

# Parksprings Care Home Care Home Service

Frood Street  
Bellshill Road  
Motherwell  
ML1 3TA

Telephone: 01698 622 200

**Type of inspection:**  
Unannounced

**Completed on:**  
23 June 2022

**Service provided by:**  
Countrywide Care Homes (3) Limited

**Service provider number:**  
SP2013012124

**Service no:**  
CS2013319182

## About the service

Parksprings Care Home is owned and managed by Countrywide Care Homes (3) Limited and provides care and support for up to ninety-six people, with a range of physical and cognitive impairments. The home provides long-term residential care as well as short-term respite care. At the time of this inspection, there were thirty-five vacancies. The service was registered with the Care Inspectorate in January 2014 and is situated in a residential area of Motherwell. In close proximity to local shops and transport links. The service has four units one of which was closed at the time of this inspection, due to reduced occupancy. The home is purpose-built over two storeys with a passenger lift, providing access to the first floor. All bedrooms have en suite facilities and people are encouraged to bring in their own furnishings, to personalise their rooms. There is a secure garden area with seated areas for people to enjoy in the better weather.

## About the inspection

This was a full inspection which took place between 20 and 21 June and was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with 5 residents and 5 relatives to gather their views and observed care provision for those who were unable to communicate with us.

We considered resident, relative and representatives' feedback and spoke with 8 staff and the management team.

We observed staff practice, daily life for residents, reviewed documents and spoke with external professionals who support the home.

## Key messages

- Since the last inspection, there was a new manager in post who was making positive steps to maintaining and improving the service.
- Management had a good overview of the service including, any health concerns of residents.
- Residents benefitted from a wide and varied programme of activities to support them physically and cognitively.
- The service was operating in line with Scottish Government's 'Open with Care' guidance relating to supporting visiting within the home.
- The recording of daily charts required improvement.
- Some elements of infection prevention and control could be improved upon.
- People benefited from a responsive staff team who sought clinical advice from healthcare professionals for people's changing needs.

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good

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

## How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement.

### 1.3 People's health benefits from their care and support

Staff supported and engaged with residents and visitors in a warm and respectful way and residents and relatives spoke very highly of the staff.

The service had kept relevant people informed on important information about their loved ones and the service.

Residents appeared generally clean and tidy and relatives we spoke with said they were always presented well.

Residents were supported to make choices throughout the day which helped support their wellbeing and promote their independence.

Residents benefited from well organised mealtimes where they were offered support by attentive staff in a respectful and discrete manner. People had been asked about their food preferences and views on the menus. We highlighted some ways in which the dining experience could be improved, and these were discussed during feedback.

The service showed how they had been responsive to residents' changing needs through seeking advice from healthcare professionals, staff training and meetings. Where people required specific equipment to meet their needs, this had happened.

Care plans contained consistent and person-centred information, to help guide staff to support residents the right way to meet their needs and preferences.

Staff knew and could discuss the needs of residents well. This meant residents could be confident that staff were aware of important information needed to support them safely.

We highlighted at feedback some isolated incidents within care plans that could have been recorded better.

Daily charts were not always accurately completed and at times there was a delay in their completion which could result in information not being accurate. Specific examples were provided at feedback. (See area for improvement 1)

Medication Administration Records showed that people received their medication as they were prescribed and in line with their preferences.

Residents benefitted from a wide and varied programme of activities to support them physically and cognitively. Community events were part of the programme as well as individual activities. Residents and their families had been involved in discussions about what they enjoyed previously, and the service had accommodated this where possible. Residents also benefitted from an environment which had been developed to accommodate activities.

The outside area for Dalziel unit required repair. Early completion of these works would support people to

access outdoor activities which they had previously enjoyed.

#### 1.4 People experience meaningful contact that meets their outcomes, needs and wishes

The service was operating in line with Scottish Government's 'Open with Care' guidance relating to supporting visiting within the home. Relatives spoke to us about how well they were supported with this.

There was evidence to demonstrate that people were supported to keep in touch with their loved ones. People also told us how this happened and spoke positively about how the service kept in contact with them.

#### 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure

PPE stations were available throughout the care home and storage of the PPE protected it from contamination thereby reducing the risk of the spread of infection.

