

Parklands Residential Home Limited

# Parklands Care Home

## Inspection report

516 New Hall Lane  
Preston  
Lancashire  
PR1 4TD

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04 February 2020

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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

### About the service

Parklands Care Home is a residential care home providing personal care for up to 14 older people. Eleven people were living in the service at the time of inspection. The service was delivered in one adapted building over two floors. Car parking was available.

### People's experience of using this service and what we found

Risks were assessed, incidents records had been completed however, confirmation of the actions taken in relation to one accident had not been completed. The service took action to investigate and address this. We made a recommendation in relation to this. Medicines were managed safely. People told us they felt safe and staff understood the actions to take if they suspected abuse. Enough staff were in place to support people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Capacity assessments had been completed, however, these would have benefitted from individual records for each decision. We made a recommendation about this. People were supported to access healthcare support where required. Relevant training had been provided and supervisions were completed. The service supported the needs of people, however, updates to the décor could improve the surroundings.

People received good care and they were treated with dignity and respect. One person said, "The staff are wonderful there are always the same faces." Care plans contained information about how to support people's needs, however these would benefit from more detail in them. The service took actions to address this. We made a recommendation in relation to this. People's end of life care needs were considered. Activities were provided. Systems were in place to deal with complaints. We saw positive feedback had been received.

We received positive feedback about the registered manager and the provider. Team meetings had been completed and surveys had been undertaken about people's views of the service. Audits and monitoring of the service was ongoing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 26 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Parklands Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Inspection team

One inspector undertook the inspection.

#### Service and service type

Parklands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we looked at all of the information we held about the service. This included, feedback, investigations and notifications the service is required to send to us by law. We also sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people living in the service, three visitors and undertook observations in public areas. We

requested feedback from professionals who had experience of the service. The registered manager was unavailable on the day of the inspection. We spoke with four staff members, including, three care staff and the nominated individual. We also checked a number of records. These included two care files, medication records, two staff files and training records. We looked at records relating to the operation and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for feedback from a professional who had experience of the service as well as one family member.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed and managed.
- Incidents and accidents had been recorded with the actions taken. One record identified a fall. A falls monitoring log and falls assessment had been completed. However, there was no record which confirmed whether medical advice was obtained as a result of the fall. The provider confirmed they would investigate this and take action to ensure all staff took appropriate actions as a result. This would support lessons learned.

We recommend the provider considers current guidance which ensures incidents and accidents were investigated and acted upon and take action to update their practice accordingly.

- Relevant checks had been completed including servicing, such as emergency lighting and fire alarm inspection. A fire risk assessment had been completed along with personal emergency evacuation plans to support people in the event of an emergency.
- Individual risk assessments had been completed which identified people's risks and how to manage these safely.

Staffing and recruitment

- Staff were recruited safely. Staffing numbers were sufficient.
- Staff told us there was enough staff in place to meet people's needs and said the service never used agency staff. They said if they were short staffed the management covered the shifts. People and visitors raised no concerns in relation to the staffing in the service. One comment included, "[We see] regular faces, staff are always friendly."
- Records confirmed staff had been recruited safely. Application forms had been obtained and references requested. One record identified a gap in employment which had not been explored fully during interview. The provider told us they would ensure records included information in relation to the safe recruitment process undertaken.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse.
- People and a relative told us they felt safe in the service. One comment included, "I feel safe and well cared for."
- Policies and guidance were available to support staff in dealing with allegations of abuse. Staff understood the actions to take if they suspected abuse. One said, "I would report to [provider or registered

manager] safeguarding and CQC."

#### Using medicines safely

- Medicines were managed safely.
- We observed medicines were administered safely to people. Medicines were stored safely and temperature checks were completed for cold storage. However, we noted room temperature checks were not being completed. The provider took immediate action to ensure room temperatures were commenced daily.
- Policies and guidance was available to support the safe administration of medicines. Staff told us they had undertaken relevant training and competency checks on their practice had been completed.

