

PK Healthcare Limited

Parkdale Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Parkdale Care Home is a residential care home providing accommodation and personal care to up to 30 people in one adapted building across three floors. The service provides support to older people and younger adults. At the time of our inspection there were 27 people using the service.

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

People were supported safely by staff who understood how to recognise potential abuse and take appropriate action. People had risks to their safety assessed and planned for, when things changed these were updated.

There was enough staff to support people safely and they had been safely recruited to work at the service. Staff were administering medicines safely and following procedures to keep people safe from the risk of infection. Where incidents had occurred, these were reviewed, and learning was drawn from them to share with staff and prevent things from reoccurring.

People's needs were assessed and planned for in line with good practice. People were involved in their care planning and their needs and preferences were considered. People were involved in making improvements to their environment and we saw the provider was working to continuously improve areas of the home. People were supported by staff who understood their needs and preferences.

Staff had the skills to carry out their roles and were able to demonstrate a knowledge of how people should be supported effectively. Staff understood people's health conditions and staff worked with other agencies to provide support. Staff supported people to eat and drink and manage any risks, people had a choice of meals and were happy with the quality of the food and drinks they were offered.

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.

The provider had systems in place to check on the quality of the care people received and to monitor this and look for areas of improvement. We found the provider was ensuring a learning culture was in place and working with other professionals.

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 August 2022)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 27 July 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding people from abuse, consent and governance of the home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now meet legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkdale Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Parkdale 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Parkdale Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Parkdale is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with 3 people and 7 relatives. We also spoke 7 staff including the registered manager, care manager, senior care and care staff. We looked at the care records for 4 people and 4 medicine administration records. We looked at records relating to the management of the service, including audits carried out within the home, recruitment files and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we could not be assured people were protected from potential harm as safeguarding concerns were not always raised to the local safeguarding team. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were safeguarded from potential harm and abuse. People and their relatives told us they felt people were safe at the home. One person told us, "The staff are lovely, I feel safe with everyone here." A relative told us, "[Person's name] seems very safe and happy. Staff are very nice and helpful. Nothing is too much trouble."
- Staff told us they had received training in how to recognise abuse. They could give examples of concerns they would raise to the manager for investigation.
- We saw when incidents had been reported these had been investigated and where appropriate these had been referred to the safeguarding authority for investigation.

Assessing risk, safety monitoring and management

At our last inspection we found inconsistent information about how to manage risks and reviews of risk assessments were not undertaken following incidents. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to manage risks to their safety. People told us they were supported to manage risks to their safety. One person told us, "I am getting my mobility improved at the moment and staff are encouraging and supporting me with this." Another person told us, "I use a wheelchair and hoist and I always feel safe doing this." One relative told us, "The staff help [person's name] to use a wheelchair and due to limited mobility to walk with a frame."
- Staff understood risks to people's safety. They could describe how people were supported. One staff member described in detail how they supported one person who could become distressed describing what conversations they had and what could help calm the person down.

- Risk assessments were reviewed on a monthly basis and when incidents or accidents happened and were updated to reflect any changes. Plans were put in place to mitigate risks and staff could describe how they followed these plans to keep people safe.

Learning lessons when things go wrong

- At our last inspection improvements were needed to ensure action was taken following incidents and accidents that had occurred within the home. At this inspection we found the provider had made the required improvements.
- The provider had systems in place to learn when things went wrong. We found where incidents had occurred, the provider had a system in place to ensure people's individual risk assessments and care plans were reviewed and updated as required.
- There was a system in place to review incidents and accidents to look for trends and themes and enable actions to be taken to reduce the risk of reoccurrence. We saw staff had identified one person was prone to bruising as they had medication which increased the risk of bruising.

Staffing and recruitment

- People were supported by enough safely recruited staff. People and their relatives told us there were enough staff to support people and keep them safe. One person told us, "I felt safe here straight away, the staff are kind and gentle and when I need something, I get their full attention." One relative told us, "If [person's name] needs anything they just press the buzzer and staff come quickly."
- Staff told us there were enough staff to meet people's needs and this was supported by our observations. We saw staff were able to support people when they needed help.
- People were supported by safely recruited staff. We saw the provider had systems in place to ensure staff were recruited safely which included pre-employment checks pre before staff could start working in the home.

Using medicines safely

- People were receiving their medicines safely. People and relatives told us they had no concerns about how medicines were managed. One person told us, "The staff bring my medicine to me everyday and always wait with me while I take it." A relative told us, "Medication is given by the staff I have every confidence the staff give medication as needed."
- Staff had been trained to administer medicines and had their competency assessed. Staff were knowledgeable and could describe how they managed medicines safely.
- Medicines were stored safely. Stock was rotated and there were checks in place to ensure medicines were stored at the correct temperature.
- Medicines administration records were in place and accurately completed. We found guidance was in place for staff on how to administer medicines including when medicines were given on an as required basis. Body maps were used to show where topical medicines were applied.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors to the home in line with their wishes.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

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 MCA 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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had not undertaken decision specific capacity assessments and had not always considered all restrictions that had been placed upon people or monitored when DoLS applications needed to be reviewed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People had their capacity assessed and where needed a decision was taken in their best interests. For example, decisions relating to medicines, and restrictions such as bed rails and sensor mats had been considered.
- Staff understood the principles of the MCA and had received updates to their training. Staff understood when people were subject to restrictions and could tell us how they made decisions in best interests. We saw staff sought consent from people before giving care and support.
- The provider had a system in place to monitor when people need DoLS reviews undertaken. We saw this

was effective in ensuring applications were made in a timely way.

