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trading as Parklands Nursing Home

Parklands Nursing Home

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 18 October 2017 and was unannounced. Parklands Nursing Home is registered to provide accommodation for persons who require nursing or personal care. The service can register up to 30 older people who may also be living with dementia. At the time of our inspection there were 12 people living in the home.

During our last inspection on 27 February 2017 we rated the location as 'Requires Improvement'. Although we found that the provider had instigated improvements since our previous inspection in October 2016, these had not been sufficiently embedded into practice for us to reflect a rating of 'Good'. During this inspection we found that improvements had been further developed, embedded into practice and were working successfully and we rated the location as 'Good'.

There was a registered manager in post who was also the provider of the service. 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 2008 and associated Regulations about how the service is run.'

People could be assured that they would receive their prescribed medicines safely. Risks to people had been assessed and plans of care provided guidance for staff in reducing the known risks to people. People were supported by sufficient numbers of staff to provide their care and support in the way that they wanted. Systems were in place to ensure that staff were subject to robust recruitment procedures and were of a good character prior to working in the home.

Staff received the training, support and on-going professional development that they needed to work effectively within the home. People's ability to consent to their care and support had been assessed and was sought by staff providing their care on a day to day basis. There were systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to eat and drink enough and to access healthcare services when they needed to.

People had detailed plans of care in place that were reflective of their needs to provide guidance for staff in how to provide their care.

Staff treated people with dignity and respect. Staff knew people well and tailored their care according to their individual preferences, interests and life history.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the provider. The provider was accessible and knew people well.

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 ●

The service was safe.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People could be assured that they would receive their prescribed medicines safely.

Risks to people were regularly reviewed and staff were confident in the steps to take to maintain people's safety.

Is the service effective?

Good ●

The service was effective.

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

People were supported to maintain their nutrition and their health needs were monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Good ●

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Prompt and appropriate action was taken to address people's complaints or dissatisfaction with the service provided

Good ●

Is the service well-led?

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

There was a registered manager in place. People knew who the registered manager was and they were able to speak to them should they wish.

Good ●

Parklands Nursing 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 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.

This inspection took place on 18 October 2017 and was unannounced. The inspection was undertaken by two inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in sourcing care homes and community services for their relative.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with five people who used the service and five members of staff including the provider.

We looked at records and charts relating to four people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People told us that the support they received in the home made them feel safe. One person told us "I feel safe because of the girls who look after me they are always passing by, it makes you feel safe when a lot of people are around you, I don't have any concerns I would tell the boss if I had." Another person told us "I am safe here, no doubt about that with all these people looking after me, caring for me. The staff are very good, I don't have any concerns, but I would speak with the manager if I had".

People could be assured that they would receive their prescribed medicines safely. One person told us "My medication is always on time." We observed staff administering people's medicines. Staff sought people's consent prior to administering their medicines and explained what people's prescribed medicines were for. Staff had received training in how to administer people's medicines and had their competency assessed by senior staff to ensure that they administered people's medicines safely. A daily audit of the administration of people's medicines was completed by the senior nurse on duty to ensure that people had received their prescribed medicines at the correct time.

Risks to people were assessed and reduced through their plans of care. The provider used an electronic system for care planning which enabled them to monitor and respond to changes in people's needs in a timely manner to maintain their safety and well-being. People's risk assessments were individualised to their needs and explained the proactive and reactive strategies for staff to follow in order to promote people's safety. For example, people's risks assessments outlined the action staff should take to prevent a pressure sore from occurring but also what action they should take if they identify a pressure area. Staff followed people's plans of care to maintain their safety. For example, where people were identified as being at risk of pressure ulcers, their risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas. People's pressure relieving mattresses were set at the correct setting to reduce the risk of them developing pressure sores. We observed that people's call bells were within their reach so that they were able to summon support from staff when required.

People were protected from the risk of harm. One member of staff told us "I would contact the Care Quality Commission or the Police if I thought that abuse was not being dealt with properly. This has never happened though." Staff had received training in how to safeguard people and were confident in applying this learning in their day to day work. Staff were knowledgeable and had a clear understanding of the signs of harm they would look for and explained the action they would take if they suspected someone was at risk of harm. We saw that where concerns had been raised the provider had made referrals to the Local Authority Safeguarding Team. The provider had implemented the learning from safeguarding investigations and liaised with the agencies that provided staff when agency staff were involved in safeguarding investigations.

People were supported by sufficient numbers of skilled and knowledgeable staff. One person referring to the numbers of staff working in the home told us "I feel safe because I am well looked after having people around, me, not being alone, makes me feel safe." One member of staff told us "Staffing is very consistent; we are able to cover shifts amongst ourselves. There is always a nurse (RGN) on duty." The provider

monitored the staffing levels and skill mix of staff closely to ensure that appropriate levels of staff were working in the home to meet people's care and support needs and to maintain their safety.

