Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Parklands

Parklands Care Home
Newport Road
Bedwas
Caerphilly
CF83 8AA

Date Inspection Completed

29 August 2019

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Description of the service

Parklands is a care home located in Caerphilly. HC One Limited owns the home and the responsible individual (RI) is Ruth Yates. A manager is in place to oversee the daily running of the home who is suitably qualified and registered. Parklands is able to accommodate up to 38 residents with personal care and/or nursing care needs.

Summary of our findings

1. Overall assessment

Staff demonstrate regard for people's dignity and well-being most of the time. People have access to information about the service, but not all of it is full and accurate. Clinical oversight of care records and following up of changes to people's circumstances is not as robust as it needs to be. Some people have a positive dining experience and their nutritional intake is promoted, but this is not consistent for all residents. Measures are in place to help keep people safe, supported by policies and training. People's emotional and social well-being is not promoted to the extent that it could be. People can feel confident of having a personal plan which is relevant and guides staff on how to care for them. Arrangements for reviewing those plans, however, require further development. The home offers residents a suitable and safe environment within which to live and management oversee its health and safety requirements. The recruitment process needs to be more robust and we found that the not all staff working at the service feel valued and well supported in their roles. People benefit from a service that shows signs of improvement, assisted by internal quality monitoring systems and processes. However, the service provider needs to ensure the service is delivered in line with the statement of purpose at all times.

2. Improvements

This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016). Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five sets out areas in which the service provider is not meeting the legal requirements and recommendations we made to help the service develop. Please refer to section five for further details.

1. Well-being

Our findings

Staff demonstrate respect and regard for people's welfare; however people's needs and emotional well-being could be more consistently promoted. We saw instances whereby staff interacted positively with residents, showing genuine regard for their well-being. This was not consistent for all residents all of the time, however, as there were instances where staff could have been more attentive to people's needs and dignity. The home's written information provided people with most of the required information, but this required reviewing to ensure people had a clearer understanding of the service they could expect to receive. We found there were some deficits regarding record keeping and following up changes to people's needs in a timely manner. This indicated robust clinical oversight of people's day-to-day care was not always maintained. However, professional feedback we received and records we examined indicated this was improving. People have a choice of meals suitable to their individual dietary needs and people told us they were generally satisfied living at the home. People have personal plans of care which are relevant and guide the staff in caring for them; but arrangements for reviewing those plans need to be further developed. People can feel safe and protected from harm as the home has relevant internal policies and staff receive appropriate training. Whilst some people were content with the home's activities arrangements; this was not the case for all residents and we found not all people were sufficiently occupied and stimulated. Therefore, people can feel confident of living safely and with care from good staff, but the standards of care provided need to be more consistent in order promote people's physical, emotional and social well-being to the fullest extent possible.

People's well-being is enhanced within a safe environment, suitable for their needs. Management ensured the home was safe and sufficiently maintained, supported by internal policies, records and safety checks. People benefitted from sufficient personal and communal space to enable them to live independently. Measures were in place for minimising risks associated with medicines and infection control. However, we found aspects of storage and the use of PRN ('as and when required') medicines required further consideration to ensure they were in line with current relevant guidance. Fire safety records demonstrated appropriate practices in connection with fire safety were maintained. People can therefore feel confident of living in suitable and safe surroundings.

Governance and auditing arrangements help to promote the smooth operation of the home, but aspects of day-to-day management need to be strengthened. We found deficits in the staff personnel records, which meant the legally required information and/or documentation was not available at the service in respect of all staff who worked there. Internal systems and processes were in place to oversee the training and development needs of the staff, to ensure they maintained the right skills and knowledge to deliver safe care. From the feedback we received, not all staff felt well supported or valued in their roles and there was

insufficient evidence to demonstrate the provision of regular supervision to all staff in line with the regulatory requirements. We found there were signs of improvement in the service, however, and the provider demonstrated a commitment to learning and developing the service it provided, for the benefit of the residents. This was supported by effective internal auditing and quality control practices, which included seeking feedback from people associated with the service. Internal policies were in place to support daily operations, but some of these required reviewing to ensure they reflected current, relevant Welsh legislation. We examined the statement of purpose which required updating as it was not fully reflective of the service provided at the time the inspection was carried out. We received assurances from the service provider this was being addressed, which we will consider at the next inspection. Documentation we viewed and further information we were provided with subsequent to our inspection visits indicated appropriate oversight of staffing arrangements was in place. Systems are therefore in place to facilitate daily operations; however the service must be delivered consistently in line with the statement of purpose.