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

- People had their needs assessed and care plans put in place to meet them. Care plans were reviewed on a monthly basis to make any changes based on people's needs.
- Staff understood how to support people. Staff could describe how they supported people and told us the guidance in care plans helped them to ensure people had the care and support they needed.
- Care plans offered guidance to staff on how to meet people's needs and when to seek support from other professionals. There were specific care plans for skin integrity, communication, oral health care and health conditions such as diabetes. We saw staff followed this guidance when supporting people.
- People and relatives felt care plans were effective. One relative told us, "[Person's name] has had a catheter for a long time, any concerns with this are dealt with by the home or they have to go to hospital." Another relative told us, "We were involved in care planning at the beginning."

Staff support: induction, training, skills and experience

- Staff were trained and had the skills to carry out their role. People and their relatives told us staff had the skills they needed to support people effectively. One relative told us, "I think staff are well trained, they know what they are doing."
- Staff told us they received an induction into their role, records supported this. We could see staff received regular updates to their training and had opportunities to learn and update their skills.
- The registered manager told us they had held small group sessions with staff to discuss the mental capacity act and check staff knowledge. This was something they planned to continue to do with staff.

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

- People were supported to have enough to eat and drink and maintain a balanced diet. People and their relatives told us they had enough to eat and drink and had a choice of their preferred food and drinks each day. One person told us, "I love a salad with some cheese, and this is always an option open to me." One relative told us, "The food is good. Always sufficient to drink. At one point [person's name] was reluctant to drink, the staff encourage them gently to have a drink."
- People had their needs and preferences for nutrition and hydration assessed. Staff told us people had individual plans in place to meet their needs for food and fluids. We saw where people had needs relating to their diet these were assessed and planned for and staff followed this guidance.

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

- The provider ensured the building was adapted and decorated to meet people's needs. People and relatives told us there had been ongoing improvements to the environment. One person told us, "I have recently had my room decorated and new flooring put down. I was able to choose what colours I had and what floor covering was in place, it looks lovely now."
- The provider told us about their ongoing plans for refurbishing the home and we saw there had been improvements made to internal and external areas. For example, the garden had raised flower beds put in ready for people to use in better weather to do some gardening.

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

- People received consistent support and had access to healthcare services. People and their relatives told us staff helped them to manage any health conditions. One person told us, "The staff have arranged for an eye test for me and come with me if I need to go to the hospital for anything." A relative told us, "The staff let

me know if [person's name] is unwell. They got an ambulance straight away when [person's name] was unwell once."

- Staff understood how to support people with their health needs. They could describe how they supported people with managing health conditions such as diabetes and when to report concerns.
- Staff worked in partnership with other agencies and health professionals to support people with their care.
- We saw where advice had been given by health professionals this was clearly documented in peoples care plans. For example, when people had catheters in place there was guidance from health professionals on how to safely support the person and monitor for any concerns.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection governance processes in the home were not robust in identifying all areas of improvement needed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had systems in place to review any incidents and accidents which had happened and look for any themes.
- The registered manager completed monitoring processes. For example, safeguarding referrals made were reviewed to look for learning opportunities and share these with staff. There was a process to monitor DoLS to ensure reviews were undertaken when required.
- The registered manager completed audits to ensure people received their care as required. For example, medicines audits checked medicines administration. Care plan reviews ensured updates to care plans were completed. Mealtime audits were done to improve the mealtime experience.
- There were systems in place to ensure the premises and equipment were safe for people. For example, checks on call bells and sensor mats were done each day to ensure they were operating and there were regular checks on fire safety equipment, mattresses and

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

- The home had a positive culture where people were seen to be happy and relaxed. People and relatives told us they were very happy with the care they received. One person told us, "There is something special about this place, it is calm and it's like having a family around you, I think of this as my home." One relative told us, "I'm happy with the care. The staff are very approachable. I can always chat with the registered manager. They are all very nice."
- People received person centred care. People and their relatives told us they received care which was person centred. One person told us, "I like to sleep with the light on and the door open, staff respect this and

always knock the door before coming in to check on me at night." One relative told us, "The staff definitely know [person's name] likes and dislikes. They know about them liking cake and music. [Person's name] stands up and has a little jig during activities. They like to sit with different people."

- People were supported to achieve their goals and outcomes. People and their relatives told us things had improved for people since they came to live at the home. One person told us, "I am improving my mobility, I have set goals with staff about being able to walk around outside and I am working towards this." A relative told us, "[Person's name] has lots of gardening books and have asked the registered manager for a space to grow tomatoes." The registered manager told us they had recently raised flower beds in the garden for people to use for growing things next spring.

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

- People and relatives were involved in making decisions about the home. One person told us about how they had chosen to have their room decorated, we saw how people had been offered a choice of colours and styles of floor coverings in their bedrooms.

- People and Relatives were supported in a way which considered their protected characteristics. One relative told us, "Staff here are able to speak with [person's name] in their first language." People and their relative told us people's assessments and care plan's considered people's culture and religion and staff were able to show how this impacted on peoples care.

- Staff were involved in decisions about changes in the home. One staff member told us, "We get good support from the registered manager, they listen, and are easy to approach and they take on board the ideas of staff." Another staff member told us, "The registered manager listens to us, for example we made suggestions about how the lounge should be arranged and they took this on board and made the change."

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; Continuous learning and improving care; Working in partnership with others

- The provider understood the duty of candour and was notifying relevant people when incidents had occurred.

- The provider was working to develop a learning culture in the home. We saw there was a review of any incidents which occurred, and any learning was shared with staff.

- The provider was working with local professionals to build relationships and learning. For example, they had worked with a local hospice to seek advice on end of life care for people.

- The staff told us they valued the opportunity to have group learning discussions on MCA and this had helped them develop further knowledge and skills. The provider was keen to continue this and work with staff to develop other group learning opportunities.