



Champions for
Social Care
Improvement

inspection report

Care Home For Older People

Parklands

21-27 Thundersley Park Road

South Benfleet

Essex

SS7 1EG

Announced Inspection

22nd October 2003

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

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

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

ESTABLISHMENT INFORMATION

Name of establishment

Parklands

Tel No:

01268 882700

Address21-27 Thundersley Park Road, South Benfleet, Essex, SS7
1EG**Fax No:**

01268 882749

Email Address**Name of registered provider(s)/Company (if applicable)**

Canaryford Limited

Name of registered manager (if applicable)

Vacant

Type of registration**No. of places registered (if applicable)**

Care Home with nursing

40

Category(ies) of registration, with (number of places)

Old age, not falling within any other category (40), Terminally ill (4)

Registration number

I060000280

Date First registered

31st May 2002

Date of latest registration certificate

19th August 2003

**Was the home registered under the
Registered Homes Act 1984****Do additional conditions of registration
apply ?**

If Yes Refer to Part C

Date of last inspection

Date of Inspection Visit		22nd October 2003	ID Code
Time of Inspection Visit		09:00 am	
Name of Inspector	1	Carolyn Delaney	107596
Name of Inspector	2	NA	
Name of Inspector	3	NA	
Name of Inspector	4	NA	
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the NCSC. They accompany inspectors on some inspections and bring a different perspective to the inspection process		NA	
Name of Specialist (e.g. Interpreter/Signer) (if applicable)		NA	
Name of Establishment Representative at the time of inspection		Mrs. Tina Coveley - Manager & Mr. Bharat Patel – Registered provider	

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INTRODUCTION TO REPORT AND INSPECTION

Every establishment that falls within the jurisdiction of the National Care Standards Commission (NCSC), is subject to inspection, to establish if the establishment is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000.

This document summarises the inspection findings of the NCSC in respect of Parklands.

The inspection findings relate to the National Minimum Standards (NMS) for Care Homes for Older People published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum Standards will form the basis for judgements by the NCSC regarding registration, the imposition and variation of registration conditions and any enforcement action.

The report follows the format of the NMS and the numbering shown in the report corresponds to that of the standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Provider's response and proposed action plan to address findings

This report is a public document.

INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The report is based on the findings of the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Parklands is a purpose built, two-storey home of traditional construction. providing nursing and residential accommodation for up to 40 elderly service users Parklands is decorated furnished adequately throughout and is situated in the middle of a housing development with established character houses.

It has a small garden in the front and also a very large garden to the side and rear.

The home is situated in a residential area of South Benfleet, convenient to local shops and a local bus route

Parklands provide 32 single bedrooms and 4 shared bedrooms and provide nursing care for 40 Older People and up to 4 terminally ill service users. Residents are accommodated on two floors that are serviced by a passenger shaft lift.

PART A SUMMARY OF INSPECTION FINDINGS

Inspector's Summary

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This service has been inspected against the National Minimum Standards introduced from 1st April 2002.

Areas to be progressed have been listed in the requirement and recommendation section of this report.

Any breaches in standards, which pose a more immediate risk to customers of the service have highlighted for urgent action.

Not all standards will have been inspected during this inspection. Standards not covered during this inspection will be inspected at the next inspection.

Records, practices, policies and procedures have only been sampled. At future inspections other issues may come to light when different items are sampled or different people are spoken with.

The following is a summary of the findings of this inspection, which are explored in more detail throughout the main body of the report.

Choice of home (Standards 1 to 6).

1 of the 5 standards assessed was met. Standard 6 was not assessed, as Parklands does not offer intermediate care.

The homes statement of purpose and service user's guide needs some amendments and guidance in respect of developing these documents was sent to the registered provider.

Service users were not issued with a contract / terms and conditions at the time of this inspection. It was reported that this document was with the registered providers legal representative and would be finalised in the near future.

Assessments of prospective service users are carried out prior to admission to the home. Some of the assessments sampled were incomplete and did not cover all elements as per standard three.

Parklands offers nursing care and accommodation to service users many of whom have very high levels of dependence in terms of their care needs. It was noted that staffing levels were not always sufficient to meet the needs of service users.

Service users and or their families are invited to view the home and meet staff prior to making a decision to move into the home.

Health and Personal Care (Standards 7 to 11).

1 of the 4 standards assessed was met. Standard 9 was not assessed during this

inspection.

Service user's care plans sampled were noted to be very generic and lacked specific details in respect of individuals health and care needs. There was no evidence of service user or their representative's involvement in the planning or review of care.

Assessments in respect of prevention of pressure area damage were noted to be carried out for service users. It was recommended that information from these assessments be included within the plan of care.

Nutritional assessments were not carried out for service users at the time of this inspection.

The National Minimum Standards in respect of medication was not assessed during this inspection and will be assessed at the next inspection.

Service users at Parkland receive their personal mail unopened and have the option of a private telephone line should they choose.

Some care plans sampled included information in respect of service users wishes regarding end of life issues. It is recommended that wherever practicable that this information be obtained and recorded for all service users.