2. Care and Support

Our findings

People benefit from relationships with staff who demonstrate regard for their dignity and well-being most of the time. Staff demonstrated kindness and compassion towards residents. For example, a staff member reassured one individual who was low in mood and we observed other instances whereby staff interacted positively with people. There were occasions, however, where staff were not as attentive to people's well-being as they could have been. For instance, one individual was sat in their bedroom watching television. They told us they did not like what was on, but were unable to change the channel themselves due to their needs and staff on duty had not recognised this. This was addressed promptly when we alerted a member of staff. We observed another resident in the lounge with limited mobility who was looking around for assistance to go to the toilet. There were no staff in the vicinity at the time. The resident presented as uncomfortable and we eventually had to seek out a member of staff to assist them, which they did so promptly. Our observations and overall feedback from individuals and relatives indicated staff mostly responded to people's needs within reasonable time, but this could be more consistent.

We received some positive comments from people regarding the staff. One resident told us *"staff are very nice, they come across like they care for us"*. Another commented "*the carer's are marvellous"*. A relative stated *"Care is good. Staff are generally ok. Some are as good as gold"*. Feedback gathered from professionals associated with the home, regarding the staff, was positive indicating they were friendly and welcoming. Overall, we conclude that most people's needs are anticipated and staff are responsive most of the time.

People have access to most of the required information about the service, but not all of it is accurate. We found the home's statement of purpose did not accurately reflect the service provided as regards staffing arrangements, the manager and RI. This is an important document which should at all times be accurate and up to date. We received assurances from the service provider that this was being addressed, which we will consider at the next inspection. There was a written guide which included most of the relevant information and was available in Welsh. Information regarding the Welsh language 'active offer' was contained in the statement of purpose and we spoke with management regarding ways of further promoting the offer in practice. There was a notice board at the home which detailed the senior personnel on duty each day. A complaints policy was in place, but we considered this could be enhanced by including details of the Local Authority commissioning team and Public Services Ombudsman for Wales. Information regarding complaints was contained in the statement of purpose. There was a clear system for logging complaints and for senior management to maintain oversight of them. We judge the home's statement of purpose and written guide require reviewing and updating, to ensure people have access to full, up to date information at all times.

People's health and well-being is not promoted as consistently as it needs to be. Records we viewed and feedback we received from health and social care professionals indicated there were improvements regarding record keeping. There remained some discrepancies and/or gaps, however, and, overall, there was limited evidence to demonstrate robust clinical oversight of the records at all times. One person's weight records, for instance, indicated a pattern of weight loss. We saw their weight had dropped below a minimum level recommended by a healthcare professional. There was limited evidence to show this had been robustly followed up and we observed the resident received limited encouragement to promote their nutritional intake during the inspection. Records we viewed indicated this had been followed up by the second day of our visit. Fluid charts indicated most people had a target daily intake level and the total daily intake was mostly calculated. Food charts documented what people were offered and the amounts they had eaten, including where they had refused, which was good practice. There was limited evidence, however, to show clinical oversight when people had experienced poor fluid or nutritional intake on a particular day. We spoke with one resident as the lunchtime period was ending, who told us they were hungry and had not been offered lunch. There was no documented evidence to indicate they had been offered anything. We raised this with staff, who assured us the individual had been offered, but had declined. They told us the individual experienced memory difficulties, but they generally ate well. We examined their care records which indicated their weight was stable. A meal was taken promptly to the individual after we alerted staff, and they were seen to start to eat it, but we considered staff could have prompted the individual with a meal at regular intervals in case they changed their mind.

We identified some discrepancies in daily care records. For instance, one person's fluid charts indicated they experienced poor intake on one particular day. This was not consistent with their daily care record for that day, which documented 'good fluid intake'. Another resident's personal care chart indicated they had received assistance with oral care on the first day of our visit. This was not consistent with what the resident told us. There was some evidence that people received input from health and social professionals, but there was limited information documented in one resident's records to show this. We were informed that further training on record keeping was being delivered to staff in September 2019. We considered the service would also benefit from introducing a system for regularly auditing all daily care records, to check for discrepancies. Consideration of the above led us to judge that clinical oversight of care records and following up of changes to people's circumstances require strengthening.

