

Advinia Care Homes Limited

Parklands Court Care Home

Inspection report

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Tel: 01922775909

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Parklands Court provides accommodation and personal care with nursing for up to 163 older people who may have dementia and nursing needs. The service also offers palliative, rehabilitative and respite care. 103 people lived at the service on the first day of our inspection.

Parklands Court is purpose built and consists of six separate, single storey buildings: Collins, Samuel, Harrison, Marlborough, Elmore and Clarendon. The Clarendon unit was closed at the time our visit.

People's experience of using this service: There were occasions where we saw there was not always enough staff in some units at lunch times, and this did have some impact on the quality of meal provision. The registered manager took some action to address this during our inspection. People told us they were happy with how they received their medicines. We found some areas where there was scope to make medicines management safer and the registered manager took immediate action during our inspection to address these issues. There was also a need to address some outstanding actions identified by infection control audits within the refurbishment of the service.

People looked comfortable and relaxed with staff and their relatives told us they were safe. Staff told us how they kept people safe and minimised risks.

People were supported by staff who were caring and expressed empathy and compassion towards people who lived at Parklands Court. We saw staff respected people and promoted their privacy, dignity and independence.

People received effective person-centred care and support based on their individual needs and preferences. Staff were knowledgeable about people's needs and preferences and we staff fostered good relationships with people.

People were supported by care staff who had a range of skills and knowledge to meet their needs. Staff understood their role, felt confident and well supported. Formal staff supervision had now commenced. People's health was supported as staff worked with other health care providers to ensure their health needs were met.

People were supported to have choices, and the provider's policies supported this practice. There were some occasions where the provider's policies were not consistently followed to ensure decisions about people's care were in their best interests.

People's care plans reflected people's needs and preferences and staff and the registered manager could explain any recent changes to people's care. We saw staff responded to people's needs effectively and their preferences were respected.

People and their representatives knew how to complain. Relatives and staff knew how to identify and respond if people were unhappy with the service. People were able to communicate how they felt to staff, and said staff were approachable and listened to what they had to say. Relatives told us when they had raised concerns these had been addressed appropriately.

Most people, relatives and staff gave a positive picture as to the quality of care people received and said the registered manager and other staff were approachable.

Quality monitoring systems were in place, and the provider had made improvements since our previous inspection, although these improvements still needed to be embedded. The registered manager and provider demonstrated they were responding to findings from the quality monitoring system so that lessons were learnt and outcomes for people improved.

Rating at last inspection: The rating for the service at our last inspection was 'requires improvement' (Published on 28 August 2018). This is the second time this service has been rated requires improvement with the current provider.

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets. We had issued a warning notice to the provider following our previous inspection regarding breaches we identified in respect of governance of the service and we found the provider had addressed these.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective
Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led
Details are in our Well - led findings below.

Requires Improvement ●

Parklands Court 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The service was inspected by three inspectors, two specialist advisors (One a nurse and one a pharmacist technician) and two experts 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, in this instance older people with dementia.

Service and service type: Parklands Court is a care home that is registered to provide care and accommodation for up to 163 older people who may have dementia and nursing needs. The service also offers palliative, rehabilitation and respite care.

Notice of inspection: This inspection was unannounced on the first day and announced on the second.

What we did: We visited Parklands Court on 26 and 27 March 2019. The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of care provided. The registered manager was available throughout our inspection.

We reviewed information we had received about the service since they were last inspected by us. This included details about incidents the provider must notify us about, such as allegations of abuse, and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We met people who lived at the home and spoke with 10 of them. Some people were not always able to share their views, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of

observing care to help us understand the experience of people who could not talk with us. We also spoke with 10 relatives who were visiting. We spoke with 12 staff, two unit managers, the registered manager and two operations directors. We used this information to form part of our judgment. We looked at nine people's care records to see how their care was planned and delivered, this including their medication records. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was a need to improve the safety of some aspects of the service so risks of harm to people were reduced. Regulations were met.