Daily Life and Social Activities (Standards 12 to 15).

2 of the 4 standards assessed were met.

There were no records of service users choices in respect of their daily routines including preferred methods for maintaining personal hygiene etc. It was reported that many of the service users at the home would be incapable of exercising choice, however this was not recorded and some service users spoken with said that their particular choices were not catered for.

Parklands operates an open visiting policy and it was reported that service users can choose whom they wish to see.

Service users may bring with them personal possessions upon agreement with the manager when they move into the home.

Menus are reviewed on a regular basis and alternative meals are available as required. Staff assist service users at mealtimes according to their needs.

At the time of this inspection there were no nutritional assessments carried out and nutritional records were not maintained.

Complaints and Protection (Standards 16 to 18).

All of the 3 standards assessed were met.

Parklands has a clear complaints policy and procedure which is accessible to service users and their relatives.

Service users at the home are supported to make votes in political elections should they

choose.

The home has a copy of the local borough councils policy for dealing with adult protection issues and staff spoken with demonstrated that they understood what action to take if they witnessed or suspected any type of abuse.

Environment (Standards 19 to 26).

6 of the 8 standards assessed were met.

Parklands is generally well maintained both inside and external grounds. Some carpets were noted to be in need of replacement and it is recommended that a plan for routine maintenance be implemented.

Furniture and fittings in both personal and communal accommodation were noted to be domestic and comfortable.

Washing and bathing facilities meet the current national minimum standards

A new passenger shaft lift had been installed earlier in the year and there were sufficient grab rails and ramped areas to meet the needs of service users.

Hot water temperatures were sampled and noted to be satisfactory.

The home was noted to be clean and hygienic and policies in respect of controlling the spread of infection were displayed in appropriate sites for staff to access.

Staffing (Standards 27 to 30).

1 of the 3 standards assessed was met. Standard 30 was not fully assessed during this inspection.

It was noted with concern that service users spoken with said that there were not enough staff on duty to meet their needs. On the day of the inspection it was noted that service users calling for assistance were left waiting some considerable time before staff could attend to them. These concerns were raised with the acting manager and the registered provider.

It was reported that due to high levels of absenteeism due to sickness and turnover of staff that the home relied on high usage of agency staff. This must be addressed.

Staff employment records sampled did not evidence that the appropriate checks such as references and Criminal Records Bureau (CRB) disclosures were obtained prior to new staff commencing employment at the home. This was discussed with both the homes acting manager and registered provider.

It was positive to note that over 1/3 of the homes care staff have or are undertaking National Vocational (NVQ) level 2/3 in care.

Management and Administration (Standards 31 to 38).

3 of the 8 standards assessed were met.

The acting manager has many years experience of managing a care home and her application for registered manager was in process at the time of this inspection. It was noted that the acting manager had not been issued with a job description for her role within the home.

Residents meetings had been held in the past but infrequently. It was reported that this was due to the condition of residents at the home. It was advised that other methods for enabling service users to influence how the home is run be explored.

There was no formalised system for the monitoring and improving the quality of the service provided by the home.

There was evidence that appropriate insurance for the home was in place.

Some staff receive supervision, which is recorded, however this was not evidenced for all staff and supervision of staff was not carried out on a regular basis.

Service users have access to their records and all records were noted to be stored securely.

Certificates in respect of maintenance and safety checks for fire safety; lifting, gas and electric equipment that were sampled were noted to be up to date.

Fire drills for staff who work during the night should be implemented.

The home suffers with intermittent electric power supply failures, which are frequent in this area. Three separate power suppliers service the home. It is recommended that clear procedures for dealing with these occurrences are written and made available to all staff.

It is concerning to note the number of repeat requirements identified during this inspection.

Requirements from last Inspection visit fully actioned?

NO

If No please list below

STATUTORY REQUIREMENTS				
Identified below are areas not addressed from the last inspection report, which indicate a non-compliance with the Care Standards Act 2000 and accompanying Regulations.				
No.	Regulation	Standard	Required actions	
1	7,9,19(1 – 7) Schedule 2	OP29	The registered person must operate a robust and thorough recruitment procedure to ensure the protection of service users.	See requirement section for this report.
2	5(1)(b)(c)	OP2	Each service user must be issued with a statement of terms and conditions / contract.	See requirement section for this report.
3	14(1) (2)	OP3	New service users must be admitted only on the basis of a full assessment and undertaken by people trained to do so, and to which the prospective service user, his / her representatives (if any) and relevant professionals have been party.	See recommendation section for this report.
4	15(1)(2) 17(1)(a)(b)	OP7	The registered provider must ensure that service users and or their representatives are involved in the development and review of their care plans.	See requirement section for this report
5	12(2)(3) 15(1)	OP11	The registered provider must ensure that service users wishes regarding their arrangements after death are discussed and carried out and their agreement is detailed in their individual care plan.	See recommendation section for this report.
6	14(1)(a)	OP15	The registered provider must ensure that a nutritional assessment is undertaken, which is suited to the individual assessed and recorded in detailed format in the care plan.	See requirement section for this report