A choice of meals is available, suitable for people's dietary needs. There was a menu which reflected an appropriate variety of meals. We received mostly positive feedback from people regarding the choice and quality of meals. We saw snacks were available for people throughout the day. We saw staff went around lunchtime with plated examples of what was on menu that day. Residents engaged well with this approach and it made it easier for them to make a choice, as they could visualise the meals. We considered this was particularly helpful for residents who experienced cognitive difficulties. Kitchen staff maintained a

record of people's individual dietary needs. People had meals that reflected their needs and preferences. We saw two residents, who required one to one assistance with their meals, received good support and encouragement from staff, who interacted well with them. We observed another resident, on the other hand, who ate little of their meal and received limited encouragement from staff. Their care records identified they were at risk of weight loss and needed encouragement. People's weight was monitored according to their needs, but we considered staff should record the exact day in the month the weight was taken, to facilitate more accurate monitoring. Overall, the extent to which a positive dining experience and people's nutritional intake is promoted is not as consistent as it could be.

People can feel protected from harm. A safeguarding policy was in place, although it referenced English social care legislation and therefore required reviewing, to ensure it was relevant to Wales. A whistleblowing policy was available to support staff wishing to raise any concerns internally, and staff told us they were aware of the policy. Staff received safeguarding training which included guidance on how to raise concerns. People we spoke told us they felt safe living at the home and knew who to contact with any concerns. We saw the outcome of recent safeguarding matters were discussed with staff at a team meeting in order to help improve the standards of care and support. Measures are therefore in place to promote people's safety.

The range and frequency of meaningful interactions could be further developed. A weekly programme of activities was in place which residents were given a copy of. A copy was also displayed on a communal notice board. We noted a volunteer worked at the service a few days each week to assist with activities. We observed periods during our visits where there was little going on for people in terms of meaningful interactions, particularly for residents in their bedrooms. Whilst some residents felt there was enough going on for them, others felt there could be more going on. For example, one resident commented *"I feel bored",* adding *"staff do not have enough time to spend with me"*. Of the activities offered, another resident told us *"there could be more going on. Too much watching TV"*. We received similar feedback from some relatives, who felt staff would benefit from having more time to spend with people. Some of the staff also told us they did not always have sufficient time to sit and chat with residents. This was reflected in care records we examined, where there was limited evidence of non-task related interventions to encourage people to remain active and mentally stimulated. We were told that a minibus was available to take people out, but this was broken at the time of the inspection and was awaiting repair. One person told us they had gone on an outing earlier in the year. Therefore, whilst activities are offered and some people may feel sufficiently occupied, for others their emotional and social well-being is not promoted to the fullest extent possible.

People have personal plans which guide staff on how to care for them. A pre-admission policy was in place and we saw examples of assessments undertaken to establish people's needs. Those assessments were not signed or dated however, which meant it was unclear when they were undertaken. People had personal plans of care which were kept under

frequent review. Those reviews needed to be further developed, however, to better detail the extent to which people were achieving their personal outcomes, in consultation with them, their relative and any placing authority involved. Relatives told us they were sometimes able to contribute their ideas to the care given to the resident. The care plans contained appropriate guidance for the staff on the whole, but we considered one person's plan should be updated to give greater guidance on promoting their particular emotional needs. We discussed this with management who assured us they would address this. Risk assessments were developed to guide staff on maintaining people's safety and we saw evidence that the manager had liaised with the local authority regarding residents who potentially lacked mental capacity to consent to their care arrangements. Overall, people can feel confident of having a personal plan which is relevant and guides the staff, but arrangements for reviewing those plans need to be developed further.

3. Environment

Our findings

The environment is suitable to the needs of the residents. Parklands care home is divided over two floors. We were informed there were 31 residents in occupancy at the time of the inspection. The environment was tidy and appropriately presented on the days we visited. People's bedrooms were personalised and people made use of the large open plan dining and lounge areas. There was signage around the home, although we discussed with management considering translating this into Welsh as well, for the benefit of Welsh speaking visitors or residents who use or may wish to use the service in future. Areas where only authorised personnel had access were secure, as was our entry to the home on both days we visited. We were asked for identification on both of the days we visited. A visitors' book was in place which we were asked to complete on the second day of our visit, but not on the first. Staff we spoke consistently felt the standard of cleanliness in the home was good and we saw a system was in place for cleaning and maintaining communal areas and bedrooms. A system was also in place for carrying out regular safety checks, which included window restrictors, door alarms, fire doors, passenger lift functions, emergency lighting and carbon monoxide detectors. The accommodation helps people to achieve their personal outcomes.

