

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Parklands

Highfield New Road, Crook, DL15 8LN

Tel: 01388762925

Date of Inspection: 15 September 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	T Chopra
Registered Manager	Mrs Jean Towland
Overview of the service	Parklands care home is a 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 and this part of the building is currently unused.
Type of services	Care home service with nursing Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Parklands had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Management of medicines
- Requirements relating to workers
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 September 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We visited Parklands to check that improvements had been made since our last inspection on 2 April 2014 when we found the provider was not meeting standards in eight areas, the majority of concern being within the nursing unit.

Since the last inspection the provider made the decision to close the nursing unit, which has been done. However, at the time of the inspection our register was in the process of being updated. This meant that the report still showed, in the section 'details about this location', that it provided nursing.

This inspection was carried out by two inspectors. We met with five people who used the service and observed their experiences of care to support our inspection. We also spoke with the team leader and five staff.

We considered our inspection findings to answer questions we always ask:-

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

Below is a summary of what we found. If you want to see the evidence that supports our summary, please read the full report.

Is the service safe?

People were cared for in an environment that was clean and hygienic. People were supported to remain independent as safely as possible.

Appropriate risk assessments were in place, and the registered manager had suitable arrangements to safeguard people from foreseeable emergencies.

At the time of the inspection, there were four people at the home subject to an authorisation made under the Deprivation of Liberty Safeguards.

There were regular quality checks and audits completed to make sure people lived safely at the home.

Is the service effective?

Staff had received training to meet the needs of the people who lived at the home.

Many people living at the home had gained weight in a positive way since moving into the home.

Is the service caring?

Observations during the visit showed staff were compassionate and caring to the people they supported. During the day we found positive interactions taking place and staff responding in a thoughtful and kind manner to people who lived at the home.

Is the service responsive?

Regular reviews were carried out with the people who used the service and their representatives to make sure the person's care and support needs had not changed. This helped ensure staff supplied the correct amount of care and treatment.

Information collected by the service also gave staff an insight into the interests, likes and dislikes and areas of importance to the people in their care. This meant that it helped staff to provide social activities that people could choose to be involved with.

Regular meetings took place with staff to discuss the running of the service and to ensure the service was responsive in meeting the changing needs of people who used the service.

People who lived at the home were encouraged to give their views.

Is the service well-led?

There was a registered manager in post at the home, however, at the time of the inspection they were not at work.

People who used the service had regular contact from the registered manager and other senior staff to check their wellbeing. The quality of service provided by care givers was

monitored and this was done through quality audits.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We visited Parklands to check that improvements had been made since our last inspection on 2 April 2014 when we found the provider was not meeting standards in consent to care and treatment.

When we checked six care records we saw systems were in place to record the consent of people who lived at the home.

Staff told us some people may lack the capacity to be able to consent to a particular aspect of their care. Where this was the case, an assessment of their ability to make a decision had been carried out under the Mental Capacity Act (2005) (MCA) and decisions were then implemented in the best interests of the person. The MCA is legislation designed to protect people who may lack the capacity to make a particular decision. We found that the provider had acted in accordance with legal requirements.

We saw staff recognised individual ways of communicating and were aware that some people needed more time and support to make decisions. This was seen in practice through lunchtime observations of four people receiving additional support from staff with their meal. For example, we observed one staff member ask an individual if they would like some more lunch before they supported them to put the food into their mouth. The person indicated that they had had enough and the staff responded accordingly.

When we looked at records we found that where DNARCPR paperwork was in place that it was correct and we could see that conversations with people and/or their family members had taken place and was recorded. A DNACPR is a decision made by healthcare professionals when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We visited Parklands to check that improvements had been made since our last inspection on 2 April 2014 when we found the provider was not meeting standards in care and welfare of people who use services.

During our inspection we met with five people who received care. Not all of the people we spoke with could express themselves due to their health condition and complex needs, for example, those who were living with dementia.

During a 30 minute observation period we watched staff within the home as they went about their daily duties and found they did so in a very caring and positive way to promote wellbeing and independence amongst the people that lived there.

We looked at six care records and examined the content of each file. We talked to staff about people's care and support needs and looked at the records relating to them. We saw referral information was recorded on each person's care records. Staff had also completed a pre-assessment of each person's individual needs, for example, medication, sleeping patterns, appetite and memory.