Staffing and recruitment

- Some people and their relatives said more staff were needed. People's comments included, "They get a bit short staffed but it doesn't affect the care that you need", "I press the buzzer and someone comes along as soon as they can" and ""The staff are kind but can't always see to you straight away, they tell you why and then come when they have finished what they are doing". Relatives comments included, "Staff shortages sometimes", and, "There never seems to be enough staff, the girls are stretched but the residents don't suffer because of it".
- Staff had mixed views about staffing. Some said there were times when more staff would be useful. Staff comments included, "It can be very difficult in the morning trying to help people with breakfast with just two of us in the dining room" and "Staffing is sufficient we can work well with it". Unit managers told us staffing levels would vary dependent on the dependency of people, with additional staff provided when the registered manager reviewed staff deployment over all the units when needed.
- The registered manager informed us at the start of the inspection some staff had called in sick. The registered manager told us this had impacted on staffing levels, but we did see some redeployment of staff from one unit to another to ensure more equitable staffing across the site.
- We saw staff had difficulty responding to people's needs at lunch times in some units, especially where several people needed assistance with their meals, although in some units' lunch time was relaxed and staff had time to assist people. The registered manager acknowledged the need for improving staffing in some units over lunch and said they would be looking at ways for more effective deployment of staff.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks and checking people's right to work.

Using medicines safely

- We found there was some inconsistent practice between units. For example, in one unit advice from the community pharmacy in respect of how to give medicines covertly had not been fully actioned. The registered manager ensured a revised covert medicine policy was in place before the end of the inspection, this circulated to all nurses, to address this issue and ensure safe practice was followed.
- In one unit we found tablet crushers/splitters were contaminated with residue of drugs they had been used to crush or split previously. We saw in other units clean, individual tablet crushers for each person were used where needed. The registered manager addressed this issue immediately with nurses in the one unit.
- We saw body maps were available to document the application of pain-relieving skin patches but recording on these was intermittent, so we were unable to verify from records there had been no application to the same site twice. Discussion with nurses indicated this had not occurred and the registered manager said they would remind staff as to the importance of recording administration of these patches.
- People told us they had their medicines as needed. People's comments included, "I take tablets when

necessary and I know what they are for" and "Staff come around when you need tablets in the morning, lunchtime and teatime".

- We saw medicines were safely stored and we observed nurses administering medicines in the units in a safe way which reflected training they had received.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm as the provider and staff understood what different types of abuse could be and steps they should take to safeguard people. These were detailed in safeguarding procedures staff understood. A member of staff told us, "There is clear guidance on reporting a safeguarding incident and I certainly know what to do".

- People we spoke with said they felt safe with comments including, "Yes I do because I know if I needed anything someone would be here to help me", "I feel safe living here" and, "Before coming here, I fell over. But here, they look after you".

Assessing risk, safety monitoring and management

- Risks to people were identified, and staff were aware of these risks and how people should be supported to reduce the risk of avoidable harm. People's risk assessments considered how any dangers presented to people from their chosen lifestyle could be reduced.

- People looked to be relaxed and comfortable with staff. Relatives told us their loved one's safety was promoted with comments including, "My [relative] is safer here", "The staff are quite attentive, and they have put bed supports to stop them falling out of bed "and, "Staff are very good – [the person] is safer than they have ever been".

- Staff understood the need to acknowledge people's right to take risks. Staff told us they did not prevent people doing things they wanted, but used and followed their risk assessments to lessen any risks as far as possible.

Preventing and controlling infection

- The service had received an audit from an infection control nurse in October 2018. We saw the provider had made some progress in respect of addressing the recommendations from this audit but there were still some outstanding recommendations, for example some kitchen areas needed refurbishment.

- Staff we spoke with demonstrated an understanding of the prevention of infection. They advised us personal protective equipment (Gloves, aprons and pads) were always in stock and we saw staff used them.

Learning lessons when things go wrong

- The registered manager told us they learnt from issues that compromised the safety of the service. For example, we looked at an incident referred to the local authority as a safeguarding alert and found the investigation carried out by the registered manager had identified learning for staff.

