

Valley Park Care Centre (Wombwell) Limited

Parklands Care Home

Inspection report

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Wombwell
Barnsley
South Yorkshire
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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

Parklands care home is registered to provide residential and nursing care and accommodation for up to 52 adults, including those living with dementia and mental health needs. The home is located in Wombwell near Barnsley and situated within grounds shared with two other care homes owned by the same registered provider.

This was the first inspection for the new provider of Parklands. The service was registered with CQC in September 2015.

This inspection took place on 1 and 2 February 2016 and was unannounced. This meant the people who lived at Parklands and the staff who worked there did not know we were coming.

There was no registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new home manager had commenced employment two months before the inspection and was being supported by the provider's head of operations. The home manager confirmed they had submitted an application to CQC to commence the process to become the registered manager.

When we spoke with people who used the service they all told us they felt safe. Relatives spoken with did not raise any concerns about mistreatment or inappropriate care provision of their relative. Staff had received safeguarding training and were confident the manager would act on any concerns.

We found staffing levels were sufficient to meet people's needs, but recruitment of staff needed to include all the relevant information and documents as required by the regulations.

Systems and processes were in place for the safe administration of medicines, but some improvements were needed surrounding the safe storage of medicines.

On one day of the inspection some areas of the home were not clean and free from odours that were offensive or unpleasant. More frequent cleaning is required.

Care plans did not fully reflect whether a person had capacity to make decisions about their care and treatment. Consent was not always sought in accordance with the Mental Capacity Act 2005.

People did not receive adequate support or choice at mealtimes.

The premises did not take account of 'best practice' in their design for people living with dementia.

People had access to a range of health care professionals to help maintain their health.

Staff received induction, training and supervision relevant to their role and responsibilities.

People were not always treated with dignity and respect whilst receiving care and treatment.

People and their relatives spoke positively about staff and said they were kind and caring.

People were not always supported in accordance with their needs and care provided was inconsistent. Staff did not fully understand people's preferences and support needs.

There were systems in place to assess and monitor the quality of service provided, but these had not always identified improvements needed and ensured sufficient improvement to achieve compliance with regulations.

People and their relatives had been asked their opinion of the quality of the service by the regular meetings and availability of managers in the service.

We found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some areas of the service were not safe.

There were systems in place to make sure people were protected from abuse and avoidable harm. Staff had training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

Systems and processes were in place for the safe administration of medicines, but some improvements were needed surrounding the storage of medication.

We found staffing levels were sufficient to meet people's needs, but recruitment of staff needs to include all the relevant information and documents as required by the regulations.

On one day of the inspection some areas of the home were not clean and free from odours that were offensive or unpleasant.

Requires Improvement ●

Is the service effective?

Some areas of the service were not always effective.

Care plans did not fully reflect whether a person had capacity to make decisions about their care and treatment. Consent was not always sought in accordance with the Mental Capacity Act 2005.

People did not receive adequate support or choice at mealtimes.

The premises did not take account of 'best practice' in their design for people living with dementia.

Requires Improvement ●

Is the service caring?

Some areas of the service were not caring because people were not always treated with dignity and respect whilst receiving care and treatment.

People and their relatives spoke positively about staff and said they were kind and caring.

Requires Improvement ●

There were some positive interactions between the people we observed and the staff supporting them.

Is the service responsive?

The service was not always responsive.

People were not always supported in accordance with their needs and care provided was inconsistent.

Staff did not fully understand people's preferences and support needs.

People were confident in reporting concerns to the manager and registered provider and felt they would be listened to.

Requires Improvement ●

Is the service well-led?

The service was not well led in all areas.

There were systems in place to assess and monitor the quality of service provided, but these had not always identified improvements needed and ensured sufficient improvement to achieve compliance with regulations.

Staff told us they felt they had a very good team. People, relatives and staff said the provider and managers in the organisation were approachable and communication had improved within the service.

The service had a range of up to date policies and procedures available to staff.

Requires Improvement ●

Parklands Care Home

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 checked 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.

