

## Parklands Care Home Care Home Service

Parklands Care Home  
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ALLOA  
FK10 1QY

Telephone: 01259720172

**Type of inspection:**  
Unannounced

**Completed on:**  
28 February 2024

**Service provided by:**  
Parklands Care Limited

**Service provider number:**  
SP2021000164

**Service no:**  
CS2021000267

## About the service

Parklands Care Home is registered to provide a care home service to 62 older adults, including support to people who are living with dementia. The home is situated within a residential area of the town of Alloa. The service offers single rooms with en-suite facilities. There are a variety of communal rooms and space throughout the home. The home also benefits from having some garden space and outside seating areas. The home is owned and managed by Meallmore Limited and has been registered with the Care Inspectorate since September 2021.

## About the inspection

This was a follow up inspection which took place on 26 February 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Staff had received training in relation to pressure ulcer prevention and management, eating and drinking well and continence care to support their practice.
- Staff competency assessments had been introduced to support staff's learning and development.
- Daily meetings with staff provided opportunities to discuss support needs of people and what actions were required to maintain people's health and wellbeing.
- Care and support plans had been updated and regularly reviewed to provide guidance to staff on how people should be supported.
- Quality assurance systems had been introduced to support positive outcomes for people experiencing care.

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

### Requirements

#### Requirement 1

By 26 February 2024, the provider must ensure that people are supported to meet their assessed skin care needs to maintain their health and wellbeing.

To do this, the provider must at a minimum ensure:

- a) staff have the skills and knowledge, as well as refresher training, in relation to pressure sore prevention and management.
- b) where people have developed a pressure sore or wound, staff document and monitor progress and seek external professional support and advice when necessary.
- c) staff are aware of and effectively implement the organisation's 'Prevention and management of ulcers' policy.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

This is in order to comply with:

Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 5 December 2023.**

## Action taken on previous requirement

This requirement was made following a visit to the service in relation to a complaint investigation which took place on 5 December 2023. The provider provided an action plan which detailed how this requirement would be met to ensure positive outcomes for people experiencing care.

Management told us they have been working with staff to increase their knowledge and understanding in relation to pressure ulcer prevention and management, as well as specific skin care needs of people experiencing care.

Staff training records showed that most staff had completed pressure ulcer prevention training and skin integrity training. Nurses within the service also had the opportunity to complete additional training in relation to the prevention and management of pressure ulcers. Staff also had access to the skin tear guidelines within the nurses stations for further guidance. The management team had developed competency assessments to assess staff practice and support their development. There were plans in place to ensure staff practice was assessed on a regular basis to support continuous improvement.

Staff told us they felt the training has been beneficial for their learning and development. Staff had an increased understanding of the importance of pressure ulcer care and management and we were satisfied that staff knew how to support people and how to escalate concerns.

Daily meetings had a focus on people's skin integrity and enabled staff and management to discuss concerns and take action to support people effectively.

Care and support plans had been updated to reflect people's skin care needs. Records showed that wound care had been carried out as per people's assessed needs and records were kept to detail how people had been supported. We were satisfied that advice from external professionals was sought when required.

Quality assurance systems had been implemented to ensure people's skin care needs were met. We were reassured when actions had been identified these had been implemented to meet people's needs.

## Met - within timescales

### Requirement 2

By 26 February 2024, the provider must support people to ensure they maintain good fluid intake to maintain their health and wellbeing.

To do this, the provider must at a minimum ensure:

- a) people have access to sufficient fluids throughout the day which is based on their needs, choices and preferences.
- b) people have access to staff to support them to drink in accordance with their needs and preferences.
- c) staff are able to demonstrate their understanding of the signs and symptoms of dehydration and the appropriate action to take when people are at risk of dehydration.
- d) a record of the recommended daily fluid intake for people is kept.
- e) accurate recordings of people's fluid intake and urinary output is recorded, including the total amount for each day.
- f) implement quality assurance systems to monitor and review fluid charts and take appropriate action when fluid targets are missed.

This is to ensure care and support is consistent with Health and Social Care Standard 1.39: I can drink fresh water at all times.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 5 December 2023.**

#### Action taken on previous requirement

This requirement was made following a visit to the service in relation to a complaint investigation which took place on 5 December 2023. The provider provided an action plan which detailed how this requirement would be met to ensure positive outcomes for people experiencing care.

We observed that fluid was available to people in the service and there was a system in place to ensure fluid was replenished and available throughout the day and night. We observed staff supporting people to ensure people were drinking sufficient fluids to support their health and wellbeing.

Staff training records showed that most staff had completed Eating and Drinking Well training which considered the signs and symptoms of dehydration and what actions should be taken if people were experiencing dehydration. The management team had developed competency assessments to assess staff practice and support their development. There were plans in place to ensure staff practice was assessed on a regular basis to support continuous improvement.

Daily meetings allowed the staff team to discuss any concerns related to people's hydration needs and take necessary action. The service had implemented fluid charts for those at risk of dehydration and there was evidence that people had been supported to drink in line with their assessed needs. We could see that when there were concerns about people's fluid intake, appropriate action was taken to support people's health and wellbeing. Fluid charts were accurately recorded with a recommended daily fluid intake for each person.

Care and support plans showed that they had been updated and reflected people's needs along with fluid choices and preferences.

Quality assurance systems had been implemented to ensure that people's fluid needs were met. We were reassured when actions had