T Chopra

Parklands

Inspection report

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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

This inspection took place on 16 and 30 May 2017 and was unannounced. This meant staff and the provider did not know that we would be visiting.

Parklands care home is a large converted Victorian mansion set in its own grounds. It provides up to 36 places for older people and older people with dementia care needs. There is an additional extension which is connected to the original part of the building by a bridge. Two people had chosen to live in this extension. At the time of our inspection there were 22 people using the service.

At the last inspection on 31 March and 1 April 2016 we found improvements were required. The provider had not made arrangements to ensure people received their prescribed topical medicines in a safe manner. Care plan documents which outlined the needs of people who used the service needed to be improved. Also action was needed to ensure the records were accurate and provided contemporaneous information.

We found the service in breach of regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service as 'Requires Improvement' overall and three domains required improvement.

Following our last inspection the provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

At this inspection we found that the team had worked collaboratively to ensure all of the previous breaches of regulation were addressed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like providers, they 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 relatives we spoke with told us they felt the service was safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. People's medicines were managed safely. There were enough staff deployed to keep people safe. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received mandatory training in a number of areas, which assisted them to support people effectively, and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health.

People and their relatives spoke positively about the staff at the service, describing them as kind and caring. Staff treated people with dignity and respect. Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. People were supported to be as independent as possible and had access to advocacy services where needed.

People and their relatives told us staff at the service provided personalised care. Care plans were person centred and regularly reviewed to ensure they reflected people's current needs and preferences. People were supported to access activities they enjoyed. Procedures were in place to investigate and respond to complaints.

People and staff spoke positively about the registered manager, saying she supported them and included them in the running of the service. The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place.

People's risks were monitored and managed appropriately with the least restrictive option always considered.

People's medicines were managed safely and audited regularly.

People lived in a clean and well maintained service with environmental risks managed appropriately.

Is the service effective?

Good

This domain remains good

Is the service caring?

Good

This domain remains good

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced identifying how to meet them.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern.

Is the service well-led?

Good

The service was well-led.

People benefitted from a service which had a strong management team. The registered manager was always looking

for ways to improve.

The registered manager consistently reviewed the effectiveness of the service.

People's views were sought and acted upon. Relatives' views were sought.

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.

One adult social care inspector completed this unannounced inspection on 16 and 30 May 2017.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

Prior to our inspection the registered manager completed a provider information return (PIR), which is a form that asks them to give key information about the service, what the service does well and improvements they plan to make. We used the content of the PIR to inform our inspection and to ask questions of the provider. We also considered the information the commissioners of the relevant local authorities had provided during our routine information sharing meetings.

During the inspection we spoke with eight people who used the service and two relatives. We spoke with the registered manager, deputy manager, a senior carer, six care staff, the cook and a domestic staff member. We looked at five care plans, medicine administration records (MARs) and records related to the management of the home. We also observed care practices during our inspection.

Good

Is the service safe?

Our findings

During our inspection of 31 March and 1 April 2016 we observed a number of topical preparations present in people's rooms but we found no documentary evidence to demonstrate these had been applied. Other people had preparations which were not prescribed. No dates were recorded on packaging to identify 'opened on date' and some people had two or more of the same preparation open at the same time.

Following our last inspection the provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

At this inspection we found people's medicines were managed safely. Staff received training to handle medicines, and they were looking to obtain level 3 qualifications in the safe handling of medication. The medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Topical creams were administered in line with expected practice. Medicines were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them. One person managed their own medicines, and this had been risk assessed and appropriate action taken to support the individual to continue to have control over their medication.

People and relatives we spoke with told us they felt the service was safe. One person told us, "They are good here and the staff always make sure we get the best care." Another person said, "I'm very content and have found this a good place to live." One relative told us, "I find staff are attentive and constantly make sure people are well cared for, which gives confidence that [relative's name] is being looked after properly."

Risks to individuals using the service were assessed and plans put in place to reduce the chances of people coming to harm. For example, one person was at risk in relation to falls and the person, staff and external professionals had developed a care plan to help keep them safe. Risk assessments were regularly reviewed to ensure they reflected current risk. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents and incidents were monitored for any trends, and plans were in place to support people in emergency situations.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would be confident to report any concerns they had. We saw records which confirmed that staff had received safeguarding training during 2016.There had not been any safeguarding incidents since our last inspection but the registered manager told us how these would be investigated, including referrals being made to relevant agencies. People were included in discussions about safeguarding. One staff member told us, "We are here to make sure the people get the best possible care and if I saw anyone being mistreated I would not hesitate to report this to the manager."

