

Random inspection report

Care homes for older people

Name:	Parklands
Address:	Highfields New Road Crook Durham DL15 8PU

The quality rating for this care home is:	two star good service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Jean Pegg	1	7	0	5	2	0	1	0

Information about the care home

Name of care home:	Parklands
Address:	Highfields New Road Crook Durham DL15 8PU
Telephone number:	01388762925
Fax number:	01388762925
Email address:	
Provider web address:	

Name of registered provider(s):	Mr Tarsem Lal Chopra
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	36

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	12	0
learning disability	3	0
old age, not falling within any other category	0	32

Conditions of registration:								
<p>Named Individual: The home may accommodate a named individual as set out in a letter to the registered person dated 1 February 2006 which establishes the basis on which the individual's needs will be met by the home. Where necessary the home's Statement of Purpose shall reflect any changes in service provision required for this arrangement. This condition may not apply to anyone else, other than the named individual, who falls outside the registered category.</p>								
Date of last inspection								

Brief description of the care home

Parklands Residential Care Home provides residential care services for up to thirty six older people who require personal care. It does not provide nursing care. Parklands is a grand, part-Georgian building set in its own grounds. It is just off a main road in a quiet part of Crook, and is close to all local amenities. The home is a two-storey building that is serviced by a passenger lift. There is ample car parking space located at the front of the home. Currently the scale of fees charged at the home is £409 for people funded by the local authority, and £462 for people who are privately funded.

What we found:

This inspection was carried out on 17 May 2010. The visit lasted for six hours. In September 2008 the home was awarded a good rating. The purpose of this inspection was to see if the home was continuing to maintain that standard.

When we visited the home we looked at records and documents held there, we talked to people who live and work at the home and observed their practice. Before we visited the home we asked the manager to complete and return a self assessment document. This document is called an Annual Quality Assurance Assessment. We also sent out surveys to people who live and work at the home. We received four surveys back from people who live at the home and two back from people who work at the home. We did not receive any comments that gave us cause for concern. We looked at care plans and medication records, complaints and adult protection referrals, the quality of the environment, staff supervision records, the management arrangements for the home, quality assurance systems and maintenance records for the home. This is what we found.

The home had followed a previous recommendation and had improved the presentation of the service users guide. We discussed how the guide could be further developed to provide good information for people who may be considering this home as somewhere for them to live.

We looked at three care plans. The home has followed previous requirements and recommendations about ensuring that each identified need had a separate care plan and that dementia care needs are documented on a care plan with specific guidance for staff to follow. None of the care plans we looked at had been signed by a service user or representative. We did speak to a service user who told us what was written in their plan for meal times. When we checked the care plan, it matched what we had been told. All of the care plans showed evidence of staff reviewing them each month and commenting if they were still appropriate or not. During our visit we noticed a general practitioner and community psychiatric nurse visiting people in the home. We were also aware that staff were trying to make arrangements for an ambulance to take someone to the wheel chair clinic the next day.

We observed medicines being given out following lunch. The member of staff administering the medicines took her time with each person to ensure that they had taken their medicine safely. Each person was offered a drink with their medicine. The trolley with the medicines on was moved around the room so that the person giving out the medicines had control of it at all times. After the medicines had been given out we checked the room in which they are stored and the records held for medicines in the home. The storage area was warm and we noticed that the home had recognized that they had a problem and were experimenting with different cooling equipment to try and maintain a safe temperature. In general the records held for medicines were satisfactory. We did identify two issues we were not happy with. One was that new medicines brought into the home had not been added to the persons medicine administration record to show the correct number of medicines held on stock. We asked that this be rectified straight away. The second was that one medicine had been dispensed with the incorrect start date. This was a pharmacy error and not an error made by the home. We were shown examples of audits and random stock checks that the management of the home make on

the medicines held in the home.

For lunch that day it was mince cobbler, mashed potatoes, carrots and cabbage with a pot of ice cream to follow. One person we spoke to told us that they could have something different if they wanted. They also told us how their special dietary requests had been followed and that for breakfast they had had "bacon, sausage and egg." The home has an activities coordinator and we observed this person offering different activities to people sat in the lounge. There was evidence of a range of different things to do in the home. We also noticed that staff made time to sit and talk to people living at the home.

