them." Another told us, "There are enough staff to help me when I need it. They come to me quickly when I need them." We saw that staff

responded to call bells in a timely way. Staff visited people who chose to stay in their rooms to ensure that they were safe.

●The provider assessed people's needs regularly to ensure that appropriate levels of staff were on duty. Aside from the on the floor where people were living with dementia we saw from staff rotas that appropriate levels of staff were on duty. One member of staff told us, "There is enough staff to meet the needs of people, we have had a lot of sickness lately, we try to cover it ourselves and we have used the odd agency staff."

●The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people who use care and support services. We saw that nurses' professional registration was in date.

Using medicines safely:

● There were appropriate systems in place to ensure the safe storage and administration of medicines. There were clinic rooms on each floor that were locked and which stored the medicine administration records (MARs).

● People's medicines were recorded in all the MARs and the MAR charts were easy to read. The MAR chart had a dated picture of the person and details of allergies and other appropriate information, for example if the person had swallowing difficulties.

● There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use.

●The medicine audit was undertaken by the senior nurse on night duty. All of the nurses had been competency assessed to ensure that they had the skills required to administer medicines.

Preventing and controlling infection:

● The environment at Parkway was clean and there was personal protective equipment available for staff throughout the service including hand gels, gloves and aprons. We observed that cleaning took place throughout the day and saw that staff wore aprons and gloves when needed. One person told us, "The staff use gloves and aprons. Once a week, the staff do a general clean, and our laundry is done well."

● Staff understood what they needed to do to ensure that people were protected from the risk of infection. Domestic staff used colour coded mops and cleaning cloths to clean different areas of the service. Staff ensured that soiled laundry was kept separately when it washed being washed.

● Staff knew that there were two lead members of staff for ensuring infection control measures were maintained at the service. Staff were able to describe how they would look after people if there was an outbreak of an infection.

Learning lessons when things go wrong:

● Where accidents and incidents occurred, staff responded appropriately to reduce further risks. For example, where people had falls they were referred to the falls clinic if necessary. We saw that people were provided with mobility aids if they had fallen or where at risk.

● All accidents and incidents were reviewed by the registered manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, one person displayed aggressive behaviour towards other people. We saw that staff had referred the person to a professional for advice on how best to manage this.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● Information about people's choices and needs had been obtained through pre-admission assessments. This was to ensure that they knew the service could meet their needs before they moved in. One person told us, "Pre-admission they came to our home and asked questions about our health. They did a thorough investigation."
●The pre-admission assessments included information about communication, social, physical and personal care needs. This included what support people needed with their care. For example, one care plan stated, "I am independent with brushing my teeth and when I do have an issue I would like to go to the dentist. I do use an electric toothbrush."
● Information from the pre-admission assessment was then used to develop care plans for people.

Staff support: induction, training, skills and experience:
● People told us that they felt staff were competent in their role. One person told us, "All staff seem capable of doing what I ask."
● Throughout the inspection we saw that staff were demonstrating good practice. For example, we saw one member of staff support a person who was living with dementia. We saw that they understood the person's anxieties and what strategies to use to support them.
● Staff completed a full induction before they started caring for people independently. One member of staff said, "The induction was really good. I shadowed staff on the unit to observe the care."
● Staff had appropriate training and development for the role. Staff demonstrated a good knowledge of subjects they had received training in and told us they were supported to obtain further qualifications if they wished. We checked the training matrix and found that staff had access to wide range of training including dementia awareness, moving and handling and infection control.
● Staff received appropriate support that promoted their professional development. Regular one to one meetings took place with the staff and their manager. Nursing staff had one to one and group meeting with the clinical lead nurse to provide them with additional clinical support.
● One health care professional told us, "[Staff are] a very dedicated group of staff and are open to any advice I give them and are also looking to increasing their knowledge base even further in order to provide the best care they can."