This inspection took place on 1 and 2 February 2016. This was an unannounced inspection which meant no one at the service knew we would be visiting. The inspection team on the first day consisted of two inspectors, an inspection manager and a specialist advisor who was a qualified social worker with expertise in safeguarding, older people care, dementia and mental health care and risk assessment and quality monitoring. On the second day of the inspection the team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service and the provider, for example, notifications of deaths and incidents. We also gathered information from the local authority; contracts and safeguarding team, the CCG (clinical commissioning group), the NHS continuing health care (CHC) team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with four people who used the service, five people's relatives and a visiting health professional.

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. Throughout the inspection we also spent time in the communal areas of the home observing how staff interacted with people and supported them.

We spoke with 14 members of staff, which included the home manager, the area manager, head of operations, two Registered General Nurses, four care staff, administrator, activity coordinator and ancillary staff such as catering, maintenance and domestic staff.

We spent time looking at records, which included four people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and

reports.

Is the service safe?

Our findings

We spoke with four people who used the service and they all told us they felt safe living at the home. People said, "It's lovely living here I feel safe."

Relatives we spoke with told us they had no concerns over people's safety at Parklands care home. Comments included, "Because of the one to one support [named person] receives I feel they are very safe."

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines.

We observed a qualified nurse giving medicines in the morning and at lunch time, explaining to people what the medicine was for, offering people a drink to help them take their medicines and supervising where appropriate.

The manager and staff confirmed that all medicines were administered by a qualified nurse. The nurses we spoke with confirmed they followed the medicines policy of the service and the nursing and Midwifery Council (NMC) Standards for Medicines Management. We saw some staff training records to confirm staff had the necessary skills to administer medicines safely.

The community pharmacist had audited the medicine systems within Parklands in the last three months. We saw the community pharmacist's report which highlighted some recommendations to improve medicines management. The home manager said that some of these recommendations had been completed and they liaised regularly with the community pharmacist to help maintain people's safety around medicine management.

However, we found an out of date prescribed ampule of adrenaline. (Adrenaline can be used to treat allergic emergencies), so it is very important that this medicine is in date and readily available in case of an emergency. This out of date adrenaline had been brought to the staff's attention by the community pharmacist during their audit at the beginning of December 2015. We found three opened bottles of 'Procall' (a prescribed nutritional drink supplement) in the medicine's fridge. There was no opening date identified on any of the bottles. The liquid around the bottle top of one bottle had coagulated, meaning it had been opened some days/weeks earlier. The instruction on the bottles stated that contents should be discarded 48 hours after opening.

Our findings meant medicines were not always being managed in a safe way and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We found people had a medication plan that identified how people liked to take their medication and any allergies they had. The plans included guidance for people who were administered medication 'as and when required'. Each person had a Medication Administration Record (MAR) which included a photograph of the person. This meant information was available for staff to minimise risks of people being given the wrong

medication.

We checked four people's MAR and found they had been fully completed and signed by staff. On people's MAR, we found medicines received into the home had been signed as received.

We checked the records of one person who was prescribed controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. The drugs were stored appropriately and administration records were signed by two people.

We found medicines were securely stored in locked medicine trolleys which were stored in locked rooms when not in use.

We reviewed the recruitment records for three staff members. The records contained a range of information including application forms, interview notes, employment contracts and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions. We saw evidence that the nurse's Nursing and Midwifery Council (NMC) registration had been checked.

One staff member's file contained all of the information required. One staff member had no reference in place from their last employer. Their other references were from an employer in 2012 and two personal references from extended family members. From information present it could not be established that the staff member was of good character and had the competence, skills and experience for the role. One staff member had no DBS check on file. The manager said it had been completed but they had not seen sight of it and they had asked the member of staff to bring the DBS document to the service. The member of staff had been employed for over two months.

This demonstrated a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked and found that some areas of the home were not clean and free from odours that were offensive or unpleasant.

When we arrived at the service on day one of the inspection we noted on entering the service a very strong unpleasant odour similar to that of stale urine. There was also a strong unpleasant odour outside one bathroom on the first floor similar to that of faeces. This odour was drifting down the corridor. Staff failed to open any windows or use deodorising products to diminish the smell.

We found the floor coverings on the ground floor lounge/dining room were sticky under foot. Some of the handrails were also sticky to touch.

We found a hazardous cleaning product stored in an unlocked room adjacent to the first floor lounge. We removed the cleaning product and passed it to a member of staff instructing them to store the item in a secure place.

