

***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 Inspection: 30 May 2013

Date of Publication: June 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Respecting and involving people who use services**

✓ Met this standard

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

✓ Met this standard

**Safety and suitability of premises**

✓ 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

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Parklands had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safety and suitability of premises

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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At our last inspection in April 2013 we found the provider was not compliant with essential standards one, nine and fifteen. This was because people were not given the support they needed at mealtimes, the dignity and respect of people at the home was not maintained and the provider had not taken steps to provide care in an environment that was safe.

At this inspection we found improvements had been made. We found people were treated with dignity and respect. For example, we watched care staff lower themselves to people's height when communicating with them about private matters. We found the atmosphere to be relaxed with care staff smiling and giving people good eye contact.

We found care and treatment was planned and delivered in a way which ensured people's safety and welfare. For example, we saw people who had been assessed at risk at mealtimes were not left unsupervised.

We spoke with several people who used the service. They told us "I'm very happy with the care" and "I'm content here, the staff are always laughing."

At this inspection we found the provider had taken steps to remove dangers so care was provided in an environment that was safe for service users, staff and visitors.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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** ✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Peoples privacy, dignity and independence were respected.

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### Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

At our last inspection in April 2013 we found the provider was not compliant with this essential standard. This was because the dignity and respect of service users was not maintained during mealtimes.

In response the provider sent us an action plan showing how they were going to make improvements. At this inspection visit we looked again at this outcome area and measures taken by the provider to become compliant.

We spent time observing how staff supported people living in the home, including a mealtime. We found people were treated respectfully. We saw people were offered the choice of a protective apron before the meal started and if their decision was not to use a protective apron then this was respected by staff. We saw staff provided people with the support they needed during the meal. For example, if people needed staff to help them cut or position their food on their fork, then staff did this in a helpful, open and friendly way which helped people to enjoy their mealtime experience. We saw care staff sitting beside each person they were supporting so they were at the same height, talking with them about how they would like to be assisted and helping them decide how each part of the meal was to be eaten. We found the atmosphere in the dining area to be relaxed and informal with care staff smiling and giving people good eye contact. We also saw people held hands with staff who took time to give them personal support and attention. One person we spoke with told us, "I'm content here, the staff are always laughing."

We watched staff support people at a pace that was comfortable to them. For example, people were not rushed during the mealtime and there were enough staff to make sure

everyone received individual attention. People were also supported to walk at a pace that was comfortable to them when moving around the home.

We saw people who used the service were involved in their care with their preferences being sought. For example, one person had indicated a preference to face the window when sitting in the dining area. We saw this preference was respected by staff. One person described how they were able to choose their bedroom. They said "I chose my room. My relatives think I have made the wrong choice but I am happy." "

During our visit we watched and heard staff consult and involve people before providing personal care or support. This meant that people who lived at the home were in control and able to direct staff to meet their needs in a way they preferred.

When we last visited we found plugs had been removed from the bathroom sinks in some bedrooms with en-suite bathrooms to prevent the risk of flooding. However, no individual risk assessments had been carried out to demonstrate this was needed nor had there been any instances where flooding had taken place. During this inspection we found plugs had been replaced so people could fill and use their sink independently if they wanted to.

All of these measures demonstrated how people's dignity, respect and independence was promoted in the home.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

At our last inspection in April 2013 we found the provider was not compliant with this essential standard. This was because people were not given the support they needed at mealtimes in line with their agreed care plan.

In response the provider sent us an action plan showing how they were going to make improvements. At this inspection visit we looked again at measures taken by the provider to become compliant.

When we visited the home there were 32 people living there. We spent time talking with many of them, and watched how staff gave support and care. We then looked at their records of care relating to mealtimes to see how people's care was planned, monitored and co-ordinated and compared this with the staffs' practice we had seen.

We spoke with staff who told us every person who lived in the home had a care plan. They described to us in detail how people were properly cared for and showed us how this was written in their care plans.

We looked at four peoples' mealtime care plans. The care plans described in detail the action staff needed to take to make sure people's assessed needs were met during this activity. We also found people's personal choices and preferences had been recorded. For example, some people preferred only to eat traditional meals. Staff we talked with gave us examples of the different ways they worked with people depending on their preferences. For example, some people liked to wear their own apron to protect their clothing from accidental spills. The care plans we looked at confirmed these ways of working had been written down so staff would be able to give consistent support.

We found staff followed what was written in each person's care plan at mealtimes. For example, each person who needed one to one support with their meal was provided with this. We also found people's health and welfare was promoted during this activity. For

example, people who had been assessed as being at risk of choking at mealtimes were not left unsupervised. And people who had been assessed as having poor appetite or being at risk of weight loss were given additional encouragement with enriched meals and drinks

All of these measures showed people were receiving appropriate care and support.

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

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**Our judgement**

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The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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The provider had taken steps to provide care in an environment that was safe for service users, staff and visitors.

At our last inspection in April 2013 we found the provider was not compliant with this essential standard. This was because the provider had not taken steps to provide care in an environment that was safe for people who lived, worked or visited the home.

In response the provider sent us an action plan showing how they were going to make improvements. At this inspection visit we looked again at measures taken by the provider to become compliant.

During our last inspection in April 2013 we saw the provider had arranged for an extension to be built to connect the home to a newly built building next door. The new building had been constructed so the provider could register with the Care Quality Commission to increase the total number of people accommodated at Parklands. In our last inspection we found the new part of the building was unoccupied, in darkness and had not been properly secured to prevent people from accessing this area. As well as this, we saw general building materials had been left on the floor which could cause people to trip and builders tools were on the windowsill on which people could have injured themselves. The door to the extension had also been removed but screws which were a risk to people walking past them had been left protruding. In this way people were at risk of harm.

During this visit we saw the building work had now been completed. A new door had been fitted with a key code lock and was kept locked to prevent accidental access from one part of the building to another. The new area had been painted and decorated and there were no sharp or unfinished areas which could cause accidental injury. Nor were there any builders equipment or materials being stored in a way which may have caused an obstruction. This showed the provider had taken the necessary steps to provide a safe environment for people.

## 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 other services less often. 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.

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. 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. We monitor the implementation of action plans in these reports and, if necessary, take further action. 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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