

Park House (Exeter) Limited

Parklands

Inspection report

Parklands, Kensham Avenue
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Tel: 01392430005

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Parklands is a residential care home providing personal care to 18 people aged 65 and over at the time of the inspection. The service can support up to 18 people. Parklands is a large premises, located on the edge of a rural village, set over two floors accessed by a lift, ramp and stair lift. At the time of the inspection there were 13 people living there.

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

A new experienced management team and staff group had been employed immediately following the previous inspection as a prompt response to the last inspection findings. They carried out regular audits to monitor the quality of care with the provider visiting weekly and supporting the new team. They and their staff team had worked hard to ensure the breaches found at the previous inspection had been addressed and robust systems embedded into practice. We saw examples of how the positive improvements had impacted on ensuring people's needs were well met and the culture of the service was focussed on person centred care. The provider was responsive and supportive and there had been substantial investment to further promote good quality care at Parklands.

People were safe at the service. Staff had been trained to safeguard people from abuse and understood how to manage risks to people to keep them safe. There were enough staff to support people with staffing levels regularly reviewed and increased in relation to peoples' dependency levels. The staff worked well as a team and were clear about what they needed to do. Recruitment checks had been undertaken to make sure staff were suitable to support people.

People had a choice of comfortable spaces to spend time in at the service and we saw these being used as people wished. The provider had reviewed all areas and adapted the premises when needed to meet people's needs, for example creating a homely library area, pretty decked outside spaces, auditing and improving décor and/or flooring in all rooms and refreshing the exterior. The premises were clean and tidy. Staff followed current hygiene practice to reduce the risk of infections with new effective systems in place, including a designated laundry person. Visitors to the service were given information to help them reduce the risk of catching and spreading infection. Health and safety checks of the premises and equipment were carried out at regular intervals.

People's care and support needs were assessed prior to them using the service. Care was taken to ensure staff could meet peoples' needs before admission and we saw that people had spent time at the home before choosing to move in. One person with close personal links to the home and told us they were very happy. Peoples' care plans set out for staff in detail how these needs should be met. Staff understood people's needs and how they should be supported with these. They received relevant training to help them to do this. Staff were supported by the manager to continuously improve their working practices to help people achieve positive outcomes and there were regular competency checks.

Staff were calm, kind and respectful of people. They knew them well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to stay healthy and well. Staff helped people eat and drink enough to meet their needs, to take their prescribed medicines and to manage their healthcare conditions. People and staff's feedback indicated that since the previous inspection there had been great improvement in the way the service was run. Staff approached us throughout the inspection to tell us how much the service had changed for the better.

People and relatives were satisfied with the quality of care and support they received. The manager reviewed accidents, incidents and complaints to identify how the service could improve further and had taken action based on peoples' views. People were encouraged to have their say about how the service could improve.

The service worked with other agencies and healthcare professionals. We received positive feedback from two visiting health professionals. The provider and management team acted on their recommendations to improve the quality and safety of the service for people.

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

Rating at last inspection

The last rating for the service under the previous legal entity was Inadequate, published on 10 November 2021. We identified breaches in relation to safeguarding, risk management, person centred care, dignity and privacy, choice and consent, staffing levels, training and competency, premises and good governance. We also made two recommendations in relation to meeting peoples' social and leisure needs and improving dementia care. This service has been in Special Measures since 10 November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. We also 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 coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Parklands

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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

Parklands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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, including their action plan and monthly report. We sought feedback from the local authority and professionals who work with the service. The provider was not asked for a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including the new manager, deputy manager, senior care workers, care workers, housekeeping staff and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from a professional who regularly visits the service.

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 Inadequate. 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, due to poor safeguarding systems, processes and practices at the service, people were placed at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 said they were safe at the service. One person told us, "I'm having a lovely time here. Everyone is very nice and look after me." Relatives comments included, "They have had a complete change of staff. Things have got better, and the staff are happier too", "[Person's name] is safe. Staff always call me. They call me after the doctor has been and update me" and "Yes, it is safe. The staff and management are the ones we knew in [sister home]."
- The new manager reviewed safeguarding issues daily and discussed them with staff during the morning meetings. Robust systems and auditing had been put in place by the new management team after the previous inspection and there was evidence of staff advocating for people and working in their best interests to keep them safe. The manager was clear about their responsibility to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them. There were no open safeguarding processes with the local authority. Appropriate responses and notifications had been made.
- Staff had been trained to safeguard people from abuse and there was a new training matrix to ensure all staff had the skills to identify and act in relation to safeguarding issues. Staff told us if they witnessed or suspected abuse they would report this to the manager. For example, the number of falls had significantly reduced since the last inspection.