We found that policy and procedures were in place for infection control. However although they were in place they weren't always effective. Training records seen showed that all staff were provided with training in infection control. However although policies and training were in place evidence above shows these weren't always effective.

This demonstrated a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We provided feedback to the home manager and head of operations about the areas of concern relating to the environment at the close of the inspection on 1 February 2016.

When we arrived at the home on 2 February 2016 we found there were no unpleasant odours and the floorcoverings and handrails were not sticky. The home manager confirmed floor coverings had been given a deep clean the night before and air fresheners around the home had been renewed.

The manager told us they used an individual dependency profile tool to assist with the calculation of staff needed to deliver care safely to people. The manager and head of operations were both confident in saying the current staffing numbers enabled them to meet people's needs at Parklands and the numbers were increased in line with people's changing needs. We looked at the number of staff on duty and checked the staff rosters to confirm the numbers of staff corresponded to those the manager and head of operations said were required to safely meet people's needs. At the time of this visit 27 people were living at Parklands care home. We found, the home manager, two qualified nurses, eight care staff, an administrator and ancillary staff that included domestics, maintenance staff, and cooks were on duty. The manager was also being supported by the head of operations or another senior manager from the registered provider on a daily basis. Three people were being supported on a one to one basis by three members of care staff.

We asked staff whether they felt staff levels were sufficient to meet people's needs during the day. All the staff spoken with said enough staff were provided to meet and support people with their needs.

From our observations during the inspection we noted staff were very visible around the home. When the call system was activated we observed staff arrived to see what people needed promptly. We saw staff did not rush people whilst supporting them.

People and their relatives said they felt the staffing numbers were sufficient to meet people's needs. Comments made included " Staff are good, sometimes they say can you just wait two minutes, but they come back straight away," and "They(staff) are very good ,they are always around if you need them."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the qualified nurse, home manager or provider and they felt confident that management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed that procedures to keep people safe were followed.

We saw that a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

We checked and found some systems in place for how the service managed risks to individuals and the service to ensure people and others were safe.

Individual risk assessments were in place for people who used the service in relation to their support and care. These were reviewed and amended in response to their needs. For example, if a person's mobility had changed and they were at a higher risk of falling.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the home manager to ensure appropriate action had been taken. When we spoke with the home manager they were aware of incidents that must be reported to various external organisations such as the local authority or CQC and they were knowledgeable about reporting systems and requirements under current legislation.

Systems were in place to monitor the safety of the building and the equipment in use within the home. Records showed the passenger lift, gas and electrical systems were serviced regularly to ensure they were in good working order.

The home had a fire risk assessment in place which had been recently reviewed and included an emergency evacuation plan. We also found that each person who used the service had a personal emergency evacuation plan (PEEP).

Fire/Smoke alarms were tested by staff on a weekly basis. We saw records of these tests. We saw evidence that fire drills were conducted on a regular basis. We saw this in part was due to a person living at the home sometimes activating the alarm by accident. We spoke with the manager about this and the need to record information in the records about any corrective action required by staff following a fire drill. This is to minimise the risk of staff becoming complacent should the alarm continue to be activated on a regular basis. The home manager recognised the value of these drills as a training exercise for staff and agreed to action this recommendation.

There was a business continuity plan in place for the service. The business continuity plan contained details of risks or failures that would impact on service delivery, what impact each risk would have should it occur, what action would be taken and who was responsible for dealing with this. Risks identified on the business continuity plan included, but were not limited to severe weather and power failure. There were details of local support organisations and alternative locations. This demonstrated the service had plans in place for dealing with emergencies and incidents that impacted on service delivery.

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw that several people had DoLS applications in place or in the process of being applied for where it was considered that the person did not have capacity to consent to reside at the service.

We checked people's care plans. We saw in three files that mental capacity assessments had been carried out to assess a person's mental capacity to consent to specific care and treatment. Mental capacity refers to a person's ability to make a decision. Where people lacked capacity to make decisions, a best interest meeting was held with relevant professionals and relatives, where appropriate.

However, in one person's care record, we found that consent was not always being sought in accordance with the MCA where people lacked capacity to give consent. There was no capacity assessment completed or consideration of a DoLS referral in place for this person. We observed the person concerned and we saw that staff were making and taking some decisions for this person.

