



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Parkwood House

72/74 Exmouth Road
Stoke
Plymouth
Devon
PL1 4QJ

Lead Inspector
Fiona Cartlidge

Unannounced Inspection
2nd August 2006 10:20

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Reader Information

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Parkwood House
Address	72/74 Exmouth Road Stoke Plymouth Devon PL1 4QJ
Telephone number	01752 560000
Fax number	01752 607670
Email address	admin.parkwood@southernhealthcare.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Southern Healthcare (Wessex) Ltd
Name of registered manager (if applicable)	Vacancy
Type of registration	Care Home
No. of places registered (if applicable)	48
Category(ies) of registration, with number of places	Dementia - over 65 years of age (14), Old age, not falling within any other category (14), Physical disability (38), Physical disability over 65 years of age (38), Terminally ill (4)

SERVICE INFORMATION

Conditions of registration:

1. The Home is registered as a Care Home with Nursing for a maximum of 48 Service Users in the categories of PD 38, PD(E) 38, OP 14, DE(E) 14, TI 4

Date of last inspection 7th December 2005

Brief Description of the Service:

Parkwood House is a 48- bedded care home situated in the Stoke area of Plymouth close to local amenities. The home is able to accommodate Service Users of either gender over the age of 50. The home is registered for a variety of categories including residential care for people with dementia and general nursing care. The home is arranged on 4 floors with 10 double rooms, 4 of which are en-suite and 26 single rooms 6 of which are en-suite. There is level access to all parts of the building via shaft lifts, stair-lifts and ramps. There is a small garden to the rear. The acting manager is a registered general nurse who heads up a team of trained nurses and carers, there are appropriate ancillary staff to support the services provided.

SUMMARY

This is an overview of what the inspector found during the inspection.

The inspection visit took place over 7 hours and 30 minutes and was unannounced.

A partial tour of the home took place when some bedrooms and all communal living rooms were viewed. Personal records of care of 5 residents and personnel records of 2 members of staff were inspected.

The inspector spoke with 18 residents, 2 visitors, 4 staff members, the acting manager and administrator. Written feedback was received from 5 residents, 3 care workers, 1 visitor/relative, 3 General Practitioners, One Social Services Care Manager and 1 member of the public. The homes senior staff had also submitted answers to a pre-inspection questionnaire supplied by the Commission.

What the service does well:

The process for admission of residents is safe; a good level of information about people's conditions and needs is received to enable the nurses in the home to make a professional judgement about if/how each person's needs will be met.

All residents have full and on going assessment of their needs and this information is used to plan their care, residents and or their representatives are involved in planning and reviewing their personal care.

The registered person promotes and maintains residents' health and ensures access to health care services to meet their assessed needs.

The homes medication system protects the medical welfare of residents.

Residents are treated with respect and their right to privacy is upheld.

Residents are able to maintain contact with family and friends and exercise choice and control over their lives.

Residents receive a wholesome appealing diet and there is always a choice of meals available.

A tour of the home provided evidence that the providers maintain an attractively presented environment for residents and staff. Maintenance and associated records provided to the Commission indicate that Fire equipment, Moving and handling equipment (including passenger lifts) and gas and electrical installations are checked and serviced regularly.

Resident's rooms contained personal items of furniture and ornaments and pictures. All of those spoken to said they liked their rooms with the exception of one person who did not like sharing their accommodation with another resident.

There are usually sufficient numbers of staff on duty with appropriate skills and knowledge to meet the needs of residents in this home. Comments received during the inspection included 'the staff are very good' 'the staff don't have

time to talk', 'the nurses are kind and very hard working', 'the staff are very busy, but are always polite and helpful'.

The homes recruitment practise protects residents from being placed at risk of harm or abuse by ensuring that those people employed are suited to the position for which they are employed.

What has improved since the last inspection?

The homes medication system has improved and protects the medical welfare of residents and a robust system for documenting and removing medicines no longer in use, lessens the risk of medicines being misused.

What they could do better:

Making dining tables and chairs available for their use and ensuring that they are provided with enough assistance in a timely and relaxed fashion to maximise enjoyment of their meals could improve the dining experience for those who require assistance.

