

Parklands (Care Home) - Buckie Care Home Service

High Street
Buckie
AB56 4AD

Telephone: 01542 836000

Type of inspection:

Unannounced

Completed on:

22 November 2018

Service provided by:

Parklands Limited

Service provider number:

SP2003001893

Service no:

CS2003013765

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Inspectorate on 1 April 2011.

Parklands provides a care home service to a maximum of 50 older people in two modern, purpose-built, single storey buildings located on the outskirts of the coastal town of Buckie. One building is called Parklands and the other Burnbank. Many of the rooms have en-suite toilet facilities and some also have en-suite showers. In both homes there are communal lounge and dining rooms; also toilets, bath and shower rooms. Parklands care home was first opened in 1993.

There is an attractive garden area between the two homes that is safe for the residents.

The service's statement of purpose indicates; 'we aim to provide a warm and friendly atmosphere for our residents in their twilight years, in which they feel at home and in control of their own lives as far as is possible.'

What people told us

The inspection volunteer spoke with four people who used the service and four relatives/carers during the inspection. We also spoke with four people who used the service. People spoke very positively about the quality of care they received. Some of the comments were as follows:

- 'I am quite happy in the home. They look after me very well here.'
- 'The food is good here, there is always a choice.'
- 'I have been very well looked after, its like a luxury hotel.'
- 'The staff are very attentive here.'
- 'The meals are not always to my liking, but there is always a choice.'

Some of the relatives/carers we spoke with made the following comments:

- 'The care home is just like a home from home. It's very comfortable and is kept very clean. The meals are very good and people get drinks regularly.'
- 'My relative loves going to the lounge and really enjoys the activities.'
- 'I cannot praise the staff enough. They are wonderful, not only in the way they care for our relative but the care they give to us as a family.'

Other people's views and comments from our discussions are included throughout this report.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
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How good is our leadership?	5 - Very Good
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

There were important strengths with some areas for improvement.

People who use the service should experience care and support where they are respected and valued.

People who use the service told us that; 'The staff are nice, they help you with everything. When I buzz they come very quickly.' Relatives/carers told us that; 'My relative only has to ask if they need anything and the staff are there. They are very friendly and obliging.'

During our observations we noted that staff interacted positively with people who use the service. We saw people being treated with respect and kindness. People who use the service were called by their preferred names. It was easy to see that staff knew each person and their needs very well.

People should be able to choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and out.

There was a planned programme of activities and people were encouraged to participate in both group and one to one activities. We could see that people were being encouraged to keep mobile. Relatives/carers confirmed that people who use the service went out for walks on a regular basis. We found that there could be some improvements made to the provision of activities, as some weeks the list of activities on the board was very repetitive. The staff should be supported to improve the quality and variety of activities. To do this, information gathered in relation to people's hobbies and interests, both past and present, should be used to plan meaningful activities. Activities should be evaluated on a regular basis to ensure that they remain appropriate for all those involved. **(See area for improvement 1)**

The manager and staff need to continue to make efforts to keep people who live in Parklands and Burnbank linked to their local community.

People who use the service should be able to choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and participate in menu planning.

We carried out observations in both dining areas during the inspection. We noted that people who required support to eat were offered this in a dignified and respectful manner. There was a choice of main meal on the menu. People we spoke with confirmed that they enjoyed the food and that there was plenty of it. There was

fresh fruit on offer in the dining rooms and also out in the communal lounge areas of the home. People were offered drinks throughout the day.

People's care and support should meet their needs and be right for them.

There was evidence to support that people who use the service received care from health professionals, for example, GP's, community nurses, dietician, dentist etc., where necessary.

We carried out two observations using the SOFI 2 assessment tool. This reflected some good practice in relation to how staff interacted with people who lived with dementia. People were not rushed when being supported to move from easy chairs into wheelchairs using a hoist. Staff were calm and gave clear explanations to people of what was going to happen. The people we saw being hoisted were relaxed and comfortable during the manoeuvres.

Any treatment or intervention that people experience should be safe and effective.