7	23(2)(b)(c)	OP19	The registered provider must ensure that there is a programme of routine maintenance and renewal of the fabric and decoration of the premises with records kept. The care home must be kept in a good state of repair externally and internally.	See recommendation section for this report.
8	16(1)(2) 23(2)	OP22	The registered provider must ensure that there is appropriate storage area for equipment, including wheelchairs.	See recommendation section for this report.
9	12(4) 13(4)	OP24	The registered provider must ensure that the privacy and dignity of the service users is promoted by fitting suitable door locks on individual bedrooms.	See recommendation section for this report.
10	26	OP33	The registered provider must ensure that Regulation 26 visits are carried out and reports forwarded to the NCSC,	See requirement section for this report.
11	18(1)(2) 19(1)	OP36	The registered provider must ensure that the employment policies and procedures adopted by the home and its induction, training and supervision arrangements are put into practice.	See recommendation section for this report.

Action is being taken by the National Care Standards Commission to ensure compliance in regard to the above requirements.

RECOMMENDATIONS		
Identified below are recommendations from the last inspection that have not been implemented		
No.	Refer to Standard	Good Practice Recommendations
1	OP36	Staff supervision should be at least six sessions per year.
2	OP28	30% of care staff should be trained to at least NVQ level 2 by 2005.
3	OP31	The registered manager to achieve a relevant management qualification by 2005.

Conditions of registration that apply (other than numbers and category of service users).	Met (Yes / No)

STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements and recommendations are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report, which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2001 and the National Minimum Standards. The Registered Provider(s) is/are required to comply within the given time scales.

No.	Regulation	Standard *	Requirement	
1	5(1)(b)(c)	OP2	Each service user must be issued with a statement of terms and conditions / contract which includes all details as required by Care Homes Regulation and National Minimum Standards. This is a repeat requirement.	30/03/04.
2	14(1)(d)	OP3	The home must confirm in writing to the service users that all the assessed needs regarding health and welfare can be met.	30/03/04
3	15(1) (2) 17 (1) (a)(b)	OP7	Care plans must be written and reviewed with the involvement of service users and / or their representatives wherever this is practicable. It should be documented wherever this is not possible. This is a repeat requirement.	30/03/04
4	14(1) (a)	OP15OP8	The registered person must ensure that the needs of service users in respect of nutrition are carried out for each service user and reviewed as appropriate to the individuals needs.	30/03/04
5	12(1) (2)	OP12	The registered provider must ensure that service users are enabled to make decisions regarding their daily activities of living,	30/03/04

6	17(2) Schedule 4	OP15	Nutritional records must be maintained for service users which evidence that their diet is satisfactory in relation to nutrition and any special requirements.	20/03/04
7	18(1)(a)(b)	OP4OP27	The registered person must ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers to meet the needs of service users.	30/03/04
8	7,9,19(1 – 7) Schedule 2	OP29	The registered provider must ensure that all staff employed at the home is recruited robustly and that documents to evidence that the required checks are maintained and available for inspection. This is a repeat requirement.	30/03/04
9	17(2) Schedule 4	OP31	All staff must be issued with job descriptions in respect of their role and the work they are to perform in the home.	30/03/04
10	24	OP33	The registered provider must ensure that a system for the monitoring and improvement of services offered by the home is implemented. A report of the findings of any review must be made available to service users and the National Care Standards Commission.	30/03/04
11	26	OP33	The registered person must ensure that visits as required by Care Homes Regulation 26 are carried out and reports forwarded to the National Care Standards Commission. This is a repeat requirement.	30/03/04

RECOMMENDATIONS

Identified below are areas addressed in the main body of the report, which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s)

No.	Refer to Standard *	Good Practice Recommendations
1	OP1	It is recommended that the home statement of purpose and service users guide be amended according to the guidance provided by the National Care Standards Commission.
1	OP3	The assessment documentation to evidence that a full and comprehensive assessment of needs is carried out for all service users, which covers areas as described in this standard.
2	OP27OP4	Regular review of staffing resources according to assessed needs and dependencies of service users is required.
3	OP6	It is recommended that the homes statement of purpose be amended in respect of non-provision of intermediate care.
4	OP8	It is recommended that care plans in respect of prevention of pressure damage make reference to the risk as identified in the assessment tool.
5	OP11	It is recommended that wherever it is practicable that the wishes of service users in respect of end of life issues and death and dying be obtained and recorded. Where it is not possible to do so this should be recorded.
6	OP12	Service users to be consulted regarding their choice in respect of daily activities of living including arrangements for maintaining personal hygiene and outcomes recorded within the care plan.
7	OP24OP19	It is recommended that an annual plan for the renewal of fabrics and furnishings and planned any other planned maintenance be implemented.
8	OP22	It is recommended that where equipment including wheelchairs is stored in communal or access areas that an assessment of potential risk to service users, staff or visitors is carried and the outcomes and any actions be recorded.
9	OP24	It is recommended that wherever practicable that service users have keys to their personal accommodation. Where service users choose not to keep keys or where there is a safety issue this to be recorded within the care plan.