There were enough staff deployed to keep people safe. There was always a minimum of one senior and five care staff at the service during the day and one senior and three care staff members overnight. The registered manager, deputy manager, domestic staff, catering staff, laundry staff and the maintenance person all worked at the home The registered manager explained they were able to alter staffing levels as

people's needs changed and when we went back for our second visit we found they had increased night staff numbers of care staff, following a review of the accident and incident analysis. Earlier in the year the registered manager also reviewed the number of hours provided in the laundry and increased these by an additional five hours per week. One member of staff said, "We definitely have enough staff and if we felt it was not enough the manager would do something about it this."

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Good

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 found that the registered manager and staff had attended several MCA and DoLS training courses. They had used this learning to inform the way they worked with people who may lack capacity to make decisions. We saw that new mental capacity assessment forms had been introduced and these ensured staff adhered to the requirements of the MCA. Staff had used these forms to make decision specific assessments. Best interest decisions were clearly recorded. At the time of our inspection six people were subject to a DoLS authorisation and everyone else had capacity to make their own decisions.

The registered manager was committed to ensuring staff had all the skills and knowledge needed to create an effective, person-centred service. They had ensured staff were provided with advanced training around caring for people living with dementia. Staff had also completed experiential learning whereby they spent the day experiencing the difficulties people who lived at the home faced such as needing to be assisted to eat, experiencing sensory deprivation and what it would be like to have continence difficulties. Staff told us they had found this had a profound effect upon them and really made them reflect on how they could make their practices more empathetic and person-centred.

Staff received mandatory training in a number of areas to support people effectively. Mandatory training is the courses and updates the provider thinks are necessary for staff to complete in order to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional condition specific training was also provided in areas such as diabetes. Training was regularly refreshed to ensure it reflected current best practice. Staff who administered medication had completed recognised safe handling of medication training and underwent regular competency assessments.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Appraisals are usually carried out annually and are a review of staff's performance over the previous year. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the

opportunity to eat between meals.

The cook told us that the provider gave them a very ample budget. They explained that the registered manager expected food to be of a high quality. The cook told us their expenditure was never questioned and this freedom had allowed them to ensure the food was made using fresh products and home-cooked. They told us that they worked with the people who used the service and local healthcare professionals to ensure the menus provided healthy choices.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as speech and language therapists (SALT), dieticians, GPs and consultant psychiatrists in people's care. For example, one person's communication care plan was developed with the SALT team.

People told us about the professionals involved in their care and relatives said they were kept informed about appointments. One relative said, "The staff always let me know what is going on and keep me in the loop."

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the support provided by staff at the service, describing them as kind and caring. One person said "This is a lovely place to live. The staff really care about us and treat is well." Another person said. "I can't think of anything they could do to make the home any better. The girls are all really lovely." A relative said, "[Person's name] is really well cared for and the staff are always welcoming. They make us feel as if we are part of a big family."

Staff treated people with dignity and respect. We saw that staff addressed people by their preferred names and spoke with them in a friendly but professional way at all times. Staff knocked on people's doors and waited for a response before entering their rooms, and took them to quieter areas of the house to discuss private matters. We found the staff were warm and friendly and very respectful. All of the staff talked about the ethos of the service, to make sure the people who used the service were at the centre of the service.

Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. For example, one person at the service was telling us about their interests and staff reminded them they had missed something out. The person laughed, thanked the member of staff and told us more about their interests.

We observed staff routinely using good practice such as getting down to people's level for good eye contact when speaking with them. Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort.

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

At the time of our inspection no one was receiving end of life care but the registered manager was looking to ensure this was an area of care that staff become adept at providing. They had recently researched best practice in end of life care and found equipment for encouraging people to take fluids and maintain their oral health even when very unwell. This was a device that provided fluids in an effervescent form so bubbled on the tongue, which had been found to encourage people accept fluids. Care records contained evidence of discussions with people about end of life care so that people could be supported to stay at the service if they wished.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them, such as photographs.

Good

Is the service responsive?

