



Inspection Report on

Parklands

**NEWPORT CITY COUNCIL
PARKLANDS
BLACKETT AVENUE
NEWPORT
NP20 6NH**

Date Inspection Completed

22/08/2019

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Description of the service

Parklands care home is located in a residential area of Malpas. The registered provider is Newport City Council, who have a nominated Responsible Individual who has overall responsibility for the service. There is a manager in place who oversees the day to day running of the service and is registered with Social care Wales (SCW) The home provides personal care for twenty six people aged 60 years and over. The home is split into two units, with thirteen places reserved for people requiring intermediate care, i.e. short term re-ablement support, normally required before or after hospitalisation, and thirteen places for permanent residents.

Summary of our findings

1. Overall assessment

We found that people living at Parklands were satisfied with the care they receive. Staff are well-trained and most staff were happy working at the service. Management is effective within the home, but improvements are required to ensure quality assurance is monitored effectively.

People are accommodated in a clean, warm and welcoming environment and have access to some social engagement and interaction, but consideration to a dedicated activity co-ordinator is recommended, to ensure that people meet their personal well-being outcomes.

2. Improvements

This was the first inspection since the home re-registered under the Regulation and Inspection of Social Care Wales Act 2016.

3. Requirements and recommendations

- Restrictors on windows to be re-secured.
- Ensure that kitchen staff know when people are diabetic.
- Medication should be given with no distractions, to reduce risk of errors.
- Consideration of an activity co-ordinator/person to take the lead on structured activities in groups or on 1 to 1 basis.
- Update Statement of Purpose – it's a working document and should include any changes made within the service.
- To ensure staff are deployed in the right areas of the home, at the right time.

1. Well-being

Our findings

People are treated with dignity and respect by staff and are always given choice where practically possible. We saw evidence that care planning documentation was person centred and contained the wishes of the person being cared for. We saw that the documents were up to date and had been reviewed regularly.

We discussed the legal requirements in regard to the Responsible Individual (RI) and were satisfied that they understood their role and were completing quarterly visits. We noted that quality assurance auditing had not been completed in line with the regulations and so we advised the service that they are non-compliant with this regulation. We did not issue a formal notice as there was no impact on people using the service.

We viewed the statement of purpose and found that care was generally being provided in line with it, but noted that the number of rehabilitation beds had increased and the statement of purpose had not updated with this information, we were given assurances that this would be completed as soon as possible.

We viewed food menus and spoke to kitchen staff. We saw that people had choice available to them in terms of what they ate and where they ate. Some people used the communal dining rooms while others ate in their rooms or the lounge.

We conclude that people have choice and control over their day to day lives.

People can be assured that their physical and emotional needs are met at Parklands.

We saw that staff had a clear understanding of the people they cared for, and did so in a caring and friendly manner. We saw that there were enough staff to meet the needs of people living at Parklands, but were told by staff that sometimes staff numbers are reduced when staff take breaks or are not deployed correctly throughout the home. We observed the lunch time experience and found that people were supported appropriately when needed and also supported to maintain their independence. We saw staff offering care with patience, kindness and courtesy at all times.

We viewed medication processes with the home, which were generally safe, but we noted that the person administering medication was distracted whilst administering the medication, which could lead to medication errors. We saw that all Medication Administration Record (MAR) charts were completed correctly and contained a picture of the resident receiving the medication. We saw that the home had appropriate systems in place to ensure the safeguarding of people they care for. We saw a robust policy in place and a system where referrals are stored with outcomes recorded.

We saw an activity rota and on the day of inspection there was a reminiscing session taking place with some of the residents, but one person we spoke with told us that at times there isn't much activities. . We noted that the home does not employ a dedicated activity co-ordinator and so recommended this as a consideration to ensure peoples well-being outcomes are met at all times.

We conclude that peoples physical and emotional needs are met, but improvements with social engagement would be beneficial.

People reside in accommodation that is safe and meets their needs.

We had a tour of the home and found it to be warm, welcoming and clean with no malodour detected. The home is broken into two units with thirteen beds for rehabilitation residents and thirteen for permanent residents. People had ample space within the home to spend time privately or communally and were cared for in single rooms. There were ample bathrooms and toilets with appropriate equipment for people to bath and shower safely and

independently. We saw that all harmful chemicals were locked away and windows had restrictors in place, but some restrictors had been released. We brought this to the attention of the RI on the day of inspection and were given assurances that the restrictors would be re-secured.