#### Preventing and controlling infection

- People were protected from the risks of infection.
- All areas of the service were clean and tidy and free from clutter. Staff were seen making use of Personal Protective Equipment during the inspection. However, we noted staff entering the kitchen on some occasions without gloves and aprons. The provider confirmed they would take immediate action to ensure all staff were aware of the requirements for entering the kitchen.
- Infection control audits and staff training for infection control had been completed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- People were protected from unlawful restrictions and consent had been considered.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People told us staff asked them for their consent before undertaking any care or activity, staff confirmed this. One staff member told us, "I always ask consent, if they said no I would leave and try later on. I wouldn't force them; all people have rights." Records we looked at demonstrated people had signed and agreed to their care.
- Systems were in place to ensure deprivation of liberty applications had been submitted to the assessing authority. The progress of these were being followed up by the service.
- Care files confirmed capacity assessments had been completed. Whilst these contained information about what decisions these related to; they were basic and would have benefited from individual assessments for each decision.

We recommend the provider consider current guidance in relation to individual capacity assessments and take action to update their practice accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs had been assessed and their choices were considered.
- Pre-admission checklists and initial assessments had been completed. These included how to support people's individual needs. Records confirmed people had been involved in decisions about their care.

Staff support: induction, training, skills and experience

- People were supported by a skilled staff team.
- People and visitors were complimentary about the staff. One said, "Staff are absolutely marvellous."
- Staff told us they received enough training to full their role. The training records confirmed training provided to staff. Topics covered included, inductions and care standards, fire, health and safety and falls prevention.
- Staff told us and records confirmed supervisions were undertaken. This provided an opportunity for staff

to discuss their views and any support required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink.
- Most people told us they were happy with the meals provided to them. One said, "The food is lovely, no issues." We observed one person was provided with an alternative meal where they preferred. Menu choices were on display.
- Records included information about people's dietary needs. Where specialised diets, such as pureed was required these were provided by the service.
- The kitchen was clean and tidy and staff told us there were no restrictions on budgets. Staff confirmed they had received relevant training to support them in their role.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access professionals, healthcare services and support.
- Staff told us and records confirmed people received support with their healthcare needs. One said, "I would report to the GP with any concerns. The GP's come each Monday to see residents [people who used the service]." A relative told us the service informs them, "If [name] is unwell will inform us." We saw a health professional visiting during the inspection.
- Care records included information about people's individual health needs and medical history.

Adapting service, design, decoration to meet people's needs

- The service design and decoration supported people's individual needs.
- All areas of the service were accessible with a lift and stairs for people to access the first floor safely. Bedrooms had been decorated with people's own possessions.
- The service was tidy and free from clutter. A refurbishment was ongoing, improvements in the décor would be beneficial to the overall appearance.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were well treated, supported and their diverse needs were considered.
- People and relatives told us they were happy with the care they received. One person said, "I am well cared for. The staff ask for permission [before undertaking activity]." A relative said, "They look after [name] well, it is homely, feels like a hotel."
- Staff told us people received good care and they knew how to protect people's privacy and dignity. One said, "People get good care, we read the care plans about how to meet their [people's] needs."
- We saw people being treated with dignity and respect and their individual needs were considered. Staff were seen supporting people to be independent. It was clear staff knew people's needs well and there was a good rapport observed between them.
- Care files had information about people's likes and dislikes. However, these would have benefited from more detail about people's individual needs. We discussed this with the provider who acted quickly to ensure records were reviewed and contained more detailed information.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care.
- Staff were observed offering people choices throughout the day, for example their meal choice and taking part in activities. Staff were seen asking permission before undertaking activities. We observed staff knocking on doors and asking permission from people before entering bedrooms.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Assessments of people's needs had been completed. People's end of life care and support was considered.
- Records had been completed about how to support people's individual needs. However, further information was required to ensure detailed information was available to staff to support the delivery of care. We discussed this with the provider who took action to ensure these were detailed in their content.