The previous inspection had recommended that complaints should be recorded separately to ensure confidentiality. We were shown the new form that had been designed to meet that recommendation. The complaints procedure needs to be updated to show the correct contact details for the Care Quality Commission and the local authority. There has been one adult protection referral made to the local authority since the last inspection. The home responded to this referral by increasing night time staffing levels in the home. The inter agency adult protection procedure held in the home was dated 2007. We suggested that the manager contact the local authority for an updated version. We also noticed that the homes adult protection procedure did not follow good practice in ensuring that all referrals were made without delay to the local authority. We asked that this be changed.

The home has plans that have been submitted for approval to extend and improve the facilities of the home. We were told that they hoped that these improvements would be completed by the end of the year. The improvements would increase the number of en-suite facilities in the home. The last inspection required some redecoration to be done. As we walked around the building we saw that this had been complied with and that some decoration work was still in progress. The building was clean and homely in appearance but in need of upgrading. We were told "Two cleaners come in to do my room every day."

The staffing levels in the home on the day of our visit were satisfactory bearing in mind the layout of the building. We were told that there is one senior care and three or four carers for each shift. There are three carers on duty during the night. In addition to this the home has a manager and deputy, an activities coordinator and a handyman. We were told that the owner visits the home regularly and there is now a development manager that visits the home to help with its future development. We checked the recruitment records held for a member of staff who had recently been recruited. All checks had been carried out.

We checked a sample of equipment service records and maintenance checks. The Environmental Health Officer and Fire Officer records were not available in the home to view. The manager contacted the two departments in our presence and obtained the information we wanted over the phone. The Fire Officer had visited May 2009 and made two recommendation for work to be carried out. They returned in November 2009 and confirmed that the work completed was satisfactory. The Environmental Health Officer had visited July 2009 when the home was rated as good, with the next visit due in eighteen months time. The development manager took over responsibility for completing regulation 26 reports on a monthly basis. We asked that copies of these reports be sent into the Care Quality Commission for the months of May, June and July so that we can see how the home is progressing. We also checked a sample of monies held on behalf of people living at the home. All the amounts recorded were correct, however, there was no evidence that these records are audited on a regular basis. And good practice guidelines

of using two signatures to witness any deposit or withdrawal of money had not been followed.

What the care home does well:

Information about the home is available for people to read.

People living at the home have care plans prepared to meet identified needs.

The staff make an effort to engage people in different activities in the home.

The home is clean and tidy and homely in appearance.

Good recruitment practice is followed to make sure suitable staff are employed to work at the home.

In our survey we asked the people who live at the home what they thought the home did well. This is what they told us.

"Look after us well"

"Makes visitors feel very welcome. Let the home feel like a home from home."

"No limitations on time, visitors or even when having time outside."

"I am very pleased with the care I receive and I am very settled and content."

What they could do better:

Develop the service users guide to include pictures and comments from people who have experienced the service.

Service users or representatives should sign agreement to the care plans prepared. This will show that they have been involved in the preparation of the care plan and are happy with its content.

Medicines brought into the home should be added immediately to the individual's medicine administration record. This will ensure that the correct level of stock held for that person is recorded.

The complaints procedure needs to be updated to show the correct contact details for the Care Quality Commission and the local authority. And the homes adult protection procedure should be changed to follow good practice in ensuring that all referrals are made without delay to the local authority.

Monies held on behalf of people living at the home should be audited on a regular basis and two signatures should be used to witness any withdrawal or deposit made.

Records concerning the maintenance of the home should be stored in a systematic manner so that retrieval of and reference to those records is easy.

This is the only criticism made by people who live at the home.

"Not enough chairs (fold up) for visitors. Ones that are there are used by staff!"

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	Consider including the use of pictures and comments from people who have experienced the service in the service users guide.
2	7	Service users or representatives should be encouraged to sign agreement to the individual care plans prepared to meet each identified need.
3	8	Medicines brought into the home should be recorded on the medicine administration record without delay. This will ensure that an accurate record of stock is held.
4	16	The correct contact details for the Care Quality Commission and the local authority should be added to the complaints procedure.
5	18	The adult protection policy should reflect good practice in that the local authority should be contacted first if there is any suspicion of abuse.
6	35	Monies held on behalf of people living at the home should be audited on a regular basis and two signatures should be used to witness any withdrawal or deposit made.

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
7	38	Records concerning the maintenance of the home should be stored in a systematic manner so that retrieval of and reference to those records is easy.

Reader Information

Document Purpose:	Inspection Report
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Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

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