10	OP27	Regular review of staffing levels according to service users needs to be carried out.
11	OP32	It is recommended that different methods of obtaining service users views with regards to the service they receive at the home be explored.
12	OP36	Staff supervision to be carried out a minimum of six times per year.
13	OP38	Records in respect of hot water temperatures to be clearly maintained.
14	OP38	It is recommended that clear procedures are written for dealing with incidents such as electricity power failure and that these are made available to all staff.
15	OP38	Regular fire drills to be introduced which include drills for staff working during the night.

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. OP10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Direct Observation	YES
Indirect Observation	YES
Sampling	YES
• Pre-inspection Questionnaire	YES
• Records	YES
• Care Plans / Care Pathways	YES
• Meals	YES
• Activities	YES
• Other (Specify)	YES
'Tracking' care and support	YES
Group discussion with service users	NO
Individual discussion with service users	YES
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	YES
Relatives/significant others survey/feedback	YES
Visiting Professionals survey / feedback	NO
Tour of Premises	YES
Formal Interviews	NO
Document reading	YES
Additional Inspection Information:	
Number of Service Users spoken to at time of inspection	6
Number of Relatives/significant others the inspectors had contact with	2
Number of letters received in respect of the service	3
CRB check for the Responsible Individual seen	YES
CRB check for the Manager seen	YES
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	NO
Total number of care staff employed (excluding managers)	31
Total number of staff with nursing qualifications employed	9
Date of Inspection	22/10/03
Time of Inspection	0900
Duration Of Inspection (hrs)	7.5

The following pages summarise the key findings and evidence from this inspection, together with the NCSC assessment of the extent to which the National Minimum Standards for Care homes for older persons have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

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)

"0" or blank in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable.

"X" is used where a percentage value or numerical value is not applicable.

Choice of Home

The intended outcomes for the following set of standards are:

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

Standard 1 (1.1 – 1.3)

The registered person produces and makes available to service users an up to date statement of purpose setting out the aims, objectives, philosophy of care, services and facilities and terms and conditions of the home; and provides a service users' guide to the home for current and prospective residents. The statement of purpose clearly sets out the physical environmental standards met by a home in relation to standards 20.1, 20.4, 21.3, 21.4, 22.2, 22.5, 23.3 and 23.10: a summary of this information appears in the home's service user's guide

Range of fees charged From (£) To (£)

Any charges for extras

If yes, please state what the extra's are

INFO NOT AVAILABLE

Key findings/Evidence

Standard met?

2

The homes statement of purpose and service users guide had been recently reviewed.

On review of both documents it was noted that some amendments were required.

National Care Standards Commission guidance in respect developing of statements of purpose and service users guides has been forwarded to the registered person.

Standard 2 (2.1 – 2.2) Each service user is provided with a statement of terms and conditions at the point of moving into the home (or contract if purchasing their care privately).		
Key findings/Evidence	Standard met?	1
<p>A blank copy of terms and conditions and contract was available for examination at the time of this inspection. It is recommended that the contract be amended to include details of notice period for in respect of long/short term or respite occupancy.</p> <p>Service users at the home had not been issued with contracts and the manager stated that this was due to the fact that the registered providers solicitor was reviewing the document.</p>		

Standard 3 (3.1 – 3.5) New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representatives (if any) and relevant professionals have been party.		
Key findings/Evidence	Standard met?	1
<p>Registered nurses carry out assessments of prospective service users care needs.</p> <p>Pre admission assessment documentation was sampled and some assessments were noted to be incomplete. The pre admission assessment document does not include all information as recommended in this standard.</p> <p>Those assessments carried out on admission, which were sampled, did not always concur with the information in the pre admission assessment. The manager said that consideration was being given to using one comprehensive document to cover both assessments.</p> <p>The home must confirm in writing to the service users that all the assessed needs regarding health and welfare can be met.</p>		

Standard 4 (4.1 - 4.4) The registered person is able to demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.		
Key findings/Evidence	Standard met?	2
<p>Service users are only admitted to Parklands following an assessment of care needs.</p> <p>The home employs two registered mental health nurses and staff receive training in respect of meeting the needs of service users with dementia.</p> <p>Staffing levels and service users dependency levels were discussed in terms of meeting service users needs (Standard 27) as some service users and relatives spoken with expressed concerns that there were not always enough staff on duty to meet needs.</p>		

Standard 5 (5.1 – 5.3)

The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis, before they and / or their representatives make a decision to stay; unplanned admissions are avoided where possible.

Key findings/Evidence

Standard met?

3

Prospective service users and / or their families are offered the opportunity to come and view the home prior to admission. As the majority of service users are admitted from hospital it is not always practicable for service users to visit the home for a trial period.

The manager said that wherever possible emergency admissions were avoided and that she was currently preparing a policy for emergency admissions.

Standard 6 (6.1 - 6.5)

Where service users are admitted only for intermediate care, dedicated accommodation is provided together with specialised facilities, equipment and staff to deliver short-term intensive rehabilitation and enable service users to return home.

Key findings/Evidence

Standard met?