Care records held detailed person centred care plans which had been developed and reviewed monthly. Care plans covered all identified areas of need, including for example; mental health, personal care, communication and nutrition. This meant that people's needs were assessed and care and support was planned and delivered in line with their individual care plan.

We saw three monthly care reviews had taken place where people and/or their relatives had signed to say they had been involved with the care planning process. We also noted that healthcare professionals had been involved in these reviews.

We also saw staff had developed risk assessments where any risks had been identified through the care planning process. This included, for example, risk assessments for falls and pressure areas. We also saw that one person had an 'en suite' risk assessment which had been completed and signed in conjunction with the person's family. This meant care

and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

People's nutritional needs and information were included in care records. We observed four people receive individual support with lunch and confirmed this need was recorded in their care records. All of the care records that we checked showed that weight was monitored weekly. Most people that we checked had either a steady weight or had put weight on. However, when we asked staff about one person who had recently lost weight, they confirmed that a referral for specialist advice needed to be made and they were going to follow this up immediately. We noticed from care records that one person who lived at the home was a vegetarian. When we asked kitchen staff about this, they were fully aware and explained how they ensured the person was individually catered for.

Care records also held information about people's life history. This provided staff at the home with an insight into the person's family, their past careers, likes, dislikes and other information which was important to the person.

The home employed an activity coordinator who was currently off work but staff told us they provided daily activities in their absence for people who lived at the home. We saw four people attending the hairdresser during the inspection. Overall, this meant that people had a choice of activities to participate in if they wanted to.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We visited Parklands to check that improvements had been made since our last inspection on 2 April 2014 when we found the provider was not meeting standards in safeguarding people who use services from abuse.

From the four staff files we checked, we could see staff had completed safeguarding training. This included staff that, as part of their day to day work, supported people with personal care needs.

Four people at the home were subject to Deprivation of Liberty Safeguards (DoLS) and we confirmed that correct procedures had been followed. Deprivation of Liberty Safeguards (DoLS) were introduced in 2009. They are part of the Mental Capacity Act 2005 (MCA). They are used to protect the rights of people who lack the ability to make certain decisions for themselves.

We saw the provider had care plans, risk assessments and protocols in place to protect the person and also the staff member, for example; in connection with the person's behaviour or specific personal needs. For example, a number of people at the home often called out to staff repeating a particular word and care records documented how to safely support that person. We also noted that, where appropriate, the person's relative or other healthcare professionals had been involved which meant the provider had taken reasonable steps in that persons care to further safeguard them from the possibility of abuse.

We saw the safeguarding of vulnerable adults policy was in place to provide staff with clear guidance. We found that people who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We visited Parklands to check that improvements had been made since our last inspection on 2 April 2014 when we found the provider was not meeting standards in management of medicines.

We found medicines were handled appropriately and safely administered. We saw evidence of medication administration records (MAR) so staff knew what medicines were currently prescribed for people. All medicines were labelled appropriately and correlated with the MAR and we saw all medicines were available to give. We observed medicine being administered and found correct procedures were followed at all times. We noted that creams and lotions were kept in individual bedrooms and were dated to show when they had been opened, which ensured they were still valid and usable.

We found medicines were kept safely and keys were available to staff in charge. All cupboards containing medicines were seen to be locked and the areas were clean and tidy.

Medicines requiring cold storage were stored appropriately in a fridge to maintain their potency and daily temperature recordings were seen showing this was checked daily.

We also saw there was a regular monthly medication audit which took place, the last one being on 31 August 2014. We noted if there were any errors these would be actioned; this meant there were systems in place to further improve medication procedures.

Staff responsible for administering medication had completed medication training and we saw evidence they had also received a regular medication competency assessment, for example; one staff member had received an assessment on 4 March 2014 and then again on 13 September 2014. This meant staff were suitably trained and assessed to handle and administer medication.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We visited Parklands to check that improvements had been made since our last inspection on 2 April 2014 when we found the provider was not meeting standards in requirements relating to workers.

We looked at staff files for four people who worked at the home. Each member of staff had completed an application form which included details of previous work, and educational history. We saw staff had provided two references which confirmed they were suitable for the role to which they had applied. Evidence was also available to confirm the staff member's identity. This meant the provider's procedures had been followed and there were effective recruitment and selection processes in place.