In another person's file we found a DoLS referral had not been considered despite it being identified that the person lacked capacity and they were unable to make some decisions about their care and treatment for themselves. Staff were also making and taking some decisions for this person.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR helps to ensure that the person dies in a dignified and peaceful manner. In care records we looked at, where required and appropriate, DNACPR forms were in place, where either an advanced decision had been made by a person who lived at the home when they had capacity or by a relevant healthcare professional, if the person lacked capacity to make this decision. DNACPR forms contained information about the person's condition and reasons why CPR would not be attempted. These forms also contained dates the forms were completed and reviewed and had signatures of relevant professionals who had been involved in the decision.

Staff we spoke with had a basic knowledge of the principles of the MCA and DoLS. Staff confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. Some qualified nurses and care staff we spoke with were unsure the people who were subject to a DoLS authorisation. This meant that staff did not have the relevant knowledge of procedures to follow the authorisation.

Our findings showed that care and treatment was not always provided with consent of the person, and in accordance with the MCA 2005, where a person lacked capacity. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We checked how people were supported to have sufficient to eat, drink and maintain a balanced diet. To do this we viewed people's nutritional assessments and associated care plans, and observed the breakfast and lunch time meal in the two dining rooms. We also spoke with people and their family members about their experiences.

People's nutritional needs had been assessed during the care and support planning process and people's needs in relation to nutrition identified.

People we spoke with were satisfied with the quality of the food. Their comments included, "The food is good here" and "Meals are OK. I can also have a cup of tea when I want, I just knock on the kitchen door."

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. There was a four week menu plan and people got to choose what they liked. Staff went around with a menu in the morning and offered people a choice of meal. We did not see this happening, but did see the completed menus sheets.

Our observation of the breakfast and lunchtime services found the support from staff for people was inconsistent.

Some people ate in the dining room and where people were able to eat independently they did so. We saw two staff members sitting beside people who needed assistance to eat. The staff members sat level with each person, stayed with them, explained what was happening and supported them at their own pace. They regularly asked the people if they wanted a drink between mouthfuls.

However, we noted occasions where people did not receive appropriate support and did not receive a pleasurable mealtime experience.

At breakfast we saw one member of staff sat in-between two people, assisting them to eat alternately.

The menu board in the first floor dining room was left blank so people were not advised of the meal being served. Music was playing loudly, which was not conducive for people eating their meal and three people were in the room sat well apart from each other.

All the meals served were 'plated up' so staff placed the lunch in front of the person and did not ask them if they wanted more or there was too much. The meal was not personalised to the person.

At lunch we saw a member of staff assisting a person to eat their lunch. The staff member did not explain to the person what the meal was, ask the person if the temperature of the meal was alright, if they were enjoying it or if they were happy with the pace they were assisting them to eat. No drink was offered with the

meal. No condiments were on the table and we did not hear staff ask people if they wanted salt or pepper or any sauces.

In the ground floor dining room we saw some people sat at the dining table wait a long period of time before lunch was served. We observed one person waited in excess of 30 minutes. They were not offered a drink or any food during this time.

Our findings demonstrated that people did not routinely receive care and treatment that met their needs in relation to their nutrition. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People and relatives we spoke with all said the home was, "In desperate need of refurbishment." Comments from the local authority; contracts and commissioning team and other professionals included, "The home needs extensive refurbishing, but the provider has started on its improvements programme."

We saw work had started to make the external grounds safe and secure so people could have access to the gardens particularly in the upcoming Spring and Summer months." One relative said, "It would be nice for [family member] to go out safely, they haven't been outside since July last year."

We saw two lounges had been redecorated and refurbished and new chairs and other furniture had been purchased by the new provider. This had improved the aesthetics in these areas. The provider had a refurbishment plan for the whole building which they were able to share with us. We did see that works were falling behind schedule but works to improve the environment were continuing.

We checked five people's bedrooms, with their permission where possible, and five vacated bedrooms. We found the bed linen and pillows were not fit for purpose in 50% of the rooms we checked. The bottom sheets were very thin almost transparent and were placed directly onto a plastic mattress cover. Pillows were very lumpy, so along with the thin bed sheets, sleeping we would suspect would not be the most comfortable.

