

Parklands Care Services Limited

# The Parklands Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Parklands Care Home is a residential care home providing personal care for up to 40 people. At the time of our inspection there were 27 people using the service. Some people using the service were living with dementia.

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

Since our last inspection we found the provider had employed a regional manager to guide and support the management team. Systems and processes to monitor and improve the home had been reviewed to ensure improvements were recognised and actioned on. These systems required embedding in to practice to ensure their efficacy.

Risks associated with people's care had been identified and actions taken to mitigate risks. People received their medicines as prescribed, by staff who were trained and competent to administer medicines safely. Accidents and incidents were analysed to ensure future incidents were reduced. Staff had been recruited safely. There were enough staff available to meet people's needs in a timely way.

Routine maintenance checks had been carried out to ensure the building was compliant with health and safety requirements. We carried out a tour of the home and found improvements in regard to infection control and prevention. We also noted some improvements to the decoration of the home which had visibly improved the home.

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.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 October 2022) and there were breaches of regulation. 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 undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 changed from requires improvement to good 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 The Parklands Care Home on our website at [www.cqc.org.uk](http://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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Parklands Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

The inspection was carried out by 1 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

The Parklands 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. The Parklands Care Home 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. However, day to day running of the home was led by the regional manager and deputy manager.

#### 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

We spoke with 3 people and 3 relatives about their experience of the care provided. We spoke with 5 staff members including the deputy manager, regional manager and care workers. We reviewed a range of records including 3 people's care records and multiple medication records. We reviewed a range of records relating to the management of the service including 3 staff recruitment records. We observed staff interacting with people.

# 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.

### Assessing risk, safety monitoring and management

At our last inspection we found risks relating to the welfare of people were not effectively managed. This was a breach of regulation 12(1) 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.

- Risks in relation to people's care and support had been identified and actions taken to mitigate risks.
- Care plans contained explanations of control measures for staff to follow to keep people safe.
- People and their relatives told us staff had the skills to care for them and staff were caring and kind. One relative said, "I am happy [relative] is cared for well and kept safe."

### Preventing and controlling infection

At our last inspection we found the provider had failed to ensure infection, prevention and control policies and procedures were followed. This was a breach of regulation 12(2)(h) 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.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider was facilitating visits for people living at the home to maintain contact with family and friends.

### Using medicines safely

- People received their medicines as prescribed although we found some concerns with the record keeping. We have reported on this in the well led key question.
- Some people were prescribed medicines on an as and when required basis, often known as PRN. We saw protocols were in place to guide staff about when these medicines were required, although these could be more informative.
- Staff told us they received training in the safe administration of medicines and their competencies were assessed regularly.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### Staffing and recruitment

- Staff were recruited safely and had pre-employment checks to determine their suitability for employment.
- The management team had a system in place to determine the number of staff required to meet people's needs on a daily basis. We observed there were enough staff available to respond to people in a timely way.
- People and their relatives told us there were enough staff. One relative said, "They [staff] seem very busy but I think there is enough staff."

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems in place to ensure any concerns were reported and action taken.
- Staff told us they received appropriate training in safeguarding people and felt they would be able to recognise abuse and would report any concerns without delay.

### Learning lessons when things go wrong

- The management team kept a record of accidents and incidents and used this information to identify trends and patterns.
- The management team completed an analysis which identified lessons learned and actions to take to mitigate future incidents.



# 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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we identified a lack of person centred care, leadership, engagement, and ineffective management systems. This was a breach of Regulation 17 (Good Governance) 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.

- Since our last inspection the provider had appointed a regional manager to guide and support the management team. This had made a positive impact and the management team now understood their roles and responsibilities.
- The management team could evidence notifications had been made to CQC and to the local authority when required.
- The management team were aware of their duty of candour and acted openly and honestly when things went wrong.
- People and their relatives told us the management team were all approachable and they had noticed positive changes taking place. One relative said, "The deputy manager is really helpful and understanding."

Continuous learning and improving care

- Systems in place to monitor the service had improved and new systems had been introduced.
- Although improvements had been made to the audits process, some minor issues were being missed. For example, we found some recording issues with medicine management. These issues had been identified as part of the audit process but were still evident a couple of months later. Therefore, these systems required embedding into practice to ensure their efficacy.

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

- The management team were promoting an inclusive environment where people received person-centred care.

- People and their relatives told us they were happy with the care they received, and more activities were available. One relative said, "There does seem to be a nice atmosphere and [relative] seems happy." One person told us they had recently enjoyed a trip out to a garden centre.

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

- Systems were in place to enable the management team to gather feedback from people, relatives, staff and other professionals.
- The management team held a series of meetings, so everyone had an opportunity to raise any concerns and be a part of the development of the home.

Working in partnership with others

- Since the last inspection the management team had worked closely with the local authority to ensure the service improved.
- People were referred to other professionals such as dieticians and GPs as required.