We looked at the medication system in one unit of the home. We found that some improvements were needed. **(See area for improvement 2)**

We looked at care plans for two people who had a pressure ulcer. Although we found that the nursing records of wound assessment and treatment to be satisfactory, there was a lack of detail in people's general tissue viability care plans. **(This will be discussed further under Key Question 5.1)**

Areas for improvement

1. The manager should ensure that staff are supported to make improvements to the quality of activities provided in the home. This would be achieved by using the information gathered in relation to people's interests and hobbies both past and present to plan a programme of meaningful activities. Activities should be evaluated on a regular basis to ensure that they remain appropriate for all who use the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. (HSCS 1.25)

2. The manager should ensure that:-

a) Where people have been prescribed 'as required' pain relief or sedation that staff monitor the effectiveness of each medication after administration.

b) Where people receive their medication covertly the manager should ensure that they have the appropriate covert medication pathway (Mental Welfare Commission covert medication pathway) in place. This should be reviewed on a regular basis to ensure that any decisions made remain appropriate for the person.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

How good is our leadership?

5 - Very Good

There were some major strengths which supported positive outcomes for people.

People should be able to use a service and organisation that is well led and managed.

There were many positive comments made about the management of the service. People we spoke with knew who the manager was and stated that they found her approachable and friendly.

People should benefit from a culture of continuous improvements, with the organisation having robust and transparent quality assurance processes.

We could see that the provider and manager continued to look for ways to monitor the quality of the service they provided. The provider and manager had developed a self evaluation tool for the service, which reflected the new health and social care standards. The service had developed snap shot surveys, to gather the views of people who use the service and their relatives/carers, on various aspects of the service. Work had been carried out to improve the quality of the audits. We could see that where actions had been identified as necessary through the audit process, the manager followed these up and completed the audit cycle.

Further work was needed to continue to improve the system of audits. We discussed the benefits of carrying out audits that looked more at people's experiences and using the results to improve outcomes for people who used the service. **(See area for improvement 1)**

The manger and senior staff carried out some direct observations with staff in relation to aspects of their working practice. We could see that the manager used these observations as an opportunity to reflect staff's strengths and also identify where further training or support was required.

Areas for improvement

1. The provider should look at ways of expanding and improving the quality of audits. They should look more at people's experiences rather than the visual type audits. The manager should ensure that any audits carried out are effective in bringing about improved outcomes for people who use the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

There were important strengths, with some areas for improvement.

People's needs should be assessed by a qualified person, including other health and social work professionals if required.

When people were admitted into the home the nurses carried out health related assessments. These included mobility, tissue viability, continence and nutritional needs. People who use the service had care plans developed from these assessments.

People should be as involved as they can be in agreeing and reviewing any restrictions to their independence, control and choice.

We saw people sitting in wheelchairs with a lap belt in place, but could not find any restraint risk assessments in relation to these. The manager should ensure there is evidence to support that an assessment has been carried out and that a lap belt has been agreed, as appropriate, by the person, or their family member/health professional. This decision should be included as part of any care review that takes place. **(See area for improvement 1)**

We found that where people had an electronic care plan, the information in relation to their care and support was much more up to date than those people who still had a paper care plan. Work was in progress to transfer all care plans on to the electronic system.

This work needs to continue to ensure that the information recorded about people's health and wellbeing needs is current and up to date, irrespective of whether it is held electronically, or on paper. This will ensure that people receive care at a level that is right for them. **(See area for improvement 2)**

Where people who use the service had issues with their skin, or had developed a pressure ulcer, the nurses' records were very comprehensive and detailed in relation to the assessment and treatment of any wounds. When we spoke with the manager and senior staff, they did not appear to know that they had people in their care who were being treated for a pressure ulcer. The manager should have an overview of each person's tissue viability needs and a knowledge of any people who are at risk of developing, or have an established pressure ulcer. **(See area for improvement 3)**

Staff were using electronic devices to record all aspects of the care they delivered to people. We found that this system appeared to be leading staff down a task orientated route, rather than evidencing individualised care. It proved quite difficult to review someone's care through these records. The provider and manager took on board the points we made at feedback and agreed that there were further improvements to be made. **(See area for improvement 2)**

Areas for improvement

1. Where a person is at risk whilst sitting in a wheelchair there should be a risk assessment carried out which evidences the appropriate support measures required. The person who is at risk, or their family member/health professional, should be involved in the process and in agreement that the form of restraint is the most appropriate option. This decision should form part of every care review.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' (HSCS 2.6)

2. Each person living in the home should have a full care plan in place, which sets out their health and wellbeing needs. Levels of support required from staff should be identified. The person using the service, or their representative (if appropriate), should be fully involved in this process. Information should be regularly evaluated and updated, to ensure that the care plan remains a current reflection of the person's needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15)

3. Where people have been assessed as at risk of developing a pressure ulcer, or have an established pressure ulcer/wound, the manager should have an overview of this. This would support her to monitor both progress or deterioration in people's skin and to ensure that the care people receive continues to be at an appropriate level.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'My care and support meets my needs and is right for me' (HSCS 1.19)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

It is recommended that the care plans are improved as outlined in the report.