Preventing and controlling infection

At our last inspection the environment and furniture were not always clean and hygienic and there was a high level of incontinence which was not managed well. This was a breach of regulation 15 (Premises and equipment) 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 15.

- Robust infection control and prevention measures had been put in place immediately following the last

inspection. Risks associated with infection control and hygiene were now well managed and embedded into practice with regular checks. Staff had all been trained by external health professionals and followed current guidance, using personal protective equipment (PPE) safely and effectively. There were PPE stations throughout the home.

- Visitors were given clear and detailed information to help reduce the risk of them catching and spreading infections.
- The premises were clean and cleaning took place at regular intervals throughout the day to prevent the spread of infection, including the staff room and touch points. Housekeepers were now in place 7 days a week. Staff told us how the home was always much cleaner than before now. Staff had allocated areas to clean weekly such as the hoists and treatment room. Areas that required maintenance had been noted on the maintenance plan. For example, each room had been audited to ensure people had pleasant décor and clean flooring and furniture. These audits continued regularly.
- The provider's infection prevention and control policy was up to date. The provider had plans in place to manage an infection outbreak at the service and had sought appropriate advice during outbreaks.
- Staff followed current food hygiene practice to help reduce risks to people of acquiring foodborne illnesses when preparing, serving and storing food. The kitchen had been deep cleaned and all areas had a cleaning and deep cleaning programme in place.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection people's risks were not well managed to keep them safe and lesson had not been learned. This was a breach of regulation 12 (Safe care and treatment) 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.

- Immediately following the last inspection, the new management team had ensured people had clear and detailed records about their needs and risks. Staff knowledge checks were carried out to make sure they understood these and needs and risks were discussed thoroughly in each handover meeting. The office had been reconfigured with a board showing named staff allocations to monitor bowel management, food and fluids and pressure care for each shift.
- People's records contained information about identified risks to their safety and wellbeing. There were measures in place to manage these risks to reduce the risk of harm or injury to people and others. Changes in risk were highlighted as alerts on the electronic system to inform staff. For example, one person liked to be very independent, so they had clear risk assessments about smoking, using a kettle and self-medicating.

They had been involved in each discussion.

- Bed rail assessments and mattress checks were in place. People who chose to spend time in their rooms or were unable to use a call bell were monitored regularly and this was documented on wellbeing charts. Oral care was also well recorded as being attended to.
- The management team had a good relationship with health professionals and records included clear plans and reviews around community nurses' input. For example, people had body maps and regular pressure care checks. Records were detailed and showed peoples' current skin integrity status and actions taken. We saw prompt referrals were made to community nurses.
- Falls management was good and each person had been risk assessed. An occupational therapist had had input into how to maximise peoples' independence safely. One person was now mobilising well under supervision and was happy with their new room location on the ground floor.
- Staff had been trained to support people living with dementia and told us what steps they would take when people became anxious or distressed to reduce the risk of harm to people and others. Those people living with dementia were monitored to ensure they were safe and these peoples' needs were taken into account when assessing potential admissions to ensure staff could meet the needs of people living in the home as a whole.
- The provider undertook regular health and safety checks of the premises. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use. The deputy manager said the whole image of the home had improved. For example, a pest control specialist visited the home once a month in relation to flies as the home was in a rural location.
- The provider had promptly responded to issues raised in the last inspection and worked hard to ensure they were addressed as soon as possible ensuring all staff knew what to do to promote a safe, person centred culture.
- There were clear systems in place for staff to report and record accidents and incidents.
- The provider reviewed accident and incident reports and took appropriate action when needed to reduce the risks of these events reoccurring.
- Accidents and incidents were discussed with staff to help them learn from these and improve the quality and safety of the support provided to people.

Staffing and recruitment

At our last inspection due to lack of sufficient staffing levels, people's needs were not met, and people were placed at risk of harm. This was a breach of regulation 18 (Staffing) 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 18.

