



Inspection Report on

Parklands

**Parklands Care Home
Newport Road
Bedwas
Caerphilly
CF83 8AA**

Date Inspection Completed

24 January 2022

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About Parklands

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HC One Limited
Registered places	38
Language of the service	English
Previous Care Inspectorate Wales inspection	23 August 2019
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Parklands provides dignified care and support to people who require assistance, many of whom have nursing needs. All staff show respect. People are welcomed, supported and encouraged to achieve their potential. Social and health care needs are met. People are happy and enjoy taking part in activities.

The provider has nominated a responsible individual (RI) to oversee the service. Though new, they are undertaking their regulatory duties. An experienced, respected manager oversees the day-to-day running of the home. They have been instrumental in securing improvement. Systems are in place to ensure safe recruitment of staff and good provision of care. Policies and procedures and other required documentation is available.

A garden and suitable building is safely maintained. Communal areas provide bright spaces for people to socialise. There is sufficient, suitable equipment to support people's needs. People's bedrooms are individualised as they are encouraged to bring personal items when they move in.

This inspection takes place 22 months after the start of the pandemic. The home follows guidelines around visiting and infection control to help keep people safe.

Well-being

Parklands offers a home where people have control over their day-to-day lives. They have information to help them make choices. When decisions about bigger issues are needed, people who struggle with this have representation. People are seen making everyday choices, including where to spend their time and doing what they want to do. Residents' meetings have not been held recently but are about to re-start, giving people a chance to guide service delivery. The responsible individual consults people about the service and encourages feedback to help the service improve. Staff are observed offering choices to people.

People are supported to remain as active and healthy as possible. Support is provided to mobilise, using specialist equipment if necessary. Nutrition and hydration is provided to meet people's needs, is monitored, and referrals made to health professionals if needed. Personal care is provided to support healthy skin. Nurses provide medication administration in line with procedures. The focus for people living at Parklands is activity, social involvement and living life as they choose, promoting good mental health. Many people choose to take part in organised activities, and enjoy this. Nursing needs are supported and managed.

Policies and procedures are in place to support staff to help keep people safe. The building and equipment is maintained. Entry to the home is monitored. Checks are carried out on all staff to ensure they are fit to work with vulnerable people. Training is provided, including safeguarding, so that care staff know how to identify and report any issues. Staff are supervised in their work. Infection control measures are in place to protect people in the current pandemic. A nurse call system is in place so people can alert help when needed but this is not always responded to immediately.

Kindness is shown by all staff, following the provider's motto. People are treated with dignity and respect. People are recognised as individuals and are involved in decisions around their care. There is a warm, friendly atmosphere, and people who move into Parklands are welcomed, settling quickly.

Care and Support

Before people come to live at Parklands, a detailed assessment is carried out to ensure the service can meet the person's needs. Initial care plans are developed from this in a timely manner. We saw that one person admitted within the past 3 days had a care plan that clearly documented their support needs.

Detailed care plans are developed appropriately and consider the person's emotional well-being in addition to health needs. Records are kept to show appropriate referrals to health professionals are made. When people lack capacity, the service refers to the relevant authority. This ensures the individual has appropriate representation to help them make decisions. Records are kept of care provided and health checks, such as weight.

Individuals or their representatives are consulted about care and are invited to take part in care plan reviews. This is documented and shows what the person identifies as important goals, in addition to reviewing if goals have been met.

Medication procedures are followed. People receive the right medication at the right time to support good health. We observed people being supported appropriately with their medication. A new electronic medication recording system supports good auditing. For medication that is not routinely taken, the system prompts Nurses to record reasons for taking the medication and its effectiveness.

Meals are cooked on the premises and people tell us the *"food is good."* We observed that people have a very good dining experience, with sufficient staff, nicely presented tables, food of their choice and good interaction with staff. The cook makes a point of consulting people in person about their dietary needs and preferences. Nutrition and fluid charts are completed for people who need this, to make sure they are receiving the required amounts.

All staff show respect for people. Care workers are observed delivering sensitive care in a kind and patient manner. We observed support with feeding and mobility being carried out in a dignified way. One person told us *"the girls are good, you've only got to ask for something and they do it."* People can use a nurse call bell to seek attention. We found staff did not always respond immediately to the call bell sounding. This was discussed with the area manager and improvements observed on the day.