People were supported in an environment that was maintained to a high standard and enabled people to live safely within the home. The environment had continued to be improved since our last inspection in February 2017. People's bedrooms had been redecorated and a protective covering had been placed on walls in areas that were at risk of becoming damaged by wheelchairs and beds. The provider regularly audited the cleanliness and suitability of the home to ensure that people were supported to live in a safe and homely environment. The equipment that was used to support people such as hoist and slings were serviced and checked regularly to ensure that they were safe to use.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

Staff were supported to access training that was relevant to their role and that equipped them with the skills and knowledge they required to care for people within the home. One member of staff told us "The training is very good; we can access all sort of different courses, including ones that the local authority put on." Records showed that staff had accessed training in key areas on a regular basis and that the provider had a plan in place to ensure that training was updated periodically. Staff applied their learning from formal training courses on a day to day basis. For example, staff used appropriate moving and handling techniques and good communication skills when supporting people to change their position; for example when rising from their chair. Our observations confirmed that staff had good interpersonal skills and understood people's individual needs. Staff were attentive to people's needs and supported them effectively when they became unsettled or distressed.

Staff received regular supervision and support to enable them to work effectively within the home. One member of staff told us "I have regular supervisions. I can talk to management and get support at any time." The provider used observational and reflective systems for supervision. This enabled staff to reflect upon particular tasks or interactions they had when supporting people to identify areas of good practice and areas for development. This contributed to people receiving consistent personalised care and support. For example, staff reflected upon the planning and facilitation of activities within the home during their supervisions to identify ways that they could improve people's experience of living at Parklands. New staff were inducted and supported to work effectively in the home. The induction for new staff included a period of two weeks of shadowing where they worked alongside more experienced care staff to gain the skills and competencies that they required to work within the home.

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).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Senior staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests. The provider was aware of and adhered to any conditions associated with individuals' DoLS authorisations.

People were supported to eat and drink enough and to maintain a balanced diet. One person told us "The food is good, there is always enough to eat and drink, I have never asked for anything, once supper is over,

only milk they know I like milk." Another person told us "I can't see so the staff assist me to drink and eat." People at risk of not eating or drinking enough had been identified and this risk was managed through their plans of care. The provider used the Malnutrition Universal Screening Tool (MUST) to identify if people were at risk of not eating or drinking enough. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition. When people had been identified as being at risk, additional support and referrals to other professionals such as dieticians were provided by staff. Staff completed food and fluid charts electronically and the amount that people ate or drank was monitored closely by nursing staff.

People were supported to access health services when they needed to and referrals were made to people's allocated health professionals in a timely manner. One person told us "I get to see a doctor as and when required; they monitor my progress all the time they always discuss with me what they are doing." Where health professionals had implemented plans of care these were followed by staff in the home. For example, staff followed the plans of care that had been introduced by people's dieticians.

Is the service caring?

Our findings

People told us that the staff were kind, caring and ensured that they had choice and control over how they lived their lives. One person told us "They [Staff] are very kind to us here nothing is too much trouble for them. Sometimes I have a wash sometimes a shower it is up to me, I might have my lunch in here or go to the dining room; it's all nice and easy here." Another person told us "I am very hard of hearing and I ask the staff to repeat themselves sometimes, and they do, they are very patient. I do think that I am treated with respect, absolutely."

People were encouraged to express their views and to make their own choices. This was evident in many aspects of their care; for example supporting people to choose the clothes they wished to wear, where they wanted to eat their meals, and how they wanted to spend their time. People told us they were asked if they wished to join in with activities and were supported to do so. Staff respected people's decisions if they wanted to spend time in their bedrooms and were checked at regular intervals to identify if they needed any support. People who were supported to move around the home in wheelchairs chose where they wished to sit in the main lounge so that they were able to see the television or look into the dining area or garden.

Staff knew people well and adapted the support they provided based upon people's interests, hobbies and life history. We observed a reminiscence activity taking place in the main lounge of the home. The member of staff facilitating this activity knew that one of the people living in the home had previously lived in London. The member of staff had photos of the changing of the guard and encouraged this person to talk about their time in London and viewing this event. This helped to encouraged a relaxed and social atmosphere in the home. Staff used their knowledge of people to enhance their sense of well-being.

People were treated with dignity and respect. Staff told us that they promoted people's dignity by ensuring that any personal care was delivered in private and by waiting to be invited into their room when they knocked on people's bedroom door before entering. One member of staff told us, "We always make sure that doors are closed when carrying out personal care." Another staff member said "I always make sure that a person's privacy and dignity is respected. For example, it's important not to patronise anyone. I wouldn't talk loudly to a person unless I knew they were hard of hearing." We observed staff knock on doors before entering. We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. People's preference in relation to the gender of carer that supported them was respected by staff and recorded within their plans of care.