Supporting people to eat and drink enough to maintain a balanced diet:
● People were provided with a selection of nutritious food and drink that met their needs. One person said, "You get all sorts of variety. They are very good if you don't like something. They always have other things in the kitchen." Another told us, "The food is excellent." A relative said, "The food is good and [family member] likes his food. It seems to be fresh and very well balanced."

● We observed lunch at the service and saw that people were offered choices of food and drink. For people living with dementia we saw that staff offered them a visual choice of the meals that were on offer. Where people required adapted equipment to eat these were in place, including larger cutlery, two-handed cups and plates with raised sides.
● Where people had specific dietary needs, these were recorded and acted upon. For example, where people were on a soft or pureed diet this was known by staff in the kitchen and meals were prepared in this way.
● Where people were at risk of losing weight or becoming dehydrated staff took steps to ensure that appropriate care was delivered. They contacted healthcare professionals such as dieticians. If necessary people were placed on a food and fluid chart to track what they were eating and drinking. One member of staff said, "We monitor their [people's] food and fluid intake on the handheld [device] and use fluid and nutrition charts when required."

Staff working with other agencies to provide consistent, effective, timely care:
● Staff worked well as a team to provide effective care to people. There was a handover every morning with nurses and care staff that included sheets for staff to make their own notes. Staff ensured that any changes overnight were mentioned and known about.
● Staff told us they worked well as a team and that nurses and care staff shared information about people's needs.

Supporting people to live healthier lives, access healthcare services and support:
● People told us that they were able to access healthcare services when needed. One person said, "If I'm not well I will speak to the nurses. Staff are always looking in and checking on me. They will get in touch with the doctor if I need it."
● Staff worked alongside healthcare professionals and other organisations to meet people's needs. Information recorded in care plans showed that people had access to all healthcare professionals, including the GP, dentist, opticians and hospital appointments. Staff told us that they relayed all information regarding people's health needs to the nurses who arranged for the GP and other healthcare appointments.

Adapting service, design, decoration to meet people's needs:
● We saw that the environment where people were living with dementia had clear signs on the ground and first floors that helped people to navigate their way around the service. There were a number of destinations areas on the corridors with rummage items, such as a desk area with a typewriter and a dressing table with mirror and old ornaments and brushes. Some improvements were required with this area to ensure that it was more meaningful to people and we were told that action plans were in place to address this. These planned improvements were also included in the service PIR.
● People fed back to us that they were happy with the environment and that it suited their needs. One person told us, "I have everything I need in my bedroom." Another said, "Its superb, first class décor."
● We saw that the corridors were wide which enabled people with walking aids to walk through them independently. There was a spa bathroom with a television, lighting, music and a bath lift which was pleasantly decorated.
● Each person had their own bedroom or apartment and they were able to furnish them with their own furniture, belongings and family photographs. Bedrooms were spacious and had en-suite bathroom facilities.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us that they were asked for their consent before any care was delivered. One person said, "I always make choices about what I want to do and where I want to go."
- Staff were aware of the principles of MCA. One member of staff told us, "We do not have the right to take away this [people's rights to make decisions]. We assume everyone has capacity unless otherwise proved. An assessment is undertaken if there is a concern about a resident's ability to make specific decisions. We would then have a best interest meeting and submit a DoLS application if required. We always offer people choices, for example, bedtimes, clothes and food."
- Where people's capacity was in doubt, mental capacity assessments were completed and these were specific to the particular decisions that needed to be made. For example there were people living on the dementia unit where the entrance was locked. We also saw applications that had been submitted to the local authority where the registered manager believed that people's liberties may be restricted.

Good

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

Ensuring people are well treated and supported; equality and diversity:
● People and relatives fed back that staff were kind and caring towards them. Comments included, "They are kindly, compassionate, supportive, very human. Nothing is too much trouble", and "Staff are all very good here, they are always available when I need them. They help me and are very caring."
● We observed caring interactions between staff and people. For example, when people were anxious, staff gently rubbed people's hands and knelt down next to the person rather than standing over them to speak with them. During lunch, a staff member chatted to a person about a trip to Australia and both person and member of staff were laughing and enjoying the conversation.
● When people became disorientated due to them living with dementia staff were calm, reassuring and listened to what the person had to say.