A new well-being coordinator is in place. We observed them carrying out activities on a one to one basis, with people encouraged and assisted. One person told us they really enjoyed the activities and showed a piece of knitting they had been encouraged to do. One person was observed to be sensitively supported to overcome anxieties to try a new activity, they then showed joy at their achievement.

Environment

The environment is pleasant warm and bright. People living at Parklands can personalise their rooms with things that are important to them. We observed the maintenance person putting up pictures for someone who had just moved in. The home is kept clean. There is adequate equipment used to support people's mobility needs with corridors and living spaces wide enough to accommodate this. Storage of such equipment needs to be reviewed, but this does not impact on people's living space. Lifts and hoists are tested regularly and have the required certificates in place. Patio doors from the living room allow people easy access to the garden when the weather permits. The garden area is secure and provides a pleasant seating area with canopy. People can, if they are able, move freely around the home. The front entrance is secure.

Systems are in place to monitor the environment. Certificates are in place as required, evidencing the testing and maintenance of equipment and services such as gas, electricity and lifts. On the day of inspection, a fan in the laundry room had not been cleaned, but this was done immediately when identified, and added to the maintenance schedules to ensure it's not missed in the future. Two baths are out of order, this is due to a delay in the availability of parts. Showers offer alternative bathing opportunities so there is no impact on people.

The kitchen and food handling at Parklands has the highest, level 5, certificate from the food standards agency. Cleaning schedules are in place. We observed procedures are followed when handling food. There are small kitchen areas around the home. One small kitchen had two food items that were slightly past their 'best before' date. This was brought to the attention of the cook who removed them immediately. We expect the service to maintain good food hygiene procedures and check that food items do not go beyond the 'best before' date.

General health and safety procedures are mostly followed. We found fire doors propped open after a delivery of goods had been put away, staff having forgotten to remove these. A key from the storage cupboard that should remain locked was also forgotten. The risk to individuals living at the home was small as the doors were in an area of the building that is not accessible to people living in the home. This was discussed at the time with the area manager and immediate action taken to correct the poor practice. The area manager also demonstrated that the environment is checked regularly and records maintained. Accidents and incidents are routinely reviewed to support improved practices. Infection control measures are in place. Sufficient personal protective equipment is available and is observed to be used correctly.

Leadership and Management

The provider has appointed a person to take responsibility for oversight of the service. They are in the process of formally registering with Care Inspectorate Wales. We expect the

provider to ensure this process is completed as soon as possible. The interim RI is undertaking duties as required, including visiting the service, consulting people and staff, producing a report from the visit and ensuring documentation is in place. Policies and procedures support the staff team to deliver the service. A statement of purpose and service user guide are in place. As this is up to date, it provides people with information that is current and relevant about the service.

There is a manager in place who is registered with Social Care Wales. The service has had four managers in a short period of time which has impacted negatively on the service at times. There is evidence of the positive impact the new manager is having on the service, with improved organisation, communication and support of staff. Audits are now being carried out and action taken if required. Care staff tell us that the manager is approachable and supportive, and the wider staff team confirm the same

Care staff are safely recruited, with personnel files having all necessary documentation in place to evidence this. Induction is conducted face to face with new staff, and further training is comprehensive, using online training. Supervision meetings take place on a formal basis, but care staff confirm they can talk to the manager at any time. Recruitment has been difficult across the whole social care sector, and like many services, Parklands has been challenged to provide regular staff without using agency staff. When agency staff are needed, they use regular agency workers to ensure continuity of care for people. There is a newly recruited well-being coordinator in place.

Adequate facilities are available to support the safe storage of information. Care plans, personnel files and other sensitive information is stored appropriately, but on the day of inspection we found some sensitive information left unattended in the visitor's room. Immediate action was taken to store this securely when brought to the attention of the administrator. As there was no impact on people, we have not issued a notice for this.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
7	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.	Achieved
21	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.	Achieved
35	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.	Achieved
36	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.	Achieved
	Oversight of staffing (Regulation 34(3)(a)-(b)): The service provider must be able to demonstrate the way in which determination has been made as to (a) the types of staff deployed; and (b) the numbers of staff of each type deployed.	Achieved

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