0

Parklands does not provide intermediate care. It was advised that the homes statement of purpose be amended to reflect this.

Health and Personal Care

The intended outcomes for the following set of standards are:

- The service users' health, personal and social care needs are set out in an individual plan of care.
- Service users' make decisions about their lives with assistance as needed.
- Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- Service users feel they are treated with respect and their right to privacy is upheld.
- Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

Standard 7 (7.1 – 7.6)

A service user plan of care generated from a comprehensive assessment (see Standard 3) is drawn up with each service user and provides the basis for the care to be delivered.

Key findings/Evidence	Standard met?	1
<p>Service users care plans were noted to be pre printed and generic in nature. Care plans sampled did not include enough added information in respect of individual service users needs and this was discussed with the homes manager.</p> <p>Areas to be addressed are reflected within this report.</p> <p>Care plans sampled did not evidence the involvement of service users or their families.</p>		

Standard 8 (8.1 – 8.13)

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

<p>Number of incidents where service users have been taken to Accident and Emergency during last 12 months</p>	22
<p>Number of service users with pressure sores at time of inspection (from information taken from care notes)</p>	3

Key findings/Evidence	Standard met?	1
<p>Assessments in respect of the prevention of pressure area damage were in place and noted to be reviewed on a monthly basis, however care plans did not include reference to the assessments carried out.</p> <p>Specialist pressure relieving equipment was noted to be available and used according to assessed needs.</p> <p>A copy of an assessment in respect of nutritional assessments was seen, however this had not been implemented at the time of this inspection. It was noted that detailed nutritional records were not maintained for service users at the home.</p>		

Standard 9 (9.1 – 9.11)

The registered person ensures that there is a policy and staff adhere to the procedures for the receipt, recording, storage, handling administration and disposal of medicines, and service users are able to take responsibility for their own medication if they wish, within a risk management framework.

Key findings/Evidence**Standard Met?**

0

Standard 9 was not fully assessed during this inspection. This standard will be assessed at the next inspection.

Standard 10 (10.1 – 10.7)

The arrangements for health and personal care ensure that service users' privacy and dignity are respected at all times, and with particular regard to: personal care giving, including nursing, bathing, washing, using the toilet or commode, consultation with and examination by health and social care professionals, consultation with legal and financial advisors, maintaining social contacts with relatives and friends, entering bedrooms, toilets and bathrooms, and following death.

Key findings/Evidence**Standard met?**

3

All service users at Parklands have access to a private telephone line should they chose. Service users receive their mail unopened and wear their own clothing at all times.

Service users preferred term of address is recorded upon admission.

Screening is provided in bedrooms which are shared by two service users.

Standard 11 (11.1 – 11.12).

Care and comfort are given to service users who are dying, their death is handled with dignity and propriety, and their spiritual needs, rites and functions observed.

Key findings/Evidence**Standard met?**

2

The home has a policy in place, which deals with care of the dying.

Some but not all service users care notes sampled included recorded information of service users and / or their relative's wishes regarding end of life issues.

It is recommended that wherever practicable that this information is obtained and recorded and that where it is not possible to do so that a note to this effect is made within the care documentation.

Daily Life and Social Activities

The intended outcomes for the following set of standards are:

- 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.
- Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- Service users are helped to exercise choice and control over their lives.
- Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

Standard 12 (12.1 – 12.4)

The routines of daily living and activities made available are flexible and varied to suit service users' expectations, preferences and capacities.

Key findings/Evidence	Standard met?	1
<p>Service users choice in respect of daily activities of living including food and mealtimes, preferences for methods and times for maintaining personal hygiene were not recorded within the care plans sampled.</p> <p>This was discussed with the manager and it was reported that due to the medical condition of many of the service users at the home that they would be unable to exercise their right to choice.</p> <p>However one service user who could make choices reported that his particular requests were not met. This issue was discussed with the manager. (Standard 27).</p> <p>It was reported that many service users were not interested in social or leisure activities. However this had not been recorded within the individuals care notes.</p>		

Standard 13 (13.1 – 13.6)

Service users are able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with service users' preferences

Key findings/Evidence	Standard met?	3
<p>Parkland operates an open visiting policy and service users are able to choose whom they do and do not wish to see.</p>		

Standard 14 (14.1 – 14.5)

The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice.

Key findings/Evidence**Standard met?**

3

One service users at the home at the time of this inspection was managing their own financial affairs.

Service users may bring with them items of personal possessions upon agreement, when they move into the home.

Service users have access to personal records.

Standard 15 (15.1 – 15.9)

The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet which is suited to individual, assessed and recorded requirements and that meals are taken in a congenial setting and at flexible times.

Key findings/Evidence**Standard met?**

1

Menus, which are regularly reviewed, are displayed and alternative meals are available. Snacks and hot drinks are available in between mealtimes.

Where specialist diets are required details are recorded within the care plan, however nutritional records do not meet requirements of Care Homes Regulations.

Staff are available to assist service users according to their needs at mealtimes.

Detailed nutritional assessments had not been undertaken for service users whose care notes were sampled and detailed nutritional records are not maintained.