We did find by the second day of the inspection staff had completed a full audit on the quality of all bed linen and pillows within the home. The home manager confirmed they would be immediately ordering new pillows and bed sheets for approximately 50% of people's bedrooms.

We observed that corridors and some bedrooms and lounges were bare and sparse in appearance. The premises did not take account of 'best practice' in their design for people living with dementia.

Our findings demonstrated that the premises and equipment were not suitable for the purpose for which they are being used. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

People and relatives were generally positive about the effectiveness of the care they or their family member received. One relative told us they were always kept up to date about changes to their family member's health. One relative said that they were pleased with how their family member's needs were met by staff and kept informed of any changes to their family member's health.

Relative's comments about their family member's healthcare included, "They (staff) always keep us

informed. They call the doctor when needed, we have no worries."

In people's care records we saw entries of involvement from other professionals with people's care, including doctors, specialist nurses, opticians and dentists. This showed that people were supported with their health needs where required.

We spoke with a visiting health professional. They said, "The new management team have improved things. I talk to staff here and we put plans in place to meet and support people's needs."

Training records showed induction training was provided that covered mandatory subjects such as health and safety, safeguarding and people moving people.

New care staff were given a comprehensive induction to prepare them for their roles. The induction was completed over several months and covered the 15 standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us that the initial induction training took place over three days and then they shadowed experienced workers for a set period of time.

When we spoke with staff they told us the training provided them with the skills they needed to do their job. The manager provided a recent training matrix, the record by which training was monitored so that training updates could be delivered to maintain staff skills. The administrator was also to provide us with a historical training matrix for staff prior to September 2015, the date the current provider was registered. The training staff were provided with relevant to their role included, moving and handling, health and safety, infection, prevention and control, safeguarding, food hygiene, fire safety, Deprivation of Liberty Safeguards (DoLS), NAPPI (non- abusive psychological and physical interventions) and first aid.

Staff told us the recent training was 'good' and said the training provided them with the skills they needed to do their job.

Some of our observations which are highlighted in this and other sections of the report would question the effectiveness of some of the previous training staff had received, particularly in relation to supporting people living with dementia, promoting care and dignity and supporting people with mental health issues.

The manager and head of operations said they would look at the need for refresher or further training for some staff though the supervision process.

The manager told us a new staff supervision process had commenced with all staff having received some form of supervision since September 2015. The manager provided the supervision matrix to verify what they and staff had told us. Supervision is the name for the regular, planned and recorded sessions between a staff member and their manager. It is an opportunity for staff to discuss their performance, training, wellbeing and raise any concerns they may have. We saw that the provider offered three different types of supervision for staff. One to one, group or facilitation and skills supervision. The latter is where a manager or supervisor observes a member of staff carrying out a task or supporting a person and then provides feedback to the member of staff. A staff member said they had recently received such supervision. They said, "I had supervision last week. The manager observed me and gave feedback on my interactions with people it was good."

When we spoke with staff they told us they received supervision and were given opportunity to discuss any issues or share information. Staff we spoke with said the manager and other managers of the company were

always approachable if they required some advice or needed to discuss something.

Is the service caring?

Our findings

People we spoke with said they were happy living at Parklands care home and thought staff were caring. People said, "Staff are kind, I can choose when I go to bed and get up and what I do" and "I like it here, it's nice."

Relatives told us, "I like the staff. Things are better. Staff show an interest in [name of family member]," "Staff are very caring," "Staff are good, very friendly" and "Staff are fantastic, very friendly and caring."

The SOFI observation we carried out showed us there were some positive interactions between the people we observed and the staff supporting them. Staff were sat chatting to people whilst supporting them to have a drink. We saw staff use touch and sit at the side of people or bend down to crouch at the same level whilst supporting and talking to them. Most people appeared content and we consistently saw staff were patient with people and repeated reassurance. Staff did not rush people in the conversation they were participating in although some staff did seem a little lost for responses when people gave them no feedback to a specific question.

People told us they were treated with respect. We saw staff knocking on doors prior to entering rooms.

People and their visitors told us there was no restrictions on visiting the home, and we observed there were a good number of visitors on the day of the inspection.

We did not see or hear staff discussing any personal information openly or compromising people's confidentiality.