- Immediately after our previous inspection the provider had re-deployed a new manager and experienced staff team from their sister home. A dependency tool was used to ensure staffing levels could meet peoples' needs. Peoples' dependencies were assessed, and this process was embedded quickly. For example, we saw how one person newly admitted to the home received additional one to one support during the first few nights when they were unsettled with good effect.
- There was now a stable staff team who knew people well and were experienced in delivering person centred care. For example, there were always staff allocated and available in the lounge to support people. Continence management was good and there were enough staff allocated each shift to ensure peoples' particular needs were met. People and relatives said staff were available when they needed their support.

Call bells were not ringing for long periods of time. One person told us, "We get well looked after."

- We observed staff were present and accessible to people and responded promptly when people required their support. On both days of the inspection, staff were enjoying time with people and we saw examples of how people were supported to spend their time as they wished. Staff knew where people were such as the dining room, patio deck, library, lounge or in their rooms and systems to monitor them was well embedded. Staff spent little time in the office as they had access to peoples' records in the lounge.
- More staff had been trained as seniors and were able to lead a shift ensuring all shifts were covered by a senior. The new deputy manager was well organised and knew their role. They said peoples' needs were less complex and staff had time to get to know people well. They said the addition of another activity co-ordinator had been a big help. Staff were very happy about the increase in staffing and organised management of shifts.
- The provider carried out the relevant checks required on staff that applied to work at the service to make sure only those suitable were employed to support people. Staff records contained evidence of the checks made by the provider. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them. There was a robust medicines policy and the treatment room had been re-organised and tidied to ensure staff had easy access to important information. A complete stock check had ensured there was no over stocking and that all medicines were in date and kept in shelving with peoples' names.
- If medicines were prescribed to be given 'when required' there were protocols in place to guide staff as to when it would be appropriate to give a dose. Each person's 'when required' medicine details were up to date.
- Liquid and topical preparations were dated on opening. Medicines requiring refrigeration were managed well with daily temperatures recorded.
- Staff received training and were checked to make sure they gave medicines safely. Medicines were administered in a safe way at the time they were prescribed. Staff wore a 'do not disturb' tabard.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines.
- Monthly medicine audits, and weekly 'spot checks' took place and areas for improvement and action identified. Any medicines incidents or errors were followed up and reported. There were no medicines in use at the time of the inspection that required additional security but processes were in place.

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 Inadequate. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection there were not sufficient numbers of suitably qualified, competent and skilled staff to meet peoples' needs. This was a breach of regulation 18 (Staffing) 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 18.

- Staff were able to meet the range of peoples' needs. They completed relevant training including specific training to support people living with dementia, and person-centred care. Training was now refreshed at regular intervals, so staff stayed up to date with current practice and knowledge.
- New staff had to successfully complete a newly devised period of comprehensive induction to demonstrate they had the appropriate skills to support people at the service. New staff we spoke to were very complimentary about the training and support they had received. One new staff member told us how they had shadowed different staff, focussing on person centred care and getting to know people and they had good support.
- Staff told us training helped them understand people's' needs and how these should be met. One staff member said, "It's so much better than before. We can sit down with the manager and deputy whenever we need. The new staff member has already finished their basic training. The residents all come first now." Another staff member said, "We have had special training. Everything is systematic and we all know our roles now." For example, staff were clear about how to care for people using a catheter. Staff discussed any changes in each handover.
- Keyworker roles had been introduced and were well embedded. All staff were able to tell us details about peoples' lives. For example, one staff member said, "Wellbeing is important. [Person's name] likes to sit and talk. We ask about their lives, do they need any shopping?"
- Staff were supported to learn and improve in their role. They had regular supervision (a one to one meeting) with the manager at which they were encouraged to discuss their working practices, concerns they had about their role and any further training or learning they needed to help them provide effective support to people. Staff all commented on how they felt listened to and well supported by the management team. Where there were any issues staff had a supervision meeting to discuss how they could be supported further.