Staff practice monitoring records were completed regularly which checked that staff were following correct IPC procedures and practices. Although, records had identified good staff practice, we saw some isolated incidents where staff IPC practice could have been better. These were discussed in full during feedback. (See Area for improvement 2)

Although manual handling equipment was cleaned regularly, it was not practice to do so after each use thereby reducing the risk of the spread of infection. (See Area for improvement 2)

Most residents benefitted from living in a clean, uncluttered environment. Records of cleaning and maintenance showed the cleaning and repairs that had been undertaken. There was also a system in place to check the cleanliness of the environment. Although, we found most fixtures and fittings we sampled to be clean, two mattresses and several chair cushions were noted to be stained. We were pleased at how quick the manager responded to the issues we identified.

We have requested that the service carry out an audit to ensure the cleanliness of all mattresses and cushions and their covers within the home. We have also requested that an audit be undertaken on the Dalziel unit to determine the source of malodour we found during the inspection. (See area for improvement 3)

#### Areas for improvement

1. To ensure people's identified care needs are met, the provider should ensure accurate and timeous completion of daily care records. This should include, but not be limited to, food and fluid, pressure area care and personal hygiene records.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11 which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice'.

2. To ensure that people are supported by competent and skilled staff, the manager should ensure safe infection control practices are followed at all times. In doing so, there should be a clear record to demonstrate actions taken where there are indications of poor infection control practice and where required, this information should help inform training needs. Where staff poor practice is observed by staff, this should be immediately challenged and addressed with the person.

This is in order to ensure that care and support is consistent with Health and Social Care Standard 3.14 which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'

3. The service should undertake an audit of all mattresses and cushions and their covers within the home, to make sure they are all adequately clean and able to withstand effective cleaning processes. Where issues or concerns are identified following environmental checks, there should be a clear record of any action(s) taken. An audit should also be undertaken within the Dalziel unit to determine the source of malodour. This ensures care and support is consistent with the Health and Social Care Standard 5.22 which states 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'.

## How good is our leadership?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement.

Management had a good overview of the service including, any health concerns of residents. A range of quality assurance systems were used to help identify any shortfalls and improve outcomes for residents. Action plans showed what the service had done to make improvements.

Units operated separately and appeared to be run well by more senior staff. Staff spoke positively about the management and leadership of the service and how approachable and supportive management were. Management within the home were provided with support from a regional support structure which they found supportive.

Meetings were taking place for different departments and staff roles which mostly regular. This allowed important issues to be discussed and actions taken for improvement. Actions could have been clearer with who and when these should be completed by. The attendee names could have their role identified to make it easier to know who attended and who was chairing.

The service had a Home Development plan however, this mostly identified areas which had already been addressed rather than what the service plan of improvement was for the future, by whom and by when. We acknowledged the plans for the environment which had been recorded but discussed how this should be extended to the full service delivery.

(See area for improvement 1)

We requested that the manager develop separate aims and objectives for the younger people supported in the service and they agreed to this.

Residents benefitted from a competent and trained workforce with a wide range of training undertaken by most staff. This included, infection prevention and control, moving and assisting and adult support and protection. Staff told us how they were supported to professionally develop within the home.

The service regularly checked that staff were up to date with their professional registration. Staff were supported to work towards meeting any conditions indicated on their professional registration.

## Areas for improvement

1. The Home Development Plan should be developed to include ways in which the service aimed to improve and maintain a quality service for residents, staff and visitors.

This ensures care and support is consistent with the Health and Social Care Standard 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

## What the service has done to meet any requirements we made at or since the last inspection

## Requirements

### Requirement 1

In order to ensure that people living in this care service are supported appropriately when they experience stress and distressed behaviour, the provider must review all policies, practice and staff competencies relating to stress and distress by 30 September 2019. They must take action to ensure that staff attend appropriate training and that competencies are assessed in practice, to ensure implementation of competent skills and knowledge. They must ensure that staff are aware of their responsibilities to develop and implement a support plan which includes clear information about but is not limited to, the context of the distress, the way in which it manifests for the individual, strategies to redirect and reduce potential for the distress to escalate. The provider must also fulfil their responsibilities to facilitate input of health professionals as necessary and to follow their guidance. This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes". It is also necessary to comply with Regulation 4 -(1)(a)(b) And (2)(Welfare of Users) And Regulation 15(a)(b) (Staffing).

**This requirement was made on 4 September 2019.**

### Action taken on previous requirement

The service was able to produce an updated policy on Distressed Behaviour, which set out management and preventative strategies. Care plans relating to stress and distress had been completed well with triggers and interventions recorded. All staff had covered stress and distress elements within training delivered. We saw examples where there had been input from CPN and instructions had been followed.