Staff we spoke with were able to describe how they maintained people's dignity and respect and gave examples of how they would implement this. This included practice such as ensuring personal care was provided discreetly and maintaining confidentiality.

We saw that information was provided to people who used the service about how they could access advocacy services if they wished. Leaflets on advocacy services were on display in the reception area. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

In the main we observed people had received good support with personal care and grooming. People were smartly dressed.

From our observations and discussions with relatives we noted two areas of concern that did not promote people's privacy and dignity. We observed that two people had plaque and/or food debris on their teeth. One relative had noted this about their family member and said, "I can see [name's] teeth haven't been cleaned today, but their clothes are usually clean when I come."

We saw that there were no locking devices on the doors of the toilets in the corridor opposite the lounges on the ground floor. We raised this concern firstly to a member of care staff and explained how people's privacy would be compromised. The member of staff did not seem concerned when we pointed out there were no locks on the toilet doors and said, "Oh no there isn't, but people are always supervised when they go to the toilet." We informed the manager about the absence of locks on the doors and they said they would address the issue as soon as possible.

Our findings demonstrated that people were not always treated with dignity and respect whilst receiving care and treatment. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

Our findings

We checked that people received personalised care that was responsive to their needs.

When we spoke with people they told us that staff responded to their care needs. Comments included, "Staff are good, they come when I want anything" and "I can get up and go to bed when I like. I have a bath or a shower when I like."

One relative said, "Staff are very good at things like calling out the GP. [Family member] needed a new bed, staff made a referral straight away and it was sorted."

We looked at four people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw the plans were regularly reviewed. We saw some involvement from relatives in the care plans we checked. Relatives we spoke with said they felt fully involved in the decisions about the care their relative received. One relative said, " [Family member's] care plan is amended with input from my daughter. The Community Psychiatric team are also involved in the reviews," and "I have been involved in all reviews, we are told when they are happening and invited."

Two of the care plans checked contained enough information for staff to respond to the person's needs. However, in the other two care plans we found people's needs and the support required to meet their needs was not detailed enough and we saw evidence as to the effect of this lack of detail in how staff responded to, and supported people.

We found one person's care plan offered staff no detailed strategies on how to support the person with one to one support.

We observed one person constantly pacing around the room. Staff did not know how to, or did not offer any interventions to support and assist this person. We saw one member of staff swerve around the person to exit the room rather than speaking with them or offering some distraction to help the person rest.

We observed different staff, over both days of inspection supporting a person on a one to one basis. Staff did not seem to know how to respond to the person's constant walking around the home. The staff followed the person around, the majority of time with no communication, 'minding' the person and trying to guide them from one direction to another preferably away from exit doors. We saw one member of staff carry a rolled up magazine under their arm ready for them to read it if the person sat down for a rest, rather than use this as an opportunity to communicate with the person.

Our findings demonstrated that people did not routinely receive care and treatment that met their needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An activities worker was employed by the service and there was an activities board which gave details of the daily activities. None of these activities were taking place because on the first day of inspection the activities coordinator was on a training day and the second day of the inspection they were not working. We did not observe activities taking place on either days of our inspection.

We spoke with the activities coordinator after they had finished the training. They were enthusiastic about their role and showed us plans for activities and a preference sheet for each person as to their likes/dislikes and hobbies.

People and relatives we spoke with said activities did take place in the home and these included entertainment from visiting singers, some seasonal parties, some arts and crafts and bingo. One relative knew about activities taking place but said their family member could not join in because they couldn't concentrate on tasks for any length of time. People we spoke with said staff would also sit and have chat with them sometimes.

We checked how the service listened and learnt from people's experiences, concerns and complaints.

When we spoke with people and their relatives none had concerns they wished to raise. Comments included, "The new managers are very good, they have time to listen to you. Things are a lot better," and "I see [named manager] and the [named head of operations], they are very good, they are very approachable." This openness and accessibility of managers demonstrated the service did respond to people's concerns if they were raised.

The manager told us a complaints policy/procedure was in place. They said the procedure was displayed in the home. We saw this in the entrance hall/foyer. The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them and included time scales for responses. The policy was in an easy read format. We suggested to the manager that a copy of the policy also be displayed in a central area of the home as the foyer was not accessible to all people at the home.

Is the service well-led?