We recommend the provider considers current guidance which ensures care records are detailed and up to date to reflect people's individual needs and take action to update their practice accordingly.

- Staff told us, "We update the care plans with the residents, we do reviews monthly." Care records confirmed reviews of people's care was undertaken regularly with the involvement of people.
- Care files contained information about how to support people's needs and choice at the end of their life.

Meeting people's communication needs

- People's communication needs were supported.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information and guidance was on display to support people in accessing their bedrooms or bathrooms. Leaflets about supporting people's hearing was available for people and, care records confirmed people's visual needs had been assessed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation.
- We observed activities taking place during the inspection and we saw photographs of previous activities taking place within the service as well as in the community. A programme of planned activities was on display.
- People told us they enjoyed the activities provided to them. One said, "There is lots to do if you want to." Where one person expressed a wish to go out into the local community. Staff told us they had not been made aware of this prior to the inspection. The service acted quickly to ensure an assessment took place to ensure this person was supported in their wish.

- Technology was being used in the service. Internet access was available in all areas and we saw staff making use of hand held electronic devices to share photographs of activities taking place.

#### Improving care quality in response to complaints or concerns

- Complaints and concerns were responded to.
- Systems were in place to deal with any complaints or concerns. Policies and guidance were available to guide staff to ensure any concerns were dealt with appropriately. One person told us, "I've not had cause to complain but I would speak to the manager." A visitor to the service told us, "I have no concerns, I would live here."
- Positive feedback was noted. Comments included, 'Thank you for looking after [name]. Because of your care and keeping [name] warm, fed and watered we kept [name] for longer. May god bless you.'

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A person centred and open culture which supported good outcomes for people had been developed.
- The registered manager was unavailable for the inspection, however; all members of the team were supportive of the inspection and requests for information were provided promptly both during the inspection as well as following. This confirmed the actions they had taken as a result of our findings.
- A business continuity plan had been completed to support staff in the event of an emergency. Certificates of registration and the ratings from the last inspection were on display, along with the food hygiene rating and employer's liability insurance. The service had been awarded the Investors In People (IIP) standard award.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service acted when things went wrong and understood their responsibilities.
- A detailed medicines audit had been developed since the last inspection which included the findings and actions required as result of these. This demonstrated the service was open and understood their responsibilities.
- Audits were being completed. Records included evidence that staff knowledge was checked and the findings had been recorded to demonstrate the actions taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff team were clear about their roles and responsibilities.
- We received positive feedback about the registered manager and provider. One person said, "[Registered manager] looks after these residents really well, it's like her own family." A staff member told us, "I like working here. It is a nice home, the registered manager is always on hand if I need anything, the staff all good, it is good teamwork."
- The staff team were seen undertaking their duties and responsibilities. Staff were visible in the public areas of the service during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were engaged and feedback obtained.

- Surveys had been undertaken recently seeking people's views on menus and the food. The results of these were positive. There was a suggestion box in the entrance area which would enable people to provide their views anonymously.
- Records confirmed team meetings had been completed. Notes from these were seen, which included the dates, attendees and the topics discussed. These included, mouthcare, training and development and meeting dates. Staff told us they were able to discuss their views.

#### Continuous learning and improving care

- Continuous learning and improving care was considered.
- A range of information and guidance was on display. The provider confirmed recent guidance for oral care would be made available to support and guide staff.
- Policies and procedures were available to support staff in the delivery of care to people.

#### Working in partnership with others

- The service worked in partnership with others.
- Partnership working had been developed with the local GP practice who visited weekly and the district nursing service who visited daily. We saw evidence of arrangements with the local pharmacy as well as a recent assessment by the local authority commissioners.
- The service kept a record of all planned professional visits and appointments to ensure people were available to attend these.