**Met - outwith timescales**

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

### Areas for improvement

#### Previous area for improvement 1

The provider should review all policies and practice in relation to the role of power of attorney. They should and take action to ensure that all staff are aware of this role and of their responsibilities to communicate with the power of attorney as a legal representative at all times. This communication should also be recorded.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'. Health and Social Care Standards 2.12.

**This area for improvement was made on 4 September 2019.**

#### Action taken since then

Legal documents showed the welfare and financial powers that had been appointed to individuals and relevant information was recorded clearly within care plans.

Staff were clear about where to find out information about contacting the right people about any changes to residents' health or concerns. Relatives' communication records showed people had been contacted where needed. Consent records had been completed and signed by relatives who had the relevant powers.

This area for improvement has been met.

#### Previous area for improvement 2

The practice of managing mail within this care service should be reviewed and all staff should be made aware of the importance of mail being redirected to the person who had the legal authority to open it.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My human rights are central to the organisations that support and care for me'. Health and Social Care Standards 4.1.

**This area for improvement was made on 4 September 2019.**

#### Action taken since then

Staff we spoke with were clear about the importance of redirecting mail and how this would be done.

This area for improvement has been met.

#### Previous area for improvement 3

The provider should review the way in which they record and distribute records of meetings held with people who use this service or their representatives. This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership'. Health and Social care Standard 4.7.



**This area for improvement was made on 4 September 2019.**

#### Action taken since then

We were told of a relatives' distribution list where minutes of meetings were sent. Updates were also sent to people's Next of Kin on what had been happening within the home and any important information. Paper copies of meeting minutes were available for other visitors to keep them informed of what had been discussed at the meetings.

This area for improvement has been met.

#### Previous area for improvement 4

The service should review the way in which concerns are recorded whether formal or informal. This should be carried out consistently and a record of the outcome to the concerns made. There should also be some reference to the outcome of any review or investigation that takes place. This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me'. Health and social care standard 4.21

**This area for improvement was made on 4 September 2019.**

#### Action taken since then

There had been no complaints made to the service however, the manager was clear about how formal and informal concerns would be recorded.

This area for improvement has been met.

#### Previous area for improvement 5

The service should review the way that staff write records and support them to make them contextual, sensitive and dignified. They should record the outcome of any interventions or steps taken to address the situation. They should reflect not only on the more negative and challenging outcomes for people but ensure that they record positive experiences where possible. This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' and 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing health and social care standard's 3.14 and 2.18

**This area for improvement was made on 4 September 2019.**

#### Action taken since then

We reviewed the contents of daily records and found them to be respectful and dignified in their content. We passed on to the manager at feedback how daily records at times could be more descriptive in relation to how people had spent their day.

This area for improvement has been met.

#### Previous area for improvement 6

The service should review the personal plans and ensure that a plan to meet oral health needs is in place and that this is implemented and accurately evaluated. They should also take action to review the process of assessment of oral health and the competencies of staff carrying out the assessment accurately. This is to

ensure care and support is consistent with the Health and Social Care Standards which state that 'I am assessed by a qualified person, who involves other people and professionals as required', and 'I experience high quality care and support based on relevant evidence, guidance and best practice. Health and social care standards 1.13 and 4.11

**This area for improvement was made on 4 September 2019.**

### Action taken since then

We could see people had appropriate care plans, assessment tools and monitoring in place relating to oral hygiene. The topic of oral care was included within personal care and nutrition and hydration training which all staff had completed.

This area for improvement has been met.

### Previous area for improvement 7

In order that people receive care and support that is right for them and meets their needs, the service should ensure that medication administration practices are in line with best practice to include, but not be limited to;

- Personalised medication administration to suit the preferences and routines of people using the service.
- Ensure that there is enough time between administrations of medication to ensure its efficacy, and
- Ensure that records reflect the times when medication rounds are started and finished to offer transparency and support good practice.

This is in accordance with the Health and Social Care Standards, Standard 1 - I experience high quality care and support that is right for me, 1.19 My care and support meets my needs and is right for me, and 1.24 Any treatment or intervention that I experience is safe and effective.

**This area for improvement was made on 16 July 2019.**

### Action taken since then

Each resident had a MAR profile sheet which showed peoples preferences relating to taking medications. Records were completed well when 'as required' medications had been administered. This made sure there was accurate information about the timing, reasons and outcomes of the medication being administered. Staff we spoke with discussed the ways in which they administered people's medication in order to ensure enough time had passed between doses.

We were satisfied that people received medications in a safe manner and in a way that was prescribed and in keeping with their preferences.

This area for improvement has been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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