# Inspection Report

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

# Parklands

Highfield New Road, Crook, DL15 8LN

Tel: 01388762925

Date of Inspections: 05 April 2013
04 April 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Respecting and involving people who use services** | ✖ Enforcement action taken |
| **Care and welfare of people who use services** | ✖ Enforcement action taken |
| **Management of medicines** | ✓ Met this standard |
| **Safety and suitability of premises** | ✖ Enforcement action taken |
| **Requirements relating to workers** | ✖ Action needed |
| **Records** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | T Chopra |
| Overview of the service | Parklands care home is a converted Victorian mansion set in its own grounds. It provides up to 34 places for older people and older people with dementia care needs. There is an additional extension which currently is not in use which will be connected to the original part of the building by a bridge. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

# Contents

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


| | Page |
|---|---|
| **Summary of this inspection:** | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| What we have told the provider to do | 4 |
| More information about the provider | 5 |
| **Our judgements for each standard inspected:** | |
| Respecting and involving people who use services | 6 |
| Care and welfare of people who use services | 8 |
| Management of medicines | 10 |
| Safety and suitability of premises | 11 |
| Requirements relating to workers | 12 |
| Records | 13 |
| **Information primarily for the provider:** | |
| Action we have told the provider to take | 14 |
| Enforcement action we have taken | 15 |
| **About CQC Inspections** | 17 |
| **How we define our judgements** | 18 |
| **Glossary of terms we use in this report** | 20 |
| **Contact us** | 22 |

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 April 2013 and 5 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff and talked with other authorities.

### What people told us and what we found

We saw that care plans were comprehensive and person centred. Through observation and speaking to people we found the care provided was not always in line with their care plans.

We spoke with staff who were able to give examples of how they treated people with dignity and respect. We saw this was not always evident in practice.

We saw the provider had effective processes in place for the management of medicines.

We saw that people who used services, their family and representatives were encouraged to give their views on the service and how it is run.

We found the provider had failed to carry out suitable recruitment processes and that employment histories were not always completed. There was also evidence that references were not always checked.

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

### What we have told the provider to do

We have asked the provider to send us a report by 24 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have taken enforcement action against Parklands to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our

decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

## More information about the provider

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

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

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✖ Enforcement action taken

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was not meeting this standard.

People's privacy, dignity and independence were not respected.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

### Reasons for our judgement

People who used the service were not given appropriate information and support regarding their care or treatment.

We saw people who used the service, their families and representatives were involved in the way the home was run. We saw the provider produced a newsletter for service users and also had a suggestions box available for people who visited the home. We saw regular meetings were held for people who used the service and families were invited to attend and participate in these meetings. Minutes of meetings were produced and posted on the notice board in the home.

We saw people who used the service were involved in their care with preferences being sought; however these weren't always taken into account when delivering care. One person had indicated a preference to facing a window when sitting in the dining area however on the day of our inspection they were facing a wall.

We spent time observing how staff supported people living at the home. We saw people were treated respectfully for a lot of the time however we saw staff standing over people rather than lowering themselves to their height when assisting them with their meal or communicating with them about private matters.

We observed a mealtime at the home and saw people who used the service were not provided with protective aprons during meal time until after the meal had started. When aprons were brought to service users they were not given a choice about whether they would like to use them.

We saw one carer sitting with service users during their meal. The carer was assisting

both service users at the same time and at one point was assisting the person on her left with her right hand and the person on her right with her left hand. During the meal the carer did not speak to or interact with either of the service users she was assisting.

During the lunch time meal we saw two carers were seated between three service users. Due to the way assistance was being carried out, the carers found it necessary to turn their backs on service users while they were assisting others. This meant the dignity and respect of the service users was not being maintained during meals.

We watched staff supporting people to walk. They provided support without rushing them and moved at a pace that was comfortable for the service user. We saw staff ask people if they wanted help and they then provided the level of assistance requested. Staff explained what they were doing when they assisted people and made sure people were happy and safe.