People were encouraged to maintain their independence. One person told us "I have my shower, and they ask me what I would like to wear by showing me several items, I think that is very caring, I can choose. I do feel well looked after, I think I have my independence in here; I can stay in my room if I want or go to the lounge it's up to me." One member of staff told us "If I know that someone has the ability to do something for themselves, then I would always encourage that, otherwise they might lose that skill."

People's cultural and spiritual needs were considered by staff. One person had been supported to develop a

scrap book that contained short Italian phrases for staff to use when supporting them because their native language was Italian. People's assessments considered the spirituality, culture and personal beliefs. Staff considered this information when providing their care.

At the time of our inspection no-one was receiving support from an independent advocate however, the provider was aware of how and when to make referrals to advocacy services for people.

Is the service responsive?

Our findings

People's needs were assessed prior to moving into the home to ensure that the service was able to meet their care and support needs effectively. People's needs were assessed by a registered nurse to ensure that the home was able to meet both their social and clinical care needs. Plans of care were developed when people moved into the home to guide staff in providing consistently personalised care and support to people.

People had detailed plans of care in place to provide guidance for staff in how to provide the care. People had been involved in developing their plans of care to ensure that the care they received was in line with their individual preferences. The provider used an electronic care planning system which meant that people's plans of care could be immediately updated to reflect any changes in their care and support needs. All the staff we spoke with felt that care plans were relevant to people's needs and they could inform change when required. One staff member said, "If I noticed that someone's needs were changing, or a new risk had developed, I know that I can inform management and that records would be updated. It is a good system and people's needs are recorded well."

People received care in line with their individual plans of care. Staff had been provided with handheld tablets that monitored the care that people received and ensured that any tasks outlined within their individual plans of care were completed by care staff at the right time. For example, tablets prompted staff to reposition people at risk of developing pressure sores each hour. The provider and nurse in charge monitored people's care tasks to ensure that their planned care was provided at the right times. The provider had worked with staff to ensure that they interacted positively with people, knew people well and ensured that staff were not purely focussed upon the tasks of providing care; but did this in a person centred manner.

People were supported to participate in activities they enjoyed and had an impact on their quality of life. There was an activity program in place for people to join in if they wished. People were asked if they wanted to join in with a variety of activities including music and reminiscence activities. We saw that people were supported to look at old photographs which helped initiate conversations about the person's past and their interests. Another person enjoyed singing along to songs from their past and appeared content whilst they did so.

People said they knew how to complain and felt confident that their concerns would be listened to. One staff member told us "If someone or their family complained to me about something, then I would make sure it was recorded. Management would then write up a response after looking in to it." The provider had a system in place to manage complaints and feedback from people. When complaints had been received these had been investigated and responded to appropriately.

Is the service well-led?

Our findings

The provider who was also the registered manager was visible throughout the home and accessible to people and staff. One person told us "I know the manager. She has made sure all of the home is redecorated and has made it much nicer now." One member of staff told us "We have worked very hard to get things right. The registered manager is excellent and we get great support from her." Another member of staff said, "I have worked here for many years and I enjoy it a lot. I feel very well supported by the manager"

There was a strong system of quality assurance in place that was overseen by the provider and senior staff working within the home. The provider and senior staff had worked hard to improve the service and the quality of care and support that people received. One member of staff told us "It hasn't always been easy, there were improvements to be made, but I think the team here are really good. The service is in a good place, and I really hope that we continue to move forward and take on new clients." Audits were completed by the provider in key areas of the service to ensure that people received consistently safe and effective care. For example, audits considered the environment, risks to people, the management of people's medicines and people's plans of care. Any shortfalls identified as a result of audits were incorporated into an action plan and improvements were monitored by the provider. For example, as a result of the providers nutrition audit people's individual plans of care for nutrition were shared with the cook.

Systems were in place for people, visitors and staff to provide feedback about the home and the quality of care people received. People and their relatives were invited to attend meetings with the provider to consider what was and wasn't working well for them, and the home had received a number of compliments from people and their relatives. They included comments about the kindness that had been shown during people's stay. The provider sent out annual quality assurance questionnaires to people and their representatives to identify areas for improvement within the home.

The provider and staff were committed to and focussed upon providing people with person centred care and support. The provider had introduced and now embedded into practice an electronic care planning system to ensure that people received the care that they needed in line with their individual preferences. The provider had utilised observational and reflective supervisions for staff that were focussed upon considering people's experience of living in the home and how staff could improve this as a basis for staff development. This helped to underpin the person centred focus that we found during this inspection.

The service was being managed by a registered manager who was also the provider of the service and who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.