We conclude that people live in accommodation that maintains their safety and meets their needs.

2. Care and Support

Our findings

People receive the care they require, as and when they require it. We saw staff providing care to people with dignity and respect, and had a clear understanding of their needs. There were sufficient numbers of staff available to meet the needs of people on the day of inspection, but a staff member told us “*at times, there isn't enough staff when people are on breaks or working upstairs*”. We discussed this with the RI on the day of inspection and were given assurances that staff deployment would be looked at to ensure that there are enough staff available at all times.

We viewed a selection of care plans and found them to be up to date, thorough and robust. These plans are extremely important as they guide staff on how to care for individuals. The plans we viewed were person centred, reflective of the person being cared for and had been reviewed regularly. We saw evidence that referrals to external agencies had been made and any advice, guidance and recommendations had been incorporated into the care plans and followed appropriately.

We viewed medication administration processes and practices within the home and found medication to be stored securely and safely, but we saw the person administering the medication was doing so while talking to staff, residents and answering the telephone. We advised that such distractions should be avoided to reduce risk of medication errors, and were given assurances that this would be addressed. We saw that all MAR charts had been completed correctly and contained no gaps or missing signatures.

People we spoke with told us that they were satisfied with the care they received and spoke very highly of the carers. One person said “*they will do anything for you, nothing is too much trouble*”. Another person told us “*the care here is excellent*”.

We conclude that people get the care they require, as and when they require it.

People can be assured that they have choice, control and autonomy over their day to day lives.

We saw that people chose when to get up in the morning, when to go to bed at night and how they spent the time in between. We saw an activity rota on display which included various group activities such as bingo and reminiscence groups, which people could choose to attend if they wished. On the day of inspection we saw the reminiscence group taking place outside, which was enjoyed by some residents while others chose to watch TV or listen to music. One person we spoke to told us “*I like living here, but sometimes I get bored as there's not much going on*”. We noted that the home does not employ a designated activities co-ordinator and recommended this as something the home may wish to consider to promote further activities and social engagement for people using the service. We were assured that this would be considered.

We viewed the food menus in place and saw that choice was offered via the menu, and also by staff who supported people during lunch time. We spoke to kitchen staff who said that people are welcome to further choices if they did not want anything on the menu. Kitchen staff advised that people's dietary needs were usually communicated well, but sometimes they were not informed when people are diabetic. We raised this with the RI on the day of inspection and were given assurances that this would be addressed.

We conclude that people have choice and autonomy but would benefit from further social interaction.

3. Environment

Our findings

People can be assured that they live in an environment that is suitable to meet their needs. Parklands is one building that is made of two units. Thirteen beds for people being rehabilitated after a hospital stay and thirteen beds for permanent residents.

We found the home warm, welcoming and decorated tastefully with no malodour present. Both units benefited from spacious communal areas, which people were free to use as they wished. There was also space for people to receive visitors privately if they wished. People were cared for in single rooms which were decorated tastefully, warm and clean. People were encouraged to bring their personal belongings and personalise their room to their own taste.

People had access to ample communal bathrooms and toilet, which were seen to be clean, clutter free and contained appropriate equipment to promote independence whilst maintaining safety.

We conclude that people are cared for in a suitable environment that meets their needs.

People can be assured that they are cared for in a safe environment.

On arrival at Parklands we were asked for identification and to sign the visitor's book before we were authorised access.

The home was clutter free and had appropriate handrails and flooring in situ which enabled safe use of walking aids and wheelchairs. There was a lift in place for people to access different floors safely and evacuation equipment in the event of a fire. We saw that harmful chemicals were locked away and whilst there were window restrictors in place we noted that some had been released. We brought this to the attention of the RI on the day of inspection and were assured that these would be re-secured as soon as possible.