Our findings

We checked that the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that is person-centred, open, inclusive and empowering.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The person managing the home had applied to be registered.

Valley Park Care Centre (Wombwell) Limited became the registered provider of the service in September 2015. After discussions with stakeholders and managers of the registered provider we found some of the concerns during this inspection were historical and the provider has gone some way to addressing and improving aspects of the service.

Stakeholders commented, "The Adult Joint Commissioning Team Contracting Team has been working with the provider since early November 2015 via Serious Concerns Performance Management, meeting with the provider fortnightly. We have visited each alternate week with health colleagues to check on progress. We have found the provider to be committed to making improvements and they have produced an action plan which is updated regularly and visits show improvements. They have also had a senior manager available within Parklands seven days per week. However it is agreed by all parties, including the provider, that they have a way to go and need time to be able to move forward."

General observation of the management of Parklands care home was that the manager and head of operations were visible and involved with the day to day running of the home. The atmosphere was friendly. People and their relative's comments about the service were, "[Named Head of Operations] Is very good, she is very easy to talk to," "The managers are good, I would say things are getting better," "Its improving," "Things have bucked up here," "[Named manager] is very nice, very approachable" and "Over the last three months I would say it is 80% better."

There were planned and regular checks completed by the senior managers within the service to check the quality of the service provided. We reviewed the quality monitoring audits completed by the provider over the last three months. The audits completed covered a range of areas including: staffing levels, medication management, infection control, premises safety, accident statistics, staff training, staff supervision, MCA and DoLS, quality of food, complaints, care plans and notifiable incidents. The audits also included a discussion with people living at the service, relatives and visitors. An action plan was produced for staff to complete with a timescale for each audit.

However, our findings during the inspection were that improvements were still needed with medicines, people's care records relating to consent, the mealtime experience for people, the safety and cleanliness of the environment, maintaining people's privacy and dignity and ensuring people received care that was

appropriate and met their needs and reflected their preferences.

Our findings demonstrated the service was not meeting the requirements of the regulations in relation to assessing and monitoring the quality of service provision. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Discussions with staff identified the service had a more open and inclusive culture since the new provider was registered in September 2015. Comments included, "The new provider is doing a good job investing time and money I think it will improve," "I feel supported by management and the team work well together" and "We are updated on changes taking place, it felt amazing because I felt included."

We found staff meetings had been held, which meant staff were provided with an opportunity to share their views about the care provided. Staff we spoke with stated they were able to voice their opinions about the service. We found that at staff meetings, staff discussions included expectations from staff roles, cleanliness, privacy and dignity and safeguarding.

We found resident and relatives meetings were held to provide people with an opportunity to feedback their opinions of the quality of service provided. We viewed the minutes of residents and relatives meetings that had been held, which were displayed throughout the home to look at if people had not attended. Items discussed included changes to the management and ownership of the home and forthcoming plans to refurbish the home.

The provider had also sent an 'open letter' to all relatives of people living at the home. The letter sent at the end of 2015 explained that the registered provider was aware of recent concerns surrounding the home and advised people to contact a manager at any time and that a senior manager would be available in the home seven days a week until further notice.

The manager said they would be sending questionnaires to people, relatives and health professionals in the next three months requesting feedback on the quality of the service.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant any changes in current practices were reflected in the services policies. All policies were chronologically filed and available and accessible to staff.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this had happened.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not receive care and treatment that was appropriate and met their needs and reflected their preferences.</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People were not always treated with dignity and respect whilst receiving care and treatment.</p> <p>Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Dignity and respect.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Premises were not clean and free from odours that are offensive or unpleasant. Hazardous materials were not managed in line with current legislation and guidance.</p> <p>Premises were not fit for purpose for which they were being used in line with statutory requirements and do not take account of</p>

national best practice.

Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care	
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Regulated activity	Regulation
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	Regulation 17 HSCA RA Regulations 2014 Good governance
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Systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care	
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Regulated activity	Regulation
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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
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Recruitment procedures were not operated to ensure people involved with carrying out the regulated activities were of good character and had the skills and competence for the role.

Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not always provided with consent of the person, and in accordance with the Mental Capacity Act 2005, where a person lacked capacity.</p> <p>Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.</p>

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.</p> <p>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Management of Medicines.</p>

The enforcement action we took:

Warning notice