We spoke to the senior carer on duty and another member of care staff. Both were able to give us examples of how they protected people's privacy and dignity. One person told us "We make sure doors and curtains are closed." Another person told us "We make sure people are covered and use screens to protect them." This meant people's privacy was respected.

Throughout the inspection we saw people being spoken to politely and respectfully. We saw staff answered call buzzers promptly and responded to requests for help appropriately.

We saw the provider had ensured there were passenger lifts available to assist people with physical disabilities and a smoking area had been provided for people who wished to use it.

We also saw the home had some bedrooms with en-suite bathrooms but the plugs had been removed from all of the bathroom sinks to prevent the risk of flooding. No individual risk assessments had been carried out. This meant people's diversity, values and human rights were not respected.

**Care and welfare of people who use services**

✖ Enforcement action taken

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

## Our judgement

The provider was not meeting this standard.

People did not always experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

## Reasons for our judgement

Peoples care needs were not always assessed, planned and delivered in line with their individual needs.

During our inspection we looked at six care plans. We found care plans were completed with people who used the service and their families and these were regularly reviewed by care staff. We saw care plans were centred around people's needs with individual areas of assessment. These assessments included personal cleansing, mealtime assistance and dressing. Monthly reviews were carried out for all areas of the care plan with risk assessments being reviewed in line with people's care plans. This helped to ensure people were cared for in a way which was personal to them.

During our inspection we witnessed a meal time in the smaller of the two dining rooms. We saw three people were seated at a table together. One person had a partially eaten meal, one had a plate of sandwiches and the other had no food. We asked the senior carer on duty about the three people and we were told that they all required assistance at meal times. This meant although assessments of need had been carried out they were not being adhered to.

We saw one service user had been restrained in a chair with the use of a plastic apron and another had her hands held down by a carer in a way which prevented her moving them in order to allow the carer to wipe her face. The service user did not wish to have her face cleaned and said "No" to the carer several times. In addition we saw a carer placing aprons on service users, part way through their meal, without asking if they wanted to have them and standing next to service users in an attempt to assist them with their meal. We also observed a care worker attempting to assist service users with their meals at the same time. This included crossing her arms and assisting the person to her left with her right hand and the person to her right with her left hand. This meant people were not being given care in line with their agreed care plan.

We saw records were kept of visits from professionals such as GPs, dentists and dieticians. There were regular visits from these professionals, as well as opticians, district nurses and chiropodists. We also saw records were kept of people's food and fluid intake and people who used the service were regularly weighed and their weights were recorded and monitored. We saw people were referred to the GP or dietician if these checks caused any concerns. This meant people's wider health care needs were being met and this helped to encourage the prevention and early detection of ill health.

We saw the provider had activities co-ordinators who arranged activities for people who used the service. Records were kept by the activities co-ordinator of the activities people participated in and whether they enjoyed the time. In addition the provider had purchased two computers for service users if they wished to use them.

We spoke with three staff who worked at the home. The staff told us they were happy in their roles and were sure they provided the best care they could.

We observed staff helped people who used the service and saw they were confident in their roles. Staff assisted people to move around the home. Staff were supportive and helped people to move at a pace which suited them.

**Management of medicines** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

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

## Reasons for our judgement

We saw the provider had procedures in place for the management of medicines. Staff received training on the safe handling of medicines and staff were not allowed to dispense medications prior to completing this.

We looked at the Medication Administration Records (MAR) for the home and saw they had been completed fully with correct notations to show where people had refused medications or where medications had been omitted for other reasons. This meant people were protected from the risks of receiving incorrect medication.

We saw evidence that medications errors were recorded on the back of MAR sheets and also on people's daily records.

We saw medications were stored in a locked trolley which in turn was stored in a locked room within the home to which the senior member of staff on duty keeps the keys. We saw new medicines were checked and booked in with any medications that had not been used returned to the pharmacy. We saw all medications transactions were recorded and witnessed and paperwork was signed and dated to ensure a proper audit trail was in place.