Complaints and Protection

The intended outcomes for the following set of standards are:

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

Standard 16 (16.1 – 16.4)

The registered person ensures that there is a simple clear and accessible complaints procedure which includes the stages and time-scales for the process and that complaints are dealt with promptly and effectively.

No. of complaints made to the home during last 12 months	6
No. of these complaints fully substantiated	0
No. of these complaints partly substantiated	2
No. of these complaints not substantiated	4
No. of these complaints not yet resolved	0
No. of complaints sent direct to NCSC	2
Percentage of complaints responded to within 28 days	100 %

Key findings/Evidence	Standard met?	3
<p>Parklands has a clear complaints policy and procedure which is accessible to service users and their relatives, and records in respect of complaints were appropriately maintained.</p> <p>This policy and procedure meets current National Minimum Standards and Care Homes Regulations.</p>		

Key findings/Evidence	Standard met?	3
<p>Service users at Parklands are supported to participate in the political process for example voting in local or national political elections should they choose.</p>		

Standard 18 (18.1 – 18.6)

The registered person ensures that service users are safeguarded from physical, financial, or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, inhuman or degrading treatment through deliberate intent, negligence or ignorance, in accordance with written policies.

The home has an Adult Protection procedure (including Whistle Blowing) which complies with the Public Disclosure Act 1998 and the Department of Health Guidance *No Secrets*

YES

No. of staff referred for inclusion on POVA lists

0

Key findings/Evidence

Standard met?

3

It was reported that training in respect of adult protection provided by Southend on Sea Social Services was to be made available to all staff.

A copy of the local borough policy for the protection of vulnerable adults was in place at the home and staff spoken with demonstrated that they understood what to do if they witnessed or suspected any form of abuse.

Some staff had received training in respect of dealing with aggression earlier in the year.

Environment

The intended outcomes for the following set of standards are:

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

Standard 19 (19.1 – 19.6)

The location and layout of the home is suitable for its stated purpose; it is accessible, safe and well maintained; meets service users' individual and collective needs in a comfortable and homely way and has been designed with reference to relevant guidance.

Key findings/Evidence	Standard met?	2
<p>The home is generally well maintained inside and out and service users rooms personalised as much as possible.</p>		
<p>Routine maintenance is currently recorded. It is recommended that an annual plan for the planned renewal of fabrics and furnishings and any other planned maintenance be implemented.</p>		

Standard 20. (20.1 – 20.7)

In all newly built homes and first time registrations the home provides sitting, recreational and dining space (referred to collectively as communal space) apart from service users' private accommodation and excluding corridors and entrance hall amounting to at least 4.1 sq. metres for each service user.

Key findings/Evidence	Standard met?	3
<p>The home is spread over two floors and provides service users with two comfortable communal areas, a separate dining area, and three quiet / private areas, with one overlooking the garden.</p>		
<p>The furniture, fittings and lighting in service user's bedrooms and communal spaces were noted to be of domestic in nature.</p>		

Standard 21 (21.1 – 21.8)

Toilet, washing and bathing facilities are provided to meet the needs of service users.

Key findings/Evidence	Standard met?	3
<p>Shower, bathing and toilet facilities are appropriate to meet the present needs of service users. There are en-suite facilities in all bedrooms, ten additional toilets, three bathrooms and two shower areas. The Home has two sluice areas, one on each floor.</p>		

Standard 22 (22.1 – 22.8)

The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons including a qualified occupational therapist, with specialist knowledge of the client groups catered for and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.

Key findings/Evidence

Standard met?

3

The home provides a lift facility for service users to access the upstairs floor. A new lift was installed earlier this year. There are ramps for wheelchair use at entrances and exits and grab/handrails were noted throughout the home. The home provides a range of aids for service users including adaptations to baths and toilets. Electric hoists were available and found to be in use on the day of inspection. Call systems were noted to be in all service users rooms and random testing evidenced that they were in general good order.

Standard 23 (23.1 – 23.11)

The home provides accommodation for each service user which meets minimum space as prescribed

Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space	32
Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space	0
Total number of wheelchair users accommodated for in rooms at least 12sq.m	1
Total number of wheelchair users accommodated for in rooms at less than 12sq.m	29
Total number of shared rooms at least 16 sq.m	4
Total number shared rooms less than 16 sq.m	0
Percentage of places within single rooms:	
100%	NO
80% - 99%	YES
Less than 80%	NO
Total number of single bedrooms	32
Total number of single rooms with en suite	32
Total number of double rooms	4
Total number of double rooms with en suite	4

Key findings/Evidence**Standard met?**

3

The accommodation in terms of space meets that required by the National Minimum Standards.

Standard 24 (24.1 – 24.8)

The home provides private accommodation for each service user, which is furnished and equipped to assure comfort and privacy and meets the assessed needs of the service user.

Key findings/Evidence**Standard met?**

2

In general the personal accommodation offered by Parklands was noted to be furnished and equipped according to the needs and wishes of service users.

It was noted that in some bedrooms carpets were stained and worn. (Refer to standard 19).