There are measures for reducing risks associated with infection control and medicines. Staff were seen to be using personal protective equipment. We saw the home had been awarded a five star rating by the Foods Standards Agency, indicative of 'very good' kitchen hygiene standards. Practice in the home was supported by cleaning checklists, which included deep cleans, as well as policies for infection control and health and safety. Arrangements were in place for securely storing medicines; however storage of medication trolleys was not in line with relevant guidance. A system was in place for monitoring fridge temperatures. Residents had medication administration records (MARs). A sample examined were completed appropriately overall and we saw systems were in place for auditing MARs to check for any discrepancies. A recent audit we viewed was comprehensive, identifying areas for improvement. There was evidence that consideration was given to people's mental capacity in relation to the administration of medicines in consultation with the GP. We saw a best interest decision had been clearly recorded for one individual. Systems were in place for ordering and disposing of medicines. There was guidance for staff regarding the use of PRN ('as and when required') medicines, but we found staff were not always recording the rationale for administering PRN medicines, together with monitoring their effectiveness. On the whole, there are processes to help promote safe practices in the home, but further consideration should be given to medication storage and PRN recording.

Management maintain oversight of the home's health and safety requirements. We examined records relating to health, safety, maintenance and fire safety. Relevant records and certification evidenced appropriate checks and servicing of equipment and key

facilities, such as gas, electrical safety, water, the passenger lift and moving and handling equipment. We liaised with management regarding a gas repair matter which was pending at the time of the inspection. We were assured a quote had been obtained for the required remedial works and the service was awaiting a date for them to be completed. We asked that the service provider confirmed to us once they had been. We noted a communal bath facility was also awaiting repair, although we were assured other bathing facilities were available for the residents. Fire safety records indicated regular fire drills were carried out and oversight of firefighting equipment and facilities was in place. We also saw an external inspection of the fire alarm had been undertaken. A fire safety risk assessment was in place dated July 2017. Residents had personal emergency evacuation plans, although we identified two which had not been reviewed since October 2017. We discussed the review frequency of the PEEPs and fire safety risk assessment with management in order to review, to ensure they were in line with relevant guidance. We saw arrangements were in place for staff to receive fire safety training. People can therefore feel confident that the home will be a safe environment within which to live.

4. Leadership and Management

Our findings

The recruitment process needs to be more robust. We identified deficits in information and documentation within staff personnel records we examined, which did not satisfy the regulatory requirements. The meant the service provider was unable to demonstrate that full and satisfactory information and documentation was available in respect of all persons working at the service. People using the service cannot therefore feel assured that all of the staff will have been comprehensively recruited to ensure their suitability to work at the home.

Arrangements are in place for overseeing the training needs of the staff, but supervision is not as consistent as needs to be. There was evidence of an ongoing programme of staff development overseen by management, to ensure staff maintained up to date skills and knowledge. There was insufficient evidence in the personnel records we examined to demonstrate that all staff received regular one-to-one supervision. This meant the opportunities staff had to reflect on their practice, discuss any concerns and identify ongoing development goals were not as frequent as they needed to be. A supervision policy was in place, but this had not been updated in line with current regulatory requirements. We recommended this was policy was reviewed. We found the service had experienced an unsettled period recently as a result of changes to management personnel. We received assurances this was being addressed and we noted that a new manager and deputy manager had recently been appointed to oversee the daily operation of the home. From the staff feedback we received, most staff told us they did not always feel valued or well supported. Overall, however, staff felt they worked together sufficiently as a team to meet the needs of the residents. Improvement is therefore required to ensure staff are sufficiently supported in their roles.

There is evidence of a commitment to improve the daily running of the service, which is ongoing. The inspection was facilitated by a deputy manager and area quality manager, as the manager was unavailable on the days we visited. We were aware the service was under performance monitoring at the time of the inspection, as a result of concerns held by the relevant local authority and local health board regarding the standards of care. Professional feedback and evidence we found at the inspection indicated positive progress had been made and we were satisfied with measures taken to improve stability in the service. We considered feedback from staff, relatives and professionals. We also considered the statement of purpose and information regarding residents and staffing arrangements. We saw consideration was given to the number and range of needs of the residents to inform staffing arrangements. We were informed, subsequent to our inspection visits, that a staffing grid was utilised, informed by a clinical risk register and dependency assessment tool. People therefore benefit from an improving service.