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

The effectiveness of people's care, treatment and support did not consistently achieve good outcomes or was inconsistent. Regulations were met.

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

- We saw that meal times were not always well organised in all the units. We saw meals were served promptly but, on some occasions, there was a delay in assisting people that needed help with their meal. We saw a delay in one instance of 15 minutes before a person had received assistance after having their meal. One person told us the food, "Could be hotter for me. Sometimes when it comes it's cold, so I have to ask them to put it back in the microwave". We discussed this with the registered manager who said they would look at ways to ensure people were able to receive assistance with eating at the time their meal was served.
- When staff assisted people with meals we saw they demonstrated patience and were seen to sit alongside people, encouraging eating and drinking and offering alternatives.
- People told us they had a choice of meals with comments including, "Food is good and we have a choice", "It's alright, it's eatable put it that way" and "(The food) is very good, no complaints at all about that". We saw people had access to regular drinks. One person told us, "If I ask for a drink - they [staff] bring it". A relative told us staff, "Make sure [the person] has plenty to drink".
- Staff were aware of people who may be at risk of poor nutrition and staff told us how they monitored people's diet to ensure they had enough nutrition with supplements or fortified diets provided when needed.
- The staff worked with other healthcare professionals to ensure positive outcomes for people, for example, there were regular reviews by speech therapists in respect of those people at risk from choking. Some people we spoke with confirmed they had meals prepared in a way that allowed them to eat it safely.

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

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and we found the registered manager had applied for authorisation where there were restrictions on people's liberty and any conditions on such authorisations were being met.
- We saw staff sought people's consent when providing care and people we spoke with told us they were asked about changes to their care. One person said, "Staff always ask for consent first".

• We saw the provider had clear processes in place to assess people's capacity, but we found the way these was followed by staff varied. In some instances, the assessment led to a clear plan as to how staff should minimise restrictions. In other instances, it was not clear as some MCA assessments related to best interest decisions as opposed to defining a person's capacity in respect of a specific task or care intervention such as covert medicines. These concerns were discussed with the registered manager who took steps to commence addressing these during our inspection.

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

- An initial assessment and reassessments were completed with people to ensure care was planned and reflected individual needs and preferences. These were then reviewed to reflect any changes in people's care. While we did find some limited instances where changes in care arrangements had not been updated, this had not impacted on people as staff demonstrated they were well informed of what people's current needs and wishes were.
- People's assessments reflected information about protected characteristics as defined by equality legislation including for example, disability, race and gender. Staff and managers demonstrated a good understanding of equality.

Staff support: induction, training, skills and experience

- People told us they received care from staff they thought were competent and knowledgeable. One person told us, "Definitely, to me each [staff member] is very efficient" and relatives comments included, "I think they are well experienced" and "Some of them [staff] are very good".
- There was a system in place to monitor training and help identify when updates to staff skills and knowledge were needed. We saw one occasion where we saw staff knowledge of using a hoist demonstrated a gap in their knowledge. The manager of the unit said they would review this incident to see if lessons could be learnt and renew the staff member's training in this area. All the staff we spoke with told us they felt well supported with training however.
- All the staff we spoke with said they were well supported by the registered manager or senior staff and were able to approach senior staff at any time for support. Some told us they had not had regular supervision. The registered manager was aware this was a needed improvement and we saw staff supervisions had been commenced or planned for all staff.

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

- People had access to healthcare services according to their needs and agreement. People's comments included, "Staff arrange any checks I have at the hospital", and "They would do yes, if I wanted the dentist I suppose they would provide it". A relative said, "If there are any issues staff will get the doctor in quickly".
- Staff knew what to do when people needed immediate or routine assistance from healthcare professionals, and we saw evidence to show people were referred to external healthcare professionals as and when needed.