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

At our last inspection although most health issues appeared to be identified and appropriate referrals to health professionals were made, records did not show clear follow up to ensure people's health needs were met and being effective. This was a breach of regulation 12 (Safe care and treatment) 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's care and support needs had been assessed prior to them using the service. Covid-19 guidelines on admission were followed. A new admissions assessment document has been developed so the appropriate equipment could be sourced, questions asked of health professionals and to ensure the service could meet the person's needs. Particular attention was paid to ensuring peoples' needs as a whole could be met and individual needs were less complex in general.
- Staff obtained information from people, their relatives and the relevant agencies involved in their lives, about peoples' care and support needs. This helped the management team plan and deliver care and support to people in line with standards, guidance and the law.
- People's' care plans had all been re-written since the last inspection using the electronic system. Comprehensive care plans contained information about peoples' lives and medical history, healthcare conditions, their care needs and the outcomes they wished to achieve from the support provided. Their care plans detailed for staff the support they required to have their needs met and included information about their choices about how, when and from whom this was provided. A care plan review system by staff who knew people well ensured care plans stayed up to date. Daily records reflected peoples' care had been provided and their content was regularly reviewed with staff receiving training and guidance on effective record keeping.
- Health information could be easily accessed to see progress. A visiting health professional told us, "The weekly ward round with the manager or a senior representatives continue without fail. Updates are readily provided as is any additional request made such as updates on weight or blood pressure. The interaction and conversations flow well, and I believe any concerns for patients are readily shared with us."

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

At our last inspection, we recommended the provider looked at ways to further promote people's independence around the home and in their daily lives. Improvements had now been made.

- All areas of the home had been tidied and organised to ensure there was no clutter. There were pictorial signs helping people living with dementia to orientate. A notice board showed what was going on in the home, menus and other local information.
- The layout of the premises gave people flexibility about how they spent their time at the service. In addition to their own bedrooms, people also had use of various communal lounges with lovely views and a large secure balcony and garden for when the weather improved.
- The provider had made changes to the premises since our last inspection to meet peoples' needs. There had been the addition of many homely touches, attractive furniture and items to promote discussion and interest for people. People were able to watch the television, which had subtitles in place.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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.

At our last inspection care was not consistently delivered with peoples consent and in their best interests. This was a breach of regulation 11 (Need for consent) 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.

- Assessments of peoples' capacity to make and consent to decisions about specific aspects of their care and support had been undertaken and recorded in peoples' records. Staff knew who had capacity and we heard them asking people what they would like throughout the inspection. For example, one person preferred an early lunch, and this had been put in place. People were able to get up and go to bed when they wished. One person enjoyed late night television. The cook had ensured a night-time snack was left for them.
- Where people lacked capacity to make specific decisions, staff involved peoples' representatives and healthcare professionals to ensure decisions were made in people's best interests. Records showed how people had been involved. Care plans now all showed peoples' choices and preferences about how they liked support to be given.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were reviewed by the registered manager to check they remained appropriate.

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

- Staff prepared meals that people liked, to help them eat well. There were home cooked meals and cakes and pastries. People all said the food was good. There was a board in the kitchen showing what people liked and did not like. Relatives said, "I know [person's name] is eating as she is happy and not losing weight" and, "[Person's name] can be stubborn but they like the choices here. They will make them whatever they want."
- Peoples' preferences were listened to, to ensure mealtimes were a positive experience. Staff were able to go out and shop for additional items if people fancied them.
- Staff understood peoples' specific dietary needs and prepared meals that reflected these.
- We observed the lunchtime meal service and people were unhurried and able to eat at their own pace. Staff were calm and respectful when providing support to people who needed help to eat their lunch. The dining room was laid up with fresh flowers with a rural view.
- Peoples' wellbeing and weight was monitored with appropriate actions taken to manage weight loss. Outcomes for people were good. For example, one person liked to graze throughout the day and staff knew what kinds of food they liked.

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

- Peoples' records contained current information about the support they needed to manage their healthcare needs. Staff understood how to support people with these needs and obtained support for people when they became unwell. Staff were knowledgeable and identified changes in peoples' needs.

- Staff worked with healthcare professionals involved in peoples' care and followed their recommendations to help people achieve positive outcomes in relation to their healthcare needs.
- Information about people's' current health and wellbeing was shared and discussed by the staff team each day. This helped keep all staff well informed and updated about any specific concerns about a person and how these were being managed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection peoples' needs were not being met in a person-centred way. This was a breach of regulation 9 (Person-centred care) 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 9.