The registered provider should ensure that all complaints are documented, taken seriously and acted upon, verbal complaints must be documented and handled in the same way as written complaints.

To ensure continued stability and efficient running of the service, the acting manager should apply to register as required under the Care Standards Act 2000 as soon as is reasonably practicable.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

3,6

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The admissions process is safe.

This home does not provide intermediate care.

EVIDENCE:

The inspector examined the personal records held on behalf of 4 recently admitted residents and the information obtained for a previously admitted long term resident. These documents provided evidence that a good level of information about people's conditions and needs is received to enable the nurses in the home to make a professional judgement about if/how each person's needs will be met. When possible i.e. if the person being admitted is geographically accessible, the staff visits the person in their existing setting to perform a full needs assessment in addition to receiving documentation from other social and health care professionals.

The Commission received written feedback about the home from 5 Service users, when asked – did you receive enough information about this home before you moved in so you could decide if it was the right place for you? 1 did not respond, 3 said 'yes' and 1 said 'no'. One resident told the inspector that they had been unable to visit the home themselves before making a decision about their admission, however their relatives had visited and chosen their accommodation and the resident was pleased they had and said they felt it was the right decision for them. Another resident told the inspector that they had been admitted as a matter of urgency and had not been in a position to visit the home before they were admitted, this resident told the inspector that they had been admitted into a shared room and that since admission they had found it difficult to sleep because the person who shared the room disturbed them, however the individual said the admission had been on a temporary basis and further review of their situation was due within 48hours of the inspectors visit. The individual said that all other aspects of care and services in the home were meeting their needs.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Resident's needs are set out in an individual plan of care.
The registered person promotes and maintains residents' health and ensures access to health care services to meet assessed needs.
The homes medication system protects the medical welfare of residents.
Residents are treated with respect and their right to privacy is upheld.

EVIDENCE:

The inspector examined the personal records held on behalf of 5 residents; in all of these documented assessments were seen and provided information about skin integrity, moving and handling, safety - including risk of falls, nutrition and information about social needs. This information generates the plans of care, which provides the basis for the care to be delivered. There was evidence that the plans had been reviewed on an at least monthly basis and that where possible residents and or their representatives had been involved in the planning and review of the care provided to them.

Records are maintained for all visits to the home by social or health care professionals, all residents are registered with a GP. Records provided evidence that visits are made by General Practitioners, district and specialist nurses,

chiropractors/podiatrists, occupational therapists, physiotherapists and dentist's.

Records of outpatient appointments show that visits to community and hospital health resources are enabled. 5 residents provided written feedback, 3 confirmed they always receive the medical support they need, 1 indicated they usually receive the medical support they need, and 1 did not respond to the question.

The commission received written feedback about this home from 3 General Practitioners all indicate that they receive appropriate referrals about residents from the staff in the home and 1 rated the homes management of health and personal care as excellent with the other 2 indicating it was good.

Registered nurses manage the medication system; the inspector looked at storage and recording – there was no controlled drug stock at the time of the visit. The medication system is well organised and had recently been audited by the acting manager of the home. The medication is administered from a purpose built trolley directly to the residents on a 1:1 basis. The inspector found there were a few gaps in the administration records, this poses a risk to residents because there is no documentary way to assess if the medication has been given or not. For medication prescribed as 1 or 2 to be given - the administering nurses were not indicating in the records the actual amount taken and this poses the risk because accurate medication review may not be possible. Disposal of unused medication is safe.

Residents told the inspector that the staff respect their privacy and dignity, the inspector observed that when personal care was being provided this was done behind closed doors, the staff spoke to residents in a polite manner and were witnessed to knock on the doors to private accommodation before entering.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15

Quality in this outcome area is **adequate**. This judgement has been made using available evidence including a visit to this service.

Some effort is made by the home to provide an activities programme and social interaction/stimulation for residents.

Residents are able to maintain contact with family and friends and exercise choice and control over their lives.

Residents receive a wholesome appealing diet and there is always a choice of meals available.