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

- We saw the environment was well maintained and overall presented as a comfortable and suitable environment for people although there were some areas that the provider had identified as needing renovation. We saw some units had already had decorative work completed and this had improved people's physical environment, for example in the use of colours to make the environment more dementia friendly.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- We saw staff were kind and respectful to people and we observed some thoughtful and caring acts by staff during our inspection. We saw staff spoke with the people who used the service in a warm and caring manner, with lots of positive and kind interaction.
- People told us they were well treated by staff and their comments included, "Staff are all lovely, they help me I have no concerns", "You would be hard pressed to find a better team than this" and, "They do really care - the way they speak to me is polite".
- The registered manager and staff were aware of the need to ensure people's diversity was respected. Staff were able to tell us how they would meet the needs of people in accordance with any personal characteristics protected by the Equality Act. A relative told us how staff showed awareness of their sensory loss. They said "They [staff] always knock before coming into the room, they are registered blind and recognise people from the sound of their voice. They talk to them in a very caring and lovely way, so that they can identify who has come into the room".

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

- We saw staff gave people a range of choices throughout our inspection. We saw staff clearly explained these choices and allowed people time to respond. People's comments included, "They [staff] treat you with respect all the time" and, "I can't say a bad thing about staff. They always have time to discuss things with you." A relative told us their loved one, "Is always clean, can have a shower or bath whenever they want one. Their clothes are always clean, and they look well cared for".
- Some people had different ways of communicating and from observation and talking with staff we found staff were able to understand what the person was expressing. A member of staff told us, "I like the person-centred approach, there is always a reason for behaviour that challenges".
- We saw people had access to advocates when needed. An advocate is an independent person who puts a case on someone else's behalf.

Respecting and promoting people's privacy, dignity and independence

- We saw people were treated by staff with respect whilst promoting their dignity, privacy and independence. When asked if they were treated well by staff people told us they were.
- We saw staff encouraged people's independence. One person told us, "I can eat on my own, I don't need assistance".
- A relative told us they could visit any time, with no restrictions so they could maintain their relationship with their loved one. We also saw numerous relatives at the home over lunch assisting their loved ones to eat. They told us it was their choice to be involved with their loved one's care
- Staff could tell us how they promoted people's privacy, dignity and independence. One member of staff

told us, "We are expected to treat people with respect in a dignified way".

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Information about people's needs and preferences had been gathered and overall, we found assessments and care plans were accurate. Staff demonstrated through discussion, and observation of them interacting with people, they knew people's current needs. We saw work was in progress to review and develop care plans, so they were more person centred.

- We saw staff were responsive to people's needs during our inspection and relatives we spoke with confirmed they felt staff knew people well, and people's needs were reflected in their care plans. A relative told us, "When they first came in they asked us their likes and dislikes, food choices, life history and pictures".

- Most people and relatives we spoke with felt involved in the care provided. People's comments included, "[Staff], always responsive when you need something" and, "They always have time to discuss things with you". A relative told us, "They consult us all the time and keep us informed in turn".

- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. The provider was working towards compliance with this this standard, although there was scope to improve how information was communicated to people. For example, the ongoing development of care plan summaries to provide an easier format to assist people to understand the care they received, and pictorial menus as opposed to written ones.

- We saw people were supported and able to follow their chosen daily routines during the inspection. We saw several people participated in activities and enjoyed these. People told us about activities they could participate in. One person told us, "[Staff member's name] just came in and asked me if I wanted to do something. I like to listen to the audiobooks ". A relative told us, "There is bible reading, knitting, natter, bingo, they have a singer come in, coffee mornings, hairdresser, going out for lunch. There's always something going on and fancy dress was last week ".

Improving care quality in response to complaints or concerns

- People's relatives told us concerns and complaints were listened and responded to by the provider. People told us, "I have never complained; I can speak to the manager if there is a problem" and, "I have no need to complain". Relatives comments included, "I do know how to make a complaint if I have any concerns" and "I can ask for anything and never made to feel a nuisance".

- The provider had a complaints policy and procedure. Written information about how to raise a complaint was available and understood by people and relatives. We saw complaints were fully recorded and responded to by the provider or registered manager.