- All relatives' comments about the home were positive especially about the new manager and the good communication they were getting from the service. This has been especially important for some families where they could not visit either because of distance or because due to Covid-19. Relatives said, "The staff are kind", "Staff are kind and take it all in their stride. [Person's name] is very happy there" and "Staff allow [person's name] to have free choice on everything." One person said, "I am on my own but the staff leave me a buzzer so I can call them. They leave us in private with our visitors, so we are alone together."
- Staff had all received training in person centred care, and this had become the focus of care delivery. We saw keyworker staff taking time when they were not busy to go and see individuals they were allocated to. For example, one person loved to have a chat with one of the senior care workers and they said they looked forward to the afternoons. People said they were also able to chat with staff about their lives as they had built relationships.
- Staff and the activity co-ordinator ensured people were having a good day and particularly noticed how people were reacting to their environment. For example, when people indicated they would prefer some quiet time, staff helped them find a quieter area to relax. One person was enjoying showing their visitor around the home and told us there were lots of nice sunny places to sit in private.
- Positive and caring relationships had been made between people, staff and relatives. One relative said, "We will treasure the video of mum singing 'You are my sunshine' with staff forever." The keyworker system had ensured staff got to know people well and were able to tell us what people liked and their information about their lives. For example, one person really enjoyed talking about their previous job. The staff had found the information useful and interesting and were creating an information booklet with the person to share their knowledge and useful tips with others.
- Staff told us how they supported one person reluctant to receive support. By getting to know them better with one to one time, staff said they understood how to approach them by having a joke and using language the person understood. This person had spent time with staff discussing how they liked to live. They had

preferred not to be checked on at night so staff popped in before they went to bed to say goodnight.

- Staff said how much better the induction process was as they spent more time shadowing shifts with different staff so they could get to know people. They said, "Residents come first, they are able to do what they want, get up when they want, and we tailor things for them."

Respecting and promoting people's privacy, dignity and independence

At our last inspection people were not treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) 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 10.

- Staff treated people with dignity and respect and people were supported by staff to maintain their appearance. Staff ensured they knocked and waited for a response before entering peoples' rooms.
- People were supported to be independent and we heard staff gently encouraging people. Staff were patient with people living with dementia and responding kindly to repetitive questions or offering reassurance.
- Care records had been re-written with people and contained peoples' preferences and how they liked to be supported. For example, one person said they would like an earlier lunch. The cook made sure their meal was ready and they were served earlier than the usual lunch time. People were able to get up and go to bed when they wished, and staff were able to describe people's individual needs.
- At the last inspection continence management had been poor. This was now very well managed, and people were attended to discreetly. Staff knew who needed support or prompting to remain as independent as possible. People had the correct continence aids stored out of sight. There were no odours, no records of deep cleaning due to incontinence and support was offered regularly and recorded.
- People were able to reach their calls bells and due to the wellbeing check system, people in their rooms unable to use a call bell appeared comfortable and calm when we saw them. Where people could display anxiety, this was acknowledged by staff who spent time with them. One staff member said, "We have time to sit and talk with people. I love talking with them. Getting to know people has reduced the challenging times, they feel relaxed with you. We are all people." They gave an example where they had found that one person had worked on a cruise ship and this had enabled staff to accommodate behaviours they had not previously understood and added a topic of conversation. Staff spoke to them in Spanish when they were anxious as they had good memories from working with Spanish staff in the past.
- Staff had reviewed each room with people to ensure it was pleasant and individualised as people liked. A new treatment room with easy access had been created so people could receive treatment from visiting health professionals in a private and pleasant environment. This was less disruptive and time consuming for people as they did not have to mobilise to their rooms upstairs for appointments. People and staff knew when appointments were, so they were prepared.
- People's confidential information was stored securely in locked rooms or held securely on computers that could only be accessed by people who needed to see it.

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

- Staff ensured people and their relatives were involved in making decisions about their care and people told us staff listened to them.
- People and all the relatives confirmed they had been fully involved in the care planning process and this was evident from the level of detail recorded and staff knowledge. For example, due to the pandemic there had been a lack of visitors to support religious/spiritual beliefs. to the home. The provider was encouraging

and reassuring these people to agree to return to visiting the home as some people and relatives had expressed that they missed the input, for example receiving holy communion.