Standard 25 (25.1 – 25.8)

The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users.

Key findings/Evidence**Standard met?**

3

Water temperatures randomly tested in the bathroom, and service user bedrooms were found to be satisfactory.

Radiators were noted to have low temperature covers or be guarded in bedrooms and service user areas.

Standard 26 (26.1 – 26.9)

The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection in accordance with relevant legislation and published professional guidance.

Key findings/Evidence**Standard met?**

3

The home was noted to be free from offensive odours on the day of this inspection.

Policies and procedures in respect of controlling the spread of infection were noted to be displayed in key areas such as kitchen and laundry.

Staffing

The intended outcomes for the following set of standards are:

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

Standard 27 (27.1 – 27.7)

Staffing numbers and skill mix of qualified/unqualified staff are appropriate to the assessed need of the service users, the size, the layout and purpose of the home, at all times.

Number of staff /hours in respect of service user needs based on guidance recommended by Department of Health.

			Personal Care	Nursing
No. service users <i>High</i> needs	<input type="text" value="20"/>	No. staff hours allocated	<input type="text" value="X"/>	<input type="text" value="X"/>
No. service users <i>Medium</i> needs	<input type="text" value="13"/>	No. staff hours allocated	<input type="text" value="X"/>	<input type="text" value="X"/>
No. service users <i>Low</i> needs	<input type="text" value="7"/>	No. staff hours allocated	<input type="text" value="X"/>	<input type="text" value="X"/>
No. of staff hours required	<input type="text" value="X"/>	No. of staff hours provided	<input type="text" value="X"/>	<input type="text" value="X"/>
No. of full time equivalent first level registered nurses	<input type="text" value="7"/>			
No. of care staff	<input type="text" value="31"/>			
No. of ancillary staff	<input type="text" value="21"/>			
Key findings/Evidence			Standard met?	1

This information was provided by the home in the pre inspection questionnaire. Concerns regarding shortages of staff were raised during a recent complaints visit to the home by the inspector and these had been raised with the homes manager and the registered provider.

50% of service users at the home were assessed as having high care needs. Some service users spoken with told the inspector that due to staff shortages that they had to wait some considerable time for assistance when they called staff. This was evidenced during the inspection as it was noted that call bells were ringing for periods of up to ten minutes before staff went to assist service users.

It was reported that there has been a high turnover of staff and level of staff absence due to sickness at the home and the manager said that the home relied on high usage of agency staff. There was no evidence of checks including references and Criminal Records Bureau (CRB) checks for agency staff employed at the home.

These concerns were again raised with both the homes manager and registered provider during this inspection. Sufficient staff to meet the needs of service users at the home must be employed.

Standard 28 (28.1 – 28.3)

A minimum ratio of 50% trained members of care staff (NVQ Level 2 or equivalent) is achieved by 2005, excluding the registered manager and/or care manager, and in care homes providing nursing, excluding those members of care staff who are registered nurses.

No. care staff (excluding registered nurses) with NVQ level 2 or equivalent

10

% of care staff with NVQ level 2

33

%

Key findings/Evidence

Standard met?

3

Plans are in place to achieve the minimum ratio of 50% care staff with National Vocational Qualification (NVQ) level 2 in care by 2005.

Standard 29 (29.1 – 29.6)

The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.

Key findings/Evidence

Standard met?

1

Staff employment records sampled were noted to lack proof of identity, eligibility to work in the United Kingdom and references.

There was no evidence that work history for prospective staff was checked and gaps in employment explored.

The concerns regarding the recruitment processes at the home were discussed during this inspection.

Standard 30 (30.1 – 30.4)

The registered person ensures that there is staff training and development programme, which meets the National Training Organisation (NTO) workforce training targets and ensures staff fulfil the aims of the home and meet the changing needs of service users.

Key findings/Evidence

Standard met?

0

Standard 30 was not fully assessed during this inspection. This standard will be inspected at the next inspection.

Management and Administration

The intended outcomes for the following set of standards are:

- 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.
- Service users benefit from the ethos, leadership and management approach of the home.
- The home is run in the best interests of service users.
- Service users are safeguarded by the accounting and financial procedures of the home.
- Service users' financial interests are safeguarded.
- Staff are appropriately supervised.
- Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- The health, safety and welfare of service users and staff are promoted and protected.

Standard 31 (31.1 – 31.8)

The registered manager is qualified, competent and experienced to run the home and meet its stated purpose, aims and objectives.

Key findings/Evidence	Standard met?	1
<p>The National Care Standards Commission was processing the registered manager application at the time of this inspection.</p> <p>The acting manager is a first level registered nurse with considerable experience of managing a care home.</p> <p>However it was noted that the acting manager had not been issued with a job description in respect of her role and manager of Parklands.</p>		

Standard 32 (32.1 – 32.7)

The registered manager ensures that the management approach of the home creates an open, positive and inclusive atmosphere.