Supporting people to express their views and be involved in making decisions about their care:
● People were involved in the planning of their care and staff told us that they got to know people through reading their care plans. Staff were able to describe the contents of people's care plans that included their medical history, life history, likes and dislikes. For example, they described how one person was self-sufficient and what their life history was.
● People were asked what time they wanted to get up and go to bed, whether they preferred a male or female carer and what their interests were. One person told us that they liked their laundry to be done in a certain way. They said, "It is done very nicely and comes back ironed and on coat hangers."
● Family and friends were welcome at the service and staff supported people to maintain relationships with those close to them. One relative said, "There is a nice family feeling about the place. It is homely, secure and respectful."

Respecting and promoting people's privacy, dignity and independence:
● People were supported to remain independent. One person told us, "They help me maintain my independence but if I'm having trouble dressing they will help me with that."
● Staff understood the importance of supporting people to remain as independent as they could. One member of staff told us, "[Person] likes to have make up and perfume all her life. I watched make up tutorials at home to learn how she likes it. She is so good at doing it so I do the foundation and she is able to do the lipstick and mascara by herself."
●We observed people eating independently and being shown desserts to choose from. Care plans focused on people's strengths, such as one person preferring to do their own personal care with supervision to ensure they were safe.
● People's religions were respected. There were church services held at the home for people who practised a faith.
● People were treated with dignity and respect. One person told us, "They [staff] speak with you when you pass them by in the corridor. It makes me feel better." Another person said, "They asked me what I would

prefer to be called which I liked."

● We saw that when care was delivered staff closed the doors to ensure that people had privacy. One person said, "When they do my dressings they do this in my room to give me privacy." Another told us, "Staff always help me with washing in dressing in the privacy of my bedroom, they close the doors so no one can see."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

● There were detailed care records which outlined individuals' care and support. Care plans included a front page with a dated colour photograph, information about 'Who am I,' life history, interests and hobbies and significant events in 'My life.' Care plans were person-centred and included information such as medication, medical history, communication and behaviours.

● Care plans included the identified need written from the person's prospective and the actions to be taken to achieve the outcome. For example, one care plan stated, "Knock on my door before coming in and introduce yourself. Make sure that a large and a small towel and flannel are by my shower. I prefer to use soap so make sure that this available by the shower."

● Where there was a specific need the care plans provided information for staff on how best to support the person's care. For example, one care plan stated that the person's spouse also lived at the home but currently in another unit due to their particular needs. It was recorded throughout the care plan that the person would like to interact with their spouse throughout the day. We observed staff informing the person at lunch time that their spouse was on the way to the dining room. We saw that the couple spent time together over lunch.

● The daily notes clearly recorded support that had been provided regarding the person's personal care needs. This assisted care staff in ensuring care had been delivered and whether there had been any concerns they needed to be aware of.

● People had access to activities that were meaningful to them. One person told us, "There is quite a lot going on. They take people to the shops." Another told us, "You can go out on activities seven days a week. It amazes me."

● Activities were organised taking into consideration people's needs and restrictions. One relative told us, "There are better activities here and it is more dementia friendly than other places we saw. It is more stimulating for [family member]. They have a dance in here every week and he joins in."

● We observed a variety of activities taking place including walks outside of the service, music and games. One member of staff told us, "There's all sorts of things; crosswords, dancing, floor basketball, table tennis."

End of life care and support:

● People were consulted about their wishes at the end of their life. This included where they wanted to be and family they wanted to be there with them. There were some improvements required around the recording of people's wishes as in some care plans this was limited. However, the registered manager told us that this was taking place.