- One person had shown behaviours that did not promote their own dignity. Staff had worked with them to find solutions that the person was comfortable with and even made it fun for them using arts and craft.
- There were regular care plan reviews where people and their family could be involved, virtually if needed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection people's needs were not being met in a person-centred way. This was a breach of regulation 9 (Person-centred care) 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 9.

- Care plans were detailed and gave information to staff so they could support people safely and appropriately. Care plans were regularly reviewed with people to ensure they reflected people's current support needs and preferences.
- People received person-centred care. The manager said this had been the focus of improvement since the last inspection. Staff demonstrated their in-depth knowledge of people's histories, their likes and dislikes and how they wished to be supported. For example, one person's leg condition had improved as staff had spent time discussing leg elevation and how to make it more comfortable. The person no longer refused to elevate their legs.
- The service was responsive to people's changing needs. One person's relative told us, "We get informed about everything. There is a care plan and I am involved in that too." One person had asked if they could have an eye test and they had promptly been seen by an external eye care team.
- Staff told us that the service ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- There were many examples of how the focus on person centred care had improved people's quality of life. One person was known to wake in the night saying they were hungry. A breakfast tray was available at night so they could have what they liked. Staff also knew the person may then prefer a later morning breakfast if they had been awake in the night.
- One person was losing weight so staff devised a list of favourite foods with them and their next of kin so they could always have these available. The person was now gaining weight.
- Another person was very particular about their hair styling and had a range of hairstyles they liked. Staff ensured they knew how to do these styles as the person liked to choose every morning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff discussed any specific communication needs or preferences people had when they began supporting them. The manager told us that the service could provide all relevant documentation in large print, easy-read format or in people's preferred language as needed.
- People and their relatives told us that staff communicated well and in a way that met their needs. Relatives said, "Staff call me regularly and update me. I am happy to report no problems", "It is well managed now. We have been invited to Zoom meetings online too. It is well run and friendly and perfect for my Mum" and "We are kept informed. [Person's name] is very happy there which makes our lives easier as we don't have to worry."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended that activities and engagement for people were audited to ensure each individual had their social and leisure needs met. This had now been done.

- There had been a full review of how meeting peoples' leisure and social needs could be improved. There were now two activity co-ordinators with weekends also covered. They had spoken to each person and/or their relatives and recorded the findings, so people were now able to do what particularly interested them. This was reviewed regularly as part of the audit system. One to one appointments with people were scheduled as well as a variety of group activities.
- People who preferred to be in their rooms received a lot of support. One person's quality of life had markedly improved from the one to one input. After a long time preferring not to leave their room, they were now happy to discover new environments with the activity assistant. For example, they had long wished to go to church and this had now happened. They loved art and had now made an art portfolio book, so their work was celebrated.
- The additional staffing had enabled more outings, including trips requested by individuals. People had visited the garden centre to choose some fish for the new fish tank. If people had mobility equipment, such as scooters, this was serviced and ready to go. People had really enjoyed a trip to a seaside resort.
- We saw evidence that people took part in activities such as bingo, arts and crafts, manicures, hand massages and games. The activity co-ordinators reviewed activities to ensure people were enjoying them, including noticing if people were engaged or falling asleep. Notice was taken of the rural location and people had come out of their rooms to watch the cows being brought in. The activity co-ordinator knew that one person had to be 'in the mood' to socialise and so made themselves available to maximise their enjoyment.
- The service encouraged families and friends to visit people in order to prevent social isolation. There were clear, safe processes for people to follow and plenty of inside and outdoor spaces which had been refurbished and planted to make them very pleasant places to spend time.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. One person's relative told us, "There are no problems and I know we could speak to anyone at the home and they would sort it."
- There had been no formal complaints raised since our last inspection. The manager was encouraging staff to record any smaller 'grumbles' so they could pre-empt any concerns in the future or see any patterns.