We saw that all residents had a Personal Emergency Evacuation Plan (PEEP) in place, which is a plan on how people should be evacuated in the event of an emergency or a fire. We viewed the maintenance file and saw that gas and electricity safety testing were all up to date and all serviceable equipment had certificates to confirm that they had all been serviced appropriately. We found that the building was in a good state of repair and were told that repairs are carried out without any issues.

We conclude that people are cared for in a safe environment.

4. Leadership and Management

Our findings

People can be assured that they are cared for by staff who are trained and supported. The Service benefits from an RI that has overall responsibility for the service and a suitably qualified manager who oversees the day to day running of the home. The manager is registered with Social care Wales (SCW).

The majority of the staff we spoke with told us that they were happy working at Parklands and felt well supported by the management. A new member of staff told us that they had “*a really good induction and feel welcomed and supported within the home*”.

Staff we spoke with told us that they received regular supervision and when we examined the supervision matrix we saw that all staff were supervised within appropriate timescales. Staff also told us that they attend training regularly and were encouraged to attend additional training if they wish. We examined the training matrix and saw that all staff have completed mandatory training as well as other courses appropriate to the client group with which they work. Staff recruitment and retention within the home was stable. We viewed the staff rotas and saw a full complement of staff on duty at all times, with no use of agency staff at the time of inspection. We were told by staff that staffing levels can be reduced during breaks, we discussed this with the RI and were given assurances that this would be addressed to ensure appropriate staffing levels at all times.

We conclude that staff are trained appropriately and well supported.

People benefit from the leadership and management within the home, but quality assurance arrangements need to be improved.

We spoke with the nominated RI at length on the day of inspection and whilst quarterly monitoring visits were being completed, there had not been any formal quality assurance reports completed, which under the legislation should be completed every six months. We advised the service that they are non-compliant with this regulation, but as there had been no impact on people using the service and so we advised that a formal notice will not be issued at this time.

Parklands has a robust complaints process in place which records responses and outcomes of the complaints. We saw that complaints were dealt with appropriately and within timescales. We saw evidence that safeguarding referrals and regulation notices were made appropriately and stored centrally with outcomes recorded clearly for lessons to be learned and themes and trends to be monitored.

We saw a selection of policies and procedures including the medication policy and safeguarding policy and found them to be thorough, robust and user friendly.

We conclude that the leadership and management within the home is effective, but improvements to quality assurance need to be made as a matter of priority, and statement of purpose updated to reflect accurately what the service is providing.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection since the home was re-registered under the Regulation and Inspection of Social Care Wales Act 2016.

5.2 Areas of on compliance identified at this inspection

<p>Regulation 80 (1) The responsible individual must put suitable arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided. (2) The system must make provision for the quality of care and support to be reviewed as often as required but at least every 6 months.</p>	<p>The home had not completed any quality assurance audits or reports since registration under RISCA.</p> <p>We did not see any impact on people using the service and so have not issued a formal notice at this time.</p>
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5.3 Recommendations for improvement

- Restrictors on windows to be re-secured.
- Ensure kitchen staff know when people are diabetic.
- Medication should be given with no distractions, to reduce risk of errors.
- Consideration of an activity co-ordinator/person to take the lead on structured activities in groups or on 1 to 1 basis.
- Update Statement of Purpose – This is a working document and should include any changes made within the service.
- To ensure staff are deployed in the right areas of the home, at the right time.

6. How we undertook this inspection

This was a full post RISCA registration inspection as part of our inspection programme. We visited the service unannounced on 22 August 2019 arriving at 08:30 and leaving at 16:00.

The following regulations were considered as part of this inspection:

The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017.

The following sources of information were used to formulate our report:

- A tour of the home.
- Discussion with the RI and senior manager.
- Review of a selection of policies and procedures.
- Observations of practices within the home.
- Discussion with six staff members.
- Discussion with eight residents.
- Review of six of service user files.
- Review of five of staff personnel files.
- Review of the training matrix.
- Review of the staff supervision matrix.
- Review of the building maintenance file.
- We reviewed information held by us including statement of purpose and notifications.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Newport City Council
Manager	There is a suitable manager in place registered with Social Care Wales
Registered maximum number of places	26
Date of previous Care Inspectorate Wales inspection	First inspection under RISCA.
Dates of this Inspection visit(s)	22/08/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	

Date Published 04/11/2019