EVIDENCE:

During this visit the inspector saw that some residents were socialising in the lounges or watching television others were spending time in their rooms, reading, listening to music or watching television. In the afternoon a group activity was held in one of the lounges the activity was mentally stimulating and appeared lively and well received. Records seen included activity plans and attendance and individual hobbies that the residents partake in are recorded on a daily basis.

5 residents provided the Commission with written feedback via a survey. When asked –Are there activities arranged by the home you can take part in? 1 indicated 'always', 2 'usually' and 2 'sometimes'.

Feedback about the meals served in the home was extremely good residents told the inspector it had improved since the home had a new chef. During the inspection lunch was served, most residents had roast turkey with optional cranberry sauce served with vegetables and potatoes followed by fruit pie and custard or ice cream or fruit mousse. A number of residents told the inspector they had enjoyed their meal. Most residents were seen to eat their meal in the dining room however those who required assistance were being given this by staff in the lounge whilst sat in lounge chairs, some had individual tables but some did not, the staff were seen to assist more than 1 client at a time with their meal and the atmosphere and setting in this room detracted from a 'normal' dining experience. There was evidence through the minutes of a recent meeting and an internal survey that residents likes, dislikes and requests influence the menu planning in this home.

The people living in the home told the inspector they were happy with the visiting arrangements, visitors said they feel welcomed into the home and are able to visit their relative/friend in private or socially.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

16,18

Quality in this outcome area is **adequate**. This judgement has been made using available evidence including a visit to this service.

Residents and their relatives/friends know how to make a complaint.
People are safe living in this home.

EVIDENCE:

The home has a comprehensive complaints policy. This was available to residents in the 'useful' Guide found in their private accommodation and displayed in the reception hall of the home.

Those residents', who were asked, said that they knew who to complain to if they had any concerns and felt confident that these would be dealt with in a sensitive way by the staff. Staff in the home were unable to provide the inspector with a record of complaints but there were recorded minutes of a meeting held in response to 1 complaint received some months before this inspection.

Policies and procedures for the protection of residents and staff are in place and they include information about agencies that should be contacted if allegations of negligence or abuse are made. Members of staff were asked what they should do if they were aware a resident was being abused and were able to demonstrate the correct knowledge of what action they should take and whom they would report the incident to. Written feedback was returned to the Commission by 3 care staff all indicate that they are aware of adult protection procedures.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

19,24,26

Quality in this outcome area is **adequate**. This judgement has been made using available evidence including a visit to this service.

The environment is safe and adequately maintained.
The home is clean and hygienic.

EVIDENCE:

A tour of the home provided evidence that the providers maintain an attractively presented environment for residents and staff. Maintenance and associated records provided to the Commission indicate that Fire equipment, Moving and handling equipment (including passenger lifts) and gas and electrical installations are checked and serviced regularly. Resident's rooms contained personal items of furniture and ornaments and pictures. All of those spoken to said they liked their rooms with the exception of one person who did not like sharing their accommodation with another resident.

Doors to residents rooms are not fitted with locks and do not contain lockable storage; records and discussions with residents evidenced that the provider has considered this and some residents have clearly said they do not feel they need a lock on their door, however to ensure future residents have an option as rooms become vacant locks should be fitted as should lockable storage and the residents should be provided with a key unless it is clearly documented in a risk assessment why this should not be the case.

The home appeared well equipped to meet the needs of those residents identified with moving and handling risks and disabilities that affect their capability to bathe.

The small garden is safe and accessible and residents told the inspector that trees provide shade on sunny days.

Specialist mattresses were seen in place for those residents requiring them, as were height adjustable beds.

The communal areas of the home were fresh and clean in their appearance; Hand washing facilities are available throughout the home although one wash hand basin in an individuals private accommodation lacked a bin in which to place the disposable hand towels.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29,30

Quality in this outcome area is **adequate**. This judgement has been made using available evidence including a visit to this service.

There are usually sufficient numbers of staff with appropriate skills and knowledge to meet the needs of residents in this home. The homes recruitment practise protects residents from being placed at risk of harm or abuse.

EVIDENCE:

Comments received during the inspection included 'the staff are very good' 'the staff don't have time to talk', 'the nurses are kind and very hard working', 'the staff are very busy, but are always polite and helpful'.