End of life care and support

- The manager informed us nobody was receiving end of life support at the time of our inspection. The team would occasionally support people with end of life care. The service would work closely with other professionals to ensure people had dignified and pain free death.
- We heard how during end of life care recently, families had been able to stay at the home to be near their loved one.
- Staff told us they knew how to support people during end of life care (EoLC). They talked about how they would maintain people's dignity and support families during such difficult times. One relative had sent a thank you card saying, "A big thank you to you all for the way you cared for my dear husband."

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 Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was not yet embedded to ensure leaders and the culture they created consistently supported 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 there was a lack of provider and manager oversight to ensure that peoples' needs were met in practice. Audits and meetings showed some issues such as lack of staff and person-centred care had been discussed but no action had been taken to ensure this was addressed. 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. However, systems needed to continue to be embedded to ensure consistent leadership and to mitigate the risk of the issues we found at the last inspection happening again.

- The provider had acted immediately following the previous inspection to make changes at the service and at provider level to ensure the safety and wellbeing of people using the service. They admitted they had 'taken their eye off the ball' and trusted the previous manager. They were now very involved, and this continued as a regular process.
- An experienced manager from the provider sister home and a new staff team were employed at Parklands and co-operated well with our ongoing monitoring with the local authority. Due to the prompt action by the provider, systems and processes were in place and although the provider oversight needed some time to fully embed, there had been significant positive changes to the culture and peoples' quality of life. The provider was implementing a formal management walk-around and spot check programme. Health professionals and the local authority praised the service for their comprehensive response.
- Staff communication had significantly improved to ensure the staff worked well as a team providing appropriate care and support for people. Staff had received training relevant to peoples' needs and where people required additional support staff were allocated during each shift. For example, catheter care had improved with staff working closely with the visiting health professionals and following clear care plans.
- Face to face manual handling training, environmental risk assessments and equipment reviews ensured people were supported safely. For example, staff had noticed one person with reduced mobility liked to put their leg out of bed at night. Staff and the person decided to place a soft mat by the bed to make the person feel safe and comfortable.

- The provider met with the manager weekly. They were formalising the agenda to ensure consistent topics were discussed and monitored. A service improvement plan clearly showed what progress had been made. For example, recently removing unsuitable furniture and painting the exterior of the building. Body maps and wellbeing checks were all signed off by the manager to ensure compliance. Training and supervision was shown on a new matrix which included when they were next due. People with any DoLs restrictions in place such as bed rails were discussed to ensure the actions were still in peoples' best interests. The manager spoke highly of the support they had received from the provider saying, "[Provider's name] says you do whatever is right for the home and people."
- The manager understood their responsibility for notifying CQC of events or incidents involving people. This helped us to check they had taken appropriate action to ensure people's safety and welfare in these instances.

Continuous learning and improving care

- A new comprehensive quality assurance system was devised immediately after the previous inspection with consistent oversight by the manager and the provider. Staff were all aware of what was expected of them and knew about the processes to follow and had been fully involved in the improvement strategy. The manager undertook regular audits and checks to monitor and review the quality and safety of the service. Action was taken to address issues identified through these checks including supporting and encouraging staff to learn and improve their working practices. Staff told us they felt able to raise any issues if staff were not following guidance saying, "We have worked together so we can be more open for the people we care for."
- The manager reviewed accidents, incidents and complaints to identify how the service could improve. There had been a marked reduction in these following the improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People spoke positively about staff and their experiences of using the service. One person said, "We are well looked after by these lovely people." Relative's comments included, "We were sent a questionnaire last week. I have no problems" and, "We are kept informed, they call us a lot now."
- The manager acted on people's views and suggestions to make improvements people wanted. They used surveys and resident's meetings to obtain people's feedback and we saw changes had been made in response, for example, to food menus and activities. People were enjoying fish and chip Friday as requested and musical entertainers of all kinds had visited.
- Staff knew people well and their interactions with people were focussed on meeting their needs. They were calm, kind and respectful when supporting people.
- Staff were encouraged by the manager to work well together to meet people's needs. All staff spoke of how happy they were with the improvements.
- The manager worked with a range of healthcare professionals involved in peoples' care and had developed effective relationships. They made sure recommendations and advice from healthcare professionals were used to design and deliver care and support that met people's needs and were keen that any issues were raised with them at the time. There was a weekly ward round with a nurse practitioner and occupational therapist where specific issues were discussed such as diabetes care. Health professional feedback was positive and praised the home for their hard work.