National Care Standards Care Homes for Older People. Standard 6: Support arrangements.

This area for improvement was made on 6 July 2017.

Action taken since then

The provider was in the process of implementing a new electronic, care planning system at the time of the inspection. Those care plans that had been transferred on to the new system were found to be very detailed and contained some good person centred information. The care plans that were still to be transferred over required to be updated, as we found that they contained out of date information in relation to people's health needs. A further area for improvement will be made in this report to allow progress to be monitored in this area.

Previous area for improvement 2

It is recommended that management ensure that:-

- a) dining rooms are pleasant, uncluttered places for residents' meals.
- b) residents are offered fresh fruit in ways that are easy for them to eat or drink.
- c) supper menus are reviewed for vegetable content.
- d) review provision of drinks throughout the day and improve variety.
- e) offer saucers with cups.

National Care Standards Care Homes for Older People. Standard 13: Eating well.

This area for improvement was made on 6 July 2017.

Action taken since then

This area for improvement was found to be met at this inspection. However, staff should ensure that people continue to be offered a saucer with their cup of tea, as we noted on two different occasions that people only had cups. Progress will be monitored on this at the next inspection.

Previous area for improvement 3

It is recommended that arrangements for the storage, record keeping and administration of medicines should improve:-

- a) the room where controlled drugs were stored should have its temperature monitored. If the temperature exceeds 25 degrees centigrade then action should be taken to reduce the temperature.
- b) residents on covert medication should be reviewed at least at monthly intervals.

National Care Standards Care Homes for Older People. Standard 15: Keeping well - medication.

This area for improvement was made on 6 July 2017.

Action taken since then

Action had been taken and part a) of this area of improvement had now been met. The manager was signposted to the appropriate covert medication pathway documentation to use for people who received their medications covertly. **(An area of improvement was made in relation to this)**

Previous area for improvement 4

Management should improve the quality of dementia training. The course for dementia skilled level should equate to the SSSC and NHS Scotland level 2 of the Promoting Excellence framework.

National Care Standards Care Homes for Older People. Standard 5: Management and staffing arrangements.

This area for improvement was made on 6 July 2017.

Action taken since then

The provider was in the process of implementing a new elearning system of training for staff. This included dementia training, which was in line with the promoting excellence framework. The provider had also accessed the 'dementia bus' awareness training for staff. This was taking place at the time of the inspection. Staff confirmed that they found this very beneficial.

We noted some issues during the inspection with the quality of reflective accounts, which were being written by staff after some of the training sessions. The manager and provider were to work with staff on this matter. Progress will be monitored on this at the next inspection.

Previous area for improvement 5

It is recommended that senior staff improve the system of direct observations so that staff benefit from the procedure. Feedback could help staff to change poor practice or build confidence through hearing about what they were doing well.

National Care Standards Care Homes for Older People. Standard 5: Management and staffing arrangements.

This area for improvement was made on 6 July 2017.

Action taken since then

We looked at records from the direct observations that the manager had carried out with some members of staff. We found these to be of a better quality than at the last inspection. There was evidence to support that these sessions were used to identify both strengths and areas for development in staff practice. This recommendation has now been met.

Previous area for improvement 6

It is recommended that the provider ensure that quality assurance procedures and initiatives are based on best practice, are achievable and are followed through effectively to identify improvements.

National Care Standards Care Homes for Older People. Standard 5: Management and staffing arrangements.

This area for improvement was made on 6 July 2017.

Action taken since then

Some work had been carried out in this area, but we found that the service needed to move forward and look at expanding their audits, to look more at people's experiences and be more outcome focused. A further area for improvement has been made in this report to allow progress to continue to be monitored in this area.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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