Our findings

At our last inspection in 2016 we saw that some care plans needed more information to help to ensure that the needs of the person were met. For example, we saw a risk assessment for using the hoist in one person's care file but there was no record of the person needing a bath hoist documented in their 'care plan for 'maintaining a good level of personal hygiene.' There was also conflicting information in people's care records which could place them at risk of harm. In one person's care plan we saw they had been assessed as being at high risk of falls and that staff needed to "remind them to use their walking frame." However, in the falls risk assessment tool which had been reviewed on 18 March 2016 they had been assessed as at low risk of falls.

Following our last inspection the provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

At this inspection we found that the staff had worked diligently to ensure each individual's care records contained all the relevant information. We saw that this was detailed, up to date and person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

During our visit we reviewed the care records of five people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. Care plans provided guidance to staff about people's varied needs and how best to support them. For example, one person's care plan discussed how they preferred to seek legal advice before agreeing to any aspect of the care and the actions staff needed to take to support this person to contact their solicitor. We found the care records were well-written. They clearly detailed each person's needs and were very informative.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

People and their relatives told us staff at the service provided personalised care. One person we spoke with said all of their requests were met. A relative we spoke with praised the person centred care provided at the service and said, "We have no complaints at all, this is a wonderful home." The registered manager told us how one family continued to use the service for respite although they now lived in Scotland. This, they had been told by the family was because the service was 'second to none' and 'their relative always seemed well-cared for and refreshed when they finished the respite'.

People were supported to access activities they enjoyed. People's interests were outlined in their care plans, and staff supported them to access this either by attending events with people or helping them research

ways to enjoy their hobbies. For example, one person played the piano and staff encouraged them to use the service's piano. The people we spoke with told us how this person lightened up their day when they played as they were an 'excellent' pianist. Another person told us that they enjoyed visiting a local club either with their family or staff.

Procedures were in place to investigate and respond to complaints. One complaint had been received since our last inspection in 2016, which related to effective care of people's clothes. We found that this had been thoroughly investigated by the registered manager and action was taken to rectify the matter, which led to an increase in the number of hours the laundry staff provided. The complaints policy was displayed in communal areas and minutes of house meetings confirmed people were regularly asked if they had any complaints. People and the relatives told us they knew how to complain and raise issues.

Good

Is the service well-led?

Our findings

At the 2016 inspection we looked at the records in the home and found a range of records in place which demonstrated the registered manager and the staff were documenting peoples' care. However, we found not all of the records were up-to-date and accurate. We found discrepancies in people's care plans, for example, one person required a hoist to transfer them, however in their review it stated they needed a stand aid and it was unclear to staff which piece of equipment to use. In other records we found information which was contradictory. We found that the governance arrangements had not identified these issues. We also found that more robust processes needed to be in place for staff administering topical creams.

Following our last inspection the provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

At this inspection we found that all of the registered manager and staff had ensured care records were accurate and the administration of medication was in line with expected best practice. The medication and governance practices had been reviewed and strengthened. The registered manager and staff ensured all aspects of care were delivered safely. However, although the need for a full-time administrator was discussed at the last inspection this had not come into fruition. From our observations it was clear that there continued to be the need for a full-time administrator, particularly in light of the increased occupancy at the home. The registered manager told us they would address this and take action to ensure this occurred.

We found the registered manager had carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, infection control, care records and health and safety around the building. The audits provided evidence to demonstrate what action had been taken if a gap in practice was identified and when it was addressed. For example, a health and safety audit identified that the paintwork on windows needed to be removed. The registered manager had then followed this up with the provider and requested that the maintenance person be tasked with stripping the paint of these windows. The provider carried out regular 'quality checks' to monitor these audits and support the registered manager with any actions needed.

People and staff spoke positively about the service and people said they were proud of where they lived. A relative said, "I cannot praise them enough. It's a home from home." Another relative said, "It really feels like I'm visiting [Person's name] own home and not a care home. " A member of staff told us, "We are like one big family so try to make all of the residents and families feel as if this is their home." One person said, "I find the manager and staff really listen to what I have to say."

The service had a registered manager. People and staff spoke positively about the registered manager, saying she supported them and included them in the running of the service.

Staff told us they had regular meetings and felt able to discuss the operation of the service and make suggestions about how they could improve the service. A member of staff said, "[The registered manager's name] involves us in everything. We get regular updates."

Feedback was sought from people through resident and relative meetings, via newsletters and surveys. Feedback from staff was sought in the same way, through regular staff meetings and an annual survey. The results of the most recent survey in 2016 had been compiled and showed that all of those who responded were happy with the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken in response to these events.