**Safety and suitability of premises**

✖ Enforcement action taken

**People should be cared for in safe and accessible surroundings that support their health and welfare**

## Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

## Reasons for our judgement

We saw the provider had updated the décor in the home with new carpets being laid. The provider had also instructed builders to construct a bridge between the old building and the new extension.

We saw carpets were being fitted in the first floor bridge during the evening of the inspection but there was nothing to prevent service users from entering the area where work was being carried out.

We saw general building materials had been left on the floor in the newly constructed bridge and tools were on the windowsill. This meant people were at risk of harm as builders were not always around to prevent people gaining access to tools and there were no warning signs in the area.

We also saw that service users were able to access the first floor bridge to the other half of the home and gain unsupervised and unrestricted access. The area beyond the bridge gave access to the new extension to the building. At the time of our visit this part of the building was in darkness as there were no staff or service users in occupation.

This meant that service users were at risk of harm as they were able to access an unoccupied part of the building.

**Requirements relating to workers** ✖ Action needed

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

## Our judgement

The provider was not meeting this standard.

People may not be cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

We looked at the files of eight members of staff. We found staff files were incomplete in five out of eight. We saw some files did not have complete employment and education history and in one case there was no evidence of a Criminal Records Bureau (CRB) check being carried out. On another file we found the CRB check had highlighted a past conviction but this had not been addressed at the time of employment.

On other personnel files we found that references provided were from the acting manager and had not been verified or that some of them were not those that had been shown on the job application forms. We also found that some references were not on headed paper and there was no indication of the relationship between the employee and the referee.

**Records** ✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

## Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

## Reasons for our judgement

We saw the home kept details of visits from professional visitors, such as GPs and dentists and this information was held in the service users file so all staff were able to access it.

We saw daily notes were kept for all people who used the service and monthly assessments were carried out by staff. These assessments covered areas like weight and skin integrity.

We saw the records held at the home were kept secure in a locked room. This meant people's records were held securely and were only accessible to key essential staff.

**This section is primarily information for the provider**

## Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | **Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Requirements relating to workers** |
| | **How the regulation was not being met:**<br><br>The provider has failed to operate suitable recruitment practices as described in Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 24 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

**This section is primarily information for the provider**

## ✖ Enforcement action we have taken to protect the health, safety and welfare of people using this service

### Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

| | |
|---|---|
| **We have served a warning notice to be met by 03 May 2013**<br><br>This action has been taken in relation to: | |
| Regulated activity | Regulation or section of the Act |
| Accommodation for persons who require nursing or personal care | **Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Respecting and involving people who use services** |
| | **How the regulation was not being met:**<br><br>The provider has failed to ensure that the privacy and dignity of service users is being maintained as shown in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 |
| **We have served a warning notice to be met by 10 May 2013**<br><br>This action has been taken in relation to: | |
| Regulated activity | Regulation or section of the Act |
| Accommodation for persons who require nursing or personal care | **Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Care and welfare of people who use services** |
| | **How the regulation was not being met:**<br><br>The provider is not taking steps to ensure ensure the welfare and |

**This section is primarily information for the provider**

| | |
|---|---|
| | safety of the service user, as shown in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 |
| **We have served a warning notice to be met by 10 May 2013**<br><br>This action has been taken in relation to: | |
| Regulated activity | Regulation or section of the Act |
| Accommodation for persons who require nursing or personal care | **Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Safety and suitability of premises** |
| | **How the regulation was not being met:**<br><br>The provider has failed to ensure that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises as stated in Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 |

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

## About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

## How we define our judgements

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

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

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

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

## Glossary of terms we use in this report (continued)

**(Registered) Provider**

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

**Regulations**

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

**Responsive inspection**

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

**Routine inspection**

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

**Themed inspection**

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

## Contact us

| | |
|---|---|
| Phone: | 03000 616161 |
| Email: | enquiries@cqc.org.uk |
| Write to us at: | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |
| Website: | www.cqc.org.uk |