

Yorkare Homes Limited

Beverley Parklands Care Home

Inspection report

Beverley Parklands
Beverley
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Beverley Parklands Care Home is a purpose-built care home which is registered to provide accommodation and personal care to a maximum of 90 older people, some of whom may be living with dementia. The home has four floors and accommodation was provided over three of these during the inspection. Each bedroom has en suite facilities. There were 67 people living at the home when we inspected.

People's experience of using this service and what we found

People said they enjoyed living at Beverley Parklands Care Home, they felt safe and well looked after. One person said, "I think it's a brilliant place, the carers are very willing to help, they'll do anything for you, I'm very happy here."

Relatives said they were confident that staff provided care in a safe way, one said, "[Name of relative] is very positive about things. They are content and have a brilliant relationship with the carers. We know they are safe."

Procedures were in place which safeguarded people from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Risks to people were assessed and control measures put in place to mitigate risks to people's safety. Some recording of people's behaviours required strengthening. We made a recommendation about this.

Lessons were learnt from incidents and accidents.

People's medicines were administered safely, and records contained appropriate information.

Equipment and the environment were clean and there was sufficient cleaning taking place to keep people safe and prevent the spread of infections.

Staffing levels were safe. The provider's recruitment processes helped ensure only suitable staff were employed.

The registered manager had created a positive culture throughout the pandemic. The provider worked in partnership with other organisations to develop and continuously improve the service.

The staff team as a whole demonstrated a strong commitment to providing quality care and knew people well. This had resulted in positive outcomes for people and enhanced their health and wellbeing.

Quality assurance systems were in place and the registered manager looked at ways they could continuously improve the service people received. Recording in relation to low level incidents and when

these required notifying to other agencies required strengthening. We made a recommendation about this.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was outstanding (published 9 November 2018).

Why we inspected

This inspection was prompted in part due to our internal monitoring intelligence, which included a medication error. We undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains outstanding. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beverley Parklands Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Beverley Parklands Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by three inspectors, an assistant inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Beverley Parklands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because of the Coronavirus pandemic. We had to arrange safe working procedures for our inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered provider, registered manager, deputy manager, one care staff, a member of the domestic, kitchen and activity teams, and an administrator during the site visit. We also held a video conference with the provider, registered manager and clinical lead, and telephoned eleven members of care staff, two people living at the home, and nine relatives to talk about their experience of the service.

We walked around the ground, second and third floors of the service and observed care and social interactions using infection, prevention and control and socially distanced practices.

We reviewed a range of records. This included six people's care records and ten medication records. We looked at six staff files in relation to recruitment and staff supervision. We requested copies of a variety of records relating to the management of the service, which were sent to us and reviewed as part of the inspection process.

After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence, either taken away from the service or sent to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- People were protected from the risk of abuse. The provider had systems in place to help protect people from potential harm.
- People and their relatives told us they felt them, and their loved ones were safe. Comments included, "Absolutely [my relative is safe], the staff are so careful" and "I think [Name of staff] has a lot of knowledge about dementia and behaviour, I think they have helped other members of staff and managing my relative's behaviour has improved."
- Accidents and incidents were responded to. Where lessons could be learnt the provider took action to reduce the likelihood of a repeat occurrence. Where people were at risk of falls or required support with nutrition or pressure care, referrals had been made to relevant health care professionals.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.
- Risk assessments and guidance set out how to support people with specific health conditions, how to recognise changes in their condition and what staff should do. These were reviewed regularly to ensure information was up to date, and that they reflected people's current care needs.
- Care plans and risk assessments were in place to reduce risk. However, we found one person had ten recorded events of aggression, but no behaviour monitoring care plan or risk assessment in place. We also identified some inconsistencies where low level incidents were being recorded. We were satisfied that people had not come to any harm as the provider had acted when these events occurred.

We recommend the provider strengthens their systems in place for the monitoring of people's behaviours.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People felt there were enough staff. Staff responded to people as needed, such as when they needed assistance to eat, prompt or reassurance. One person told us, "Yes, for me I feel there's enough staff, I've no complaints."
- The provider used a dependency tool to calculate the numbers of staff needed based on people's support requirements.
- The provider operated robust recruitment procedures, including undertaking appropriate recruitment checks before staff started working at the service.

Using medicines safely

- People's medicines were managed safely.
- Staff had received training in the safe management of medicines and there was a system in place to assess staff competency in this area.
- Staff could clearly describe how people were supported to take their medicines.
- Secure rooms were used to store the supplies of medicines. There was an effective system for booking in new medicines, maintaining a stock count and disposal of unwanted medicines.

Preventing and controlling infection

- We were assured the home was following safe infection prevention and control procedures to keep people safe.
- We were assured the provider would be able to effectively manage if there was an infection outbreak due to the design of the home and effectively isolating each floor. All rooms had ensuite facilities.
- Personal Protective Equipment was available to staff and we observed them wearing this appropriately during the inspection.
- Cleaning audits were robust, and the home presented as very clean and fresh.
- People's visits from their relatives and friends were being accommodated in a purpose made visiting room, which reduced the risk of catching or spreading infection.
- People who struggled with communication due to staff wearing masks, were supported to use mobile technology to transcribe the conversation in text.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question is rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured all staff received regular supervisions to support them in their role.
- During the inspection, the provider and registered manager demonstrated their understanding of duty of candour, and their responsibilities to be open and honest when things go wrong.
- Lessons were learnt. Accidents were monitored and reviewed by the registered manager and provider.
- Quality assurance processes were in place to drive forward improvements.
- Where the provider's audits had identified areas for improvement, these had been acted upon appropriately. We noted some areas of recording required strengthening; this included the recording of low level incidents and the rationale for when these were and were not referred to other agencies.

We recommend the provider strengthens their recording of low level incidents that occur within the service, and when these require notification to other agencies including CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People received a person-centred service and were fully involved from the recruitment of staff through to planning how they wanted their care to be delivered. Without exception we received positive feedback from people.
- The registered manager led by example. Their commitment to the service during the pandemic was recognised with a National Healthcare Hero Award.
- The registered manager operated an open-door policy. Staff we spoke with told us they enjoyed working for the service and were happy. They had confidence in the management team and felt supported by them. Comments included, "The leadership is brilliant. We always feel [registered providers] presence in the home. We are appreciated and were thanked with an increase in pay, wine, chocolates and hampers when in isolation, alongside regular welfare checks."
- The provider had driven improvements in the service since our last inspection which had led to positive outcomes for people. This included further development of the home Dementia Care Strategy.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People told us they felt confident they were listened to and their suggestions for change were considered or actioned. Various methods were used for consulting and gaining the views of people, staff and their relatives.
- People and their relatives were fully involved in the running of the service and any decisions being made about them.
- People's individual characteristics, wishes and aspirations were considered when planning for care and support.

Working in partnership with others

- The service worked well in partnership with other health care professionals such as, local GPs, hospital teams and paramedic specialists in primary care, to ensure good outcomes for people.
- The service had continued to build upon its positive links within the local the community. A local church representative told us, "Our partnership between the care home residents, staff and the church community has flourished. It is clear that the relationships between the staff and the residents are such that care extends way beyond providing for individual needs."