We could see the provider had contacted the Criminal Records Bureau (CRB) or the Disclosure and Barring Service (DBS) to ensure staff did not hold any criminal convictions that would prevent them from working with vulnerable people. When we asked senior staff about this process, they were able to tell us about the correct procedure that would be followed if a person had a past criminal conviction. We were told the procedure included, for example, carrying out a risk assessments to ensure that staff were able to carry on working with people who lived at the home.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We visited Parklands to check that improvements had been made since our last inspection on 2 April 2014 when we found the provider was not meeting standards in staffing.

The home had a registered manager in post and a team leader both of whom had many years experience of working at the home.

We were told by staff that there were no current staff vacancies at the home.

We observed care throughout the day and noted staff had the capacity to fulfil the needs of the people in their care. One staff member told us they were busy but felt there was enough staff to meet people's needs. On the day of the inspection, there were 24 people who lived at the home. The rotas we checked confirmed that there were enough staff to meet the individual needs of the people who lived at the home.

We were told by staff that lunch was split into two sittings to allow staff to fully support those people that needed additional help. We observed appropriate one to one support being given to four people who required this level of care during the second sitting of lunch. This meant that where people needed tailored individual support this was provided by the home.

When we examined care records we saw evidence that some people who lived at the home required two carers for certain needs; for example, personal hygiene or moving and handling. When we asked staff about this, they were able to confirm which people required this level of support. This showed staff were aware and familiar with people in their care that needed additional help. We saw one person who required additional levels of care, being supported by two staff members to move about the home.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We visited Parklands to check that improvements had been made since our last inspection on 2 April 2014 when we found the provider was not meeting standards in supporting workers.

We looked at four staff files and saw that supervision had taken place. We were unable to look at the manager's records as they were not available at the time of the visit, although we had received confirmation from the provider that supervision and personal developments plans were being developed for the manager and all staff members.

We saw minutes of home managers meetings which provided managers an opportunity to discuss relevant items and provide them with additional peer support.

24 staff members were qualified in health and social care related subjects, including for example, national vocational qualifications (NVQ) or the replacement diploma.

There was a training matrix which we saw and this listed all staff training completed and dates due for review. We were able to compare this record with the actual certificates for confirmation. We could see that the majority of training was completed in May and June 2014, including for example dementia and mental capacity training.

Overall we found the provider supported staff and provided adequate training and staff development.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We visited Parklands to check that improvements had been made since our last inspection on 2 April 2014 when we found the provider was not meeting standards in assessing and monitoring the quality of service provision.

At the previous inspection we had concerns over skill levels of both the provider and the registered manager regarding nursing care. As the nursing unit has since closed, these concerns no longer applied.

The provider had a number of updated audits in place to assess and monitor the quality of the service provided, including for example; care planning, medication, and catering audits. These audits provided evidence of checks taking place with clear actions for any improvements required.

We saw on the catering audit, for example; that chopping boards were needed. We spoke with kitchen staff and they confirmed these boards had been purchased.

On the medication audit, we saw explanations were given where queries were noted. For example, where self-medication was not applicable or where medication records required updating. The provider may find it useful to note full dates should always be shown.

We found the service generally clean and tidy. We saw internal infection control audits had taken place and the home had also received a recent visit from the infection control lead at the Local Authority on 28 August 2014. The report from the visit had just been received and we saw a small number of actions required completion, two of these for example; to commence a mattress audit and to have the downstairs toilet refurbished within 5 months. Staff told us the provider would ensure these actions were completed.

When we visited the laundry area the alarm on the washing machine was ringing to alert staff the wash cycle had not been completed correctly. When we asked staff about this, they told us the alarm goes off constantly. They told us that the machine had been repaired. The provider may like to note that the same problem was identified at our last

inspection.

Accidents and incidents were appropriately recorded and we could see from records staff had dealt with these correctly.

A customer comments book was held in the dining area and people and staff were encouraged to make comments on the quality of food and the service from the kitchen staff. We noticed many positive comments, for example' "Lunch was lovely." Or "Chicken casserole and dumplings wonderful. Full of flavour." Where negative comments were made actions were taken to rectify the issue.

The provider may like to note that during the inspection we noticed a smoking area had been made available for people who lived at the home to use. It was located outside and had a seating area. However, we noticed the area did not have a shelter from inclement weather and people using this area would not be protected.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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