- Staff could tell us how they would know if a person was unhappy and what they would do to try and identify their concerns. Relatives told us they felt able to raise any concerns they had, and we saw that there was appropriate follow up to resolve these.

End of life care and support

- The provider used the Gold Standard Framework, to identify people's end of life status but was not catering for any person on an end of life pathway at the time of the inspection.
- The registered manager told us they would plan for a person's stage of life and if end of life care was appropriate they would involve other professionals to develop advance care plans. This, we were told, would ensure the service had the support, facilities, medication and plans in place when and if needed. We also spoke with a nurse who had a lead role for palliative care.
- Some staff raised concerns that when people were deemed end of life they would usually be moved to a unit that had capacity to offer palliative care, and this was not always, in their view, in the person's best interests. We discussed this with the registered manager who told us any move to another unit would be based on individual needs and a person's views, and best interests would be considered.

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.

The consistency of service management and leadership had improved although changes in progress needed to be further embedded to ensure there was consistent support to ensure the delivery of high-quality, person-centred care. Regulations were met.

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

- The service had a range of quality monitoring arrangements in place, and we saw these were developing and becoming more effective. The registered manager was able to show us how audits were completed, with issues that needed attention identified, some of these actioned. We did find some issues we found during our inspection were not identified by the provider, for example areas where there was scope for improvement in medicines management. When any shortcomings were mentioned we found the registered manager responded well and commenced acting to address these during the inspection.
- The majority of people and relatives were positive about Parklands Court with comments including, "I spoke with [the manager] this morning, all the managers I've seen here are very caring and you can talk to them, "There is an open door policy – can't fault them", "I think they have good leadership" and, "The staff will listen if you have anything to say".
- The registered manager ensured we were notified of events as required by regulation. We saw the previous CQC inspection rating was displayed at the home and on the provider's website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, based on what they told us, and how we saw them interact with staff, seemed satisfied with the care they received.
- Staff told us about the provider's whistleblowing policy and said they were confident in raising any concerns they had if necessary. All staff we spoke with said they found the registered manager and provider approachable should they have any concerns.
- The registered manager and provider were clear about their responsibilities under their duty of candour and were open and honest about areas where they felt the service needed to improve.

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

- People's views were sought in line with their communication needs, this was sometimes based on people's reactions to situations or a response to items they were shown. Relatives said they were involved, and there was good communication between relatives and staff. A member of staff told us, "Team work is very good. I know people well and am able to interpret facial expressions etc. for those who can't communicate verbally".
- People and most of the relatives we spoke with recalled filling out survey form from the provider with

comments including, "I'm fed up of questionnaires", "I have had one since I've been in here" and, "We also get asked for feedback".

- Staff told us managers were approachable. Comments included, "The Manager [name] is very approachable; the changes are a work in progress. She is amenable to staff trying different things to benefit the residents" and, "I have trouble with literacy, but the management are very accommodating and helpful, making sure I keep up to date with everything".

Continuous learning and improving care

- The provider had been issued with a warning notice after our previous inspection as the audit and governance systems at that time were not effective. We found the provider's governance systems were now much improved, although several planned changes still needed to be embedded. There was however evidence the provider had learnt and improved governance since our previous inspection. We also discussed an incident with the registered manager where there was potentially avoidable harm to a person and following review of their investigation judged the injury had not been avoidable. The investigation completed was robust and identified several areas where the service could improve.

- The registered manager was able to tell us how they shared information about people's care with people, relatives and staff. People, relatives and staff confirmed this was correct.

- We saw the provider was aware of the need to improve, and where to do so and used feedback from others, analysis of any incidents and findings from audits to assist this process. The provider told us they had decided to close one of the units as they felt they were not able to maintain standards to their expectations due to its physical layout. This meant they had temporarily reduced the number of people they accommodated at the home.

Working in partnership with others

- The registered manager and staff told us how they worked closely with commissioners and other health care professionals to promote joined up care between themselves and other services.

- The register manager informed us they have identified issues relating to the supplying community pharmacy. They told us a meeting was arranged with the supplying pharmacy and GP surgery manager to foster a better working relationship.