There are systems for auditing and quality assurance that support the running and development of the service. Systems were in place for auditing medication practices and a recent audit we looked at identified discrepancies and areas for improvement. We were told an action plan was being developed to follow through the improvements. We saw a comprehensive internal auditing system was in place, showing the service provider assessed the extent to which the service was run in line with its internal policies and procedures. There was a system for auditing falls, however we considered this could be further developed. We saw the outcomes of internal audits fed into an overall quality of care review, which was enhanced by feedback from individuals, relatives, staff, stakeholders and consideration of the outcome of our last inspection report. We saw feedback questionnaires were available in the foyer for visitors to complete. At the time of the inspection, quarterly RI monitoring was not due given the time the service had been registered under the current regulations. We requested information from the RI regarding the proposed monitoring and quality review arrangements, which we will look at in more detail at the next inspection. The evidence indicates that comprehensive internal systems are in place to help the service learn and develop.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

Not applicable, as this was the first inspection under RISCA 2016.

5.2 Areas of non-compliance identified at this inspection

Improvement is needed for the service provider to fully satisfy the following requirements of the Regulated Services (Service Providers) (Wales) Regulations 2017:

1. *Provision of a service in line with the statement of purpose (Regulations 7(1) & 7(2)(a)-(b)):* The service provider must provide the service in accordance with the statement of purpose, which should be kept under review and revised where appropriate.

2. *Standards of care and support (Regulation 21(1)):* The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals at all times.

3. *Information in respect of staff (Regulation 35(2)(d)):* The service provider must not allow any person to work at the home without full and satisfactory information or documentation in respect of them regarding the matters specified under Part 1 of Schedule 1, which must be available at the service for inspection by CIW.

4. *Supporting and developing staff (Regulation 36(2)(c)):* The service provider must ensure that any person working at the service (including any person allowed to work as a volunteer) receives appropriate supervision.

Based on measures being taken to address the issues identified, non-compliance notices were not issued on this occasion. We expect the service provider to take immediate action in order to achieve full compliance with the above requirements, which will be followed up at a further inspection.

5.3 Recommendations for improvement

We made the following recommendations to help the service develop:

(a) The range and frequency of meaningful interactions for residents should be reviewed to promote people's emotional and social well-being to the fullest extent possible.

(b) **Policies:** Policies should be reviewed to ensure they reference relevant Welsh legislation and are in line with RISCA 2016. The complaints policy should

include the contact details of the relevant local authority commissioning team and Public Services Ombudsman for Wales.

(c) Arrangements for reviewing people's personal plan need to be further developed to ensure all relevant parties are consulted.

(d) There should be clearer demonstration of how the number and range of needs of residents informs the types and number of staff to be deployed in the home at any given time.

(e) **Written guide:** The written guide for residents should include all of the relevant information under the *Statutory Guidance For Service Providers and Responsible Individuals on Meeting Service Standard Regulations.*

(f) The frequency PEEPs and the fire safety risk assessment are reviewed should be considered further, to ensure they are in line with current fire safety guidance.

(g) **Medication:** Medication storage arrangements should be reviewed to ensure they are line with current, relevant practice guidance. A record of the rationale and outcome for the administration of any PRN medicines should be consistently maintained.

(h) **Record keeping:** A record of the exact date people are weighed should be made, rather than just the month, in order to facilitate more accurate weight monitoring. A system should also be developed for auditing the daily care records to regularly check for any gaps and/or discrepancies.

6. How we undertook this inspection

We carried out a full unannounced inspection of the service on 23 August 2019, followed by a second announced visit on 29 August 2019 in line with our inspection programme and following information we had received about the service. Our findings are included within the body of this report. The following sources were used to inform this report:

- Information we already held about the service, such as the registration report.
- Discussions with the RI and a regional quality of care manager.
- Feedback from eight residents, five relatives and nine staff, via a combination of verbal discussions and questionnaires.
- Personnel records for six people working at the home, including examination of training and supervision records
- Feedback from four professionals connected with the service.
- Care records for four residents.
- We toured the home and considered the general environment.
- Examination of the food menu and activities schedules.
- We used a Short Observation for Inspection Tool (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- Examination of records relating to incidents, accidents, complaints, internal audits and quality assurance.
- Examination of records relating to health and safety, including fire safety.
- Examination of a staffing rota over a two week period.
- Written guide to the service.
- Statement of purpose.

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www.careinspectorate.wales

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

About the service

Type of care provided	Care Home Service
Service Provider	HC One Limited
Manager	A manager was in place who was suitably qualified and registered.
Registered maximum number of places	38
Date of previous Care Inspectorate Wales inspection	This was the first inspection under the RISCA 2016.
Dates of this Inspection visits	23 August 2019 & 29 August 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service.
Additional Information:	

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