Key findings/Evidence	Standard met?	2
<p>Residents meetings were held but it was noted that they were very infrequent. It was reported that it was not always possible to involve service users or relatives in affecting the way in which service s provided by Parklands are delivered.</p> <p>It is recommended that strategies other than meetings be explored and the outcomes recorded.</p>		

Standard 33 (33.1 – 33.10)

Effective quality assurance and quality monitoring systems, based on seeking the views of service users are in place to measure success in meeting the aims, objectives and the statement of purpose of the home.

Key findings/Evidence**Standard met?**

1

It was reported that there was an annual development plan for Parklands, however that it had not been formalised and was not available for inspection.

While it was reported that there was continuous monitoring of the quality of the services provided there was no evidence available. The registered person must make available to service users and the National Care Standards Commission a report of the findings of the quality monitoring and review carried out at the home.

Visits to the home by the registered provider as required by Care Homes Regulation 26 must be carried out and the reports forwarded to the National Care Standards Commission.

Standard 34 (34.1 – 34.5)

Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure that there is effective and efficient management of the business.

Key findings/Evidence**Standard met?**

3

Insurance cover is in place, which meets the current legislative requirements.

Standard 35 (35.1 – 35.6)

The registered manager ensures that service users control their own money except where they state that they do not wish to or they lack capacity and that safeguards are in place to protect the interests of the service user.

Number of service users subject to Power of Attorney processes

0

Number of service users subject to Enduring Power of Attorney processes

0

Number of service users subject to Guardianship Orders

0

Key findings/Evidence**Standard met?**

3

One service user controls their own money and other service users finances are controlled by their respective families.

Standard 36 (36.1 – 36.5)

The registered person ensures that the employment policies and procedures adopted by the home and its induction, training and supervision arrangements are put into practice.

Key findings/Evidence**Standard met?**

2

There was evidence that some staff receive formal supervision, however this was not carried out on a regular basis.

Standard 37 (37.1 – 37.3)

Records required by regulation for the protection of service users and for the effective and efficient running of the business are maintained, up to date and accurate.

Key findings/Evidence**Standard met?**

3

Service users have access to their records and information about them held at the home.

Service users records are stored securely.

Standard 38 (38.1 – 38.9)

The registered manager ensures so far as is reasonably practicable, the health, safety and welfare of service users and staff.

Key findings/Evidence**Standard met?**

2

Certificates in respect of maintenance and safety checks of fire safety, lifting, gas and electric equipment that were sampled were noted to be up to date.

It is recommended that records of hot water temperatures be accurately and clearly recorded and maintained.

Regular three monthly fire drills are carried out at the home. There was no evidence that these drills were carried out for staff working at night. This was discussed with the manager during this inspection, and must be addressed as a matter of urgency.

During this inspection there was an electricity power failure to one of the electricity supplies to the home. It was reported that this was some times a regular occurrence. It is recommended that clear procedures be written for dealing with such incidents and made available to all staff.

PART C**COMPLIANCE WITH CONDITIONS****(where applicable)**

Condition	Compliance	YES
Care Home with nursing		
Comments		

Condition	Compliance	YES
Old age, not falling within any other category (40)		
Comments		

Condition	Compliance	YES
Terminal illness (4)		
Comments Terminal illness to include persons over the age of 55 years.		

Condition	Compliance	
Comments		

Lead Inspector	CAROLYN DELANEY	Signature	_____
Second Inspector	NA	Signature	_____
Locality Manager	GWEN BUCKLEY	Signature	_____
Date	_____		_____

PART D

LAY ASSESSOR'S SUMMARY

(where applicable)

[Empty box for Lay Assessor's Summary]

Lay Assessor NA **Signature** NA

Date NA NA

Public reports

It should be noted that all NCSC inspection reports are public documents.

PART E

**PROVIDER'S RESPONSE TO IDENTIFIED
STATUTORY REQUIREMENTS**

E.1 Registered Person's comments/confirmation relating to the content and accuracy of the report for the above inspection.

We would welcome comments on the content of this report relating to the Inspection conducted on 22nd October 2003 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

The comments made by the Registered Person relating to the content of this report are available on file at the local office, but have not been incorporated into the final inspection report. The Inspector believes the report to be factually accurate.

Action taken by the NCSC in response to provider comments:

Amendments to the report were necessary	<input type="checkbox"/> NO
Comments were received from the provider	<input type="checkbox"/> YES
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/> NO
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/> YES

Note:

In instances where there is a major difference of view between the Inspector and the Registered Provider both views will be made available on request to the Area Office.

E.2 Please provide the Commission with a written Action Plan by 31st March 2004, which indicates how requirements are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

You will also note that the Commission has identified in the inspection report good practice recommendations and it would be useful to have some indication as to whether you intend to take any action to progress these.

Status of the Provider's Action Plan at time of publication of the final inspection report:

Action plan was required	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> YES
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/> YES
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/> NO
Provider has declined to provide an action plan	<input type="checkbox"/> NO
Other: <enter details here>	<input type="checkbox"/> NO

E.3 PROVIDER'S AGREEMENT

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

E.3.1 I _____ of _____ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.

Print Name _____
Signature _____
Designation _____
Date _____

Or

E.3.2 I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.