The staff spoken to on the day of the inspection told the inspector they like working at Parkwood and have access to training and all the equipment they need to carry out their roles effectively. The training records seen show that staff do have access and are actively encouraged to attend training on fire safety, protection of Vulnerable adults, safe moving and handling, infection control, pressure care, challenging behaviours, continence, catheter care, mouth care, palliative care and qualified staff - venepuncture. Staff records did show that the staff have a wide range of qualifications and experience to enable them to care for current residents needs. Planned /future training includes National Vocational Qualifications, including training an assessor as

well as further training on Alzheimer's/dementia, risk assessment and tissue viability. Three staff completed and returned questionnaires to the Commission all 3 staff members said the home provides funding and time for them to receive relevant training. 11 staff (50% of care staff excluding qualified nurses) have obtained National Vocational Qualifications (NVQ) at level 2 or 3. The inspector examined the personnel files of 2 members of staff the records showed a commitment to safe recruitment practises, files contained detailed application forms, at least 2 written references, Criminal Record Bureau checks and interview notes.

Five residents provided written feedback, when asked are the staff available when you need them? 2 indicated 'always' and 3 'usually' when asked – Do you receive the care and support you need 4 indicated they 'always' do and the other indicated they 'usually' do. Comments received indicated that the layout of the building often precludes staff from being visible but if residents use their call bells they are usually responded to in a timely fashion. The staff spoken to on the day of the inspection visit confirmed they think there are sufficient numbers of staff on duty. On the day of inspection and according to duty rotas the usual staffing levels are that a qualified nurse is on duty at all times with 8 care staff in the morning, 6 in the afternoon and evening and 3 at night, in addition there are administrative, catering, domestic and maintenance staff employed. The inspector found the residents looked physically well cared for with the exception of one resident who's spectacles were in need of cleaning.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35,38

Quality in this outcome area is **adequate**. This judgement has been made using available evidence including a visit to this service.

The registered manager for this home has left in the mean time the temporary arrangements have provided a safe system of management. Personal money held in the home on behalf of residents is secure. The registered provider shows a responsible attitude toward promoting and protecting the health, safety and welfare of residents and staff.

EVIDENCE:

Comments received from residents and staff during the field trip confirmed that the previous manager who has now left was well respected and is now missed, however they confirmed the acting manager who has been a senior manager in the company for a number of years has filled the void well. The inspector witnessed meaningful interaction by the acting manager with staff

and residents. The Commission has yet to receive an application to register the existing manager under the Care Standards Act 2000.

The inspector examined the records and storage of personal money held in the home on behalf of residents. Currently the records and balances are rarely audited and it has been practise for transactions to be witnessed by one member of staff only to ensure best practise systems are in place for the protection of both residents and staff two signatories should witness all transactions.

Internal auditing processes are in place, and the home obtained the Investors In People Award (IIP) in November 2005. Recent audits have been performed on the records kept on behalf of residents and the medication system and satisfaction surveys have been sent to residents.

The provider generally demonstrates a responsible attitude towards health and safety pre-inspection information given to the Commission by the provider indicates that services and equipment are routinely maintained and serviced by people trained to do so, safety notices were displayed throughout the home. Risks to residents are individually assessed and documented with an agreed plan in place to minimise risk where possible.

Requirements and recommendations communicated from previous inspections are acted upon.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	2
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	2
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	X
33	3
34	X
35	2
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? YES

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP24	16(2)	To ensure the privacy dignity and security of service users, doors to service users' private accommodation should be fitted with locks suited to their capabilities and accessible to staff in emergencies. Each service user must be provided with lockable storage space for medication, money and valuables and be provided with a key(unless the reason for not doing so is explained in the care plan) extended from 01/04/06	01/12/06
2	OP31	9	The registered provider must submit an application for an individual to be registered under the Care Standards Act 2000 as manager for this home	01/10/06

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP9	When variable doses of medication are prescribed the actual amount administered should be recorded to aid accurate assessment of the efficiency of that medication.
2.	OP16	There should be a record kept of all complaints made which includes detail of the investigation and any action taken.
3	OP35	To protect the personal money held on behalf of residents by the home it is advised that 2 persons witness and sign each transaction.

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