● Families of people who had passed away gave praise to staff on how their loved one was supported. One relative fed back to the service, "Knowing that our mum was safe, tended to and loved here allowed me to completely focus on mum's clinical care rather than her personal needs." Another fed back, "We would just like to say a heartfelt thank you to all the staff at Parklands. Dad was very well loved and cared for."

Improving care quality in response to complaints or concerns:

● People and relatives told us that they knew how to complain and would not hesitate to do so if necessary. One person said, "We do know how to complain if we needed to but we haven't needed to yet." We saw that people were provided with a copy of the complaints procedure.

● People's concerns and complaints were listened and responded to and used to improve the quality of care. We reviewed the complaints records and saw that complaints had been investigated and responded to. For example, one person had raised a complaint about the alleged conduct of a member of staff. The registered manager spoke with the member of staff and a letter of apology was sent to the person.

● Complaints were also reviewed and analysed to look for trends.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were positive about the leadership of the service. One person told us, "The manager is always about and you can chat to her. I don't think there is anything they could improve." Another person told us, "[Registered manager] is very good." A relative said, "I would say it's very well led. There is a commitment to residents."
- Quality assurance systems were in place to monitor the care being delivered and the running of the service. We saw that there were a number of audits in place with actions plans to ensure that any necessary improvements took place. For example, the provider undertook an audit and identified that care plans required to be updated by senior staff when people's needs changed. We found that this was taking place.
- There was a mixed response from staff about whether they always felt supported. This was dependent on the unit that they were working on. They told us that they did not always feel that there was a strong enough leadership presence on the floor that they worked on. Immediately after the inspection the provider informed us that they had taken steps to address this. They told us, "In response [to staff feedback], the home have implemented a formal rota to ensure that management are taking the time to 'walk the floor' and proactively support the team."
- Other staff fed back that they felt supported and valued at the service. One member of staff told us, "[Their manager] is very good. If I need any support I just need to ask her." Another told us, "My manager is very hands on." There was a 'rewards and recognition' scheme where staff were awarded prizes for particular work they had undertaken.

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

- People and relatives had the opportunity to attend meetings to feed back about any areas they wanted improvements on. One person told us, "They have a forum for activities every month and we are asked for our feedback. They ask our opinions and ask what we want. "
- We observed a resident meeting on the day of the inspection. Discussions included the experience of a recent 'open day' that was held for family members and external visitors and what could be learned to improve the next open day. People also discussed up and coming activities, for example, they were to celebrate the Chinese New Year and people could dress up if they wished to.

Continuous learning and improving care

- Staff were involved in meetings to discuss any improvements to people's care. We saw from a recent staff meeting that policies and training were discussed. We saw that staff fed back that there were problems with

the call bell system. This had been resolved by the day of the inspection.
● The PIR stated that they undertook, "A monthly falls and medication meeting to review any falls incidents, causes, consequences and future risks with any medication incidents. These meetings also identify if there are any trends." We saw evidence of these meetings and saw that as a result medicine errors had decreased.
● Staff told us that they discussed accidents and incidents during staff meetings. They said this helped all staff to learn from incidents so they could try to prevent a repeat.

Working in partnership with others
● Steps were taken by the provider to drive improvements and they worked with external organisations to help with this. The service liaised with other organisations such as the local authority in order to provide effective care. The registered manager had worked in partnership with the GP and the community mental health team to ensure that one person received the care that they required in order to meet their care needs.
● The PIR stated, "We have gone out into the community to build relationships with voluntary groups, community groups, day centres, charitable groups and many other professional businesses. The local Mayor has been very supportive of Parklands, attending the Opening VIP event in May where all local businesses, healthcare providers and charities were invited to support the official opening of Parklands."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including safeguarding concerns.
● We saw that the registered manager had ensured Duty of Candour. We saw from the records that relatives had been contacted where there had been an incident with their family member. Relatives confirmed with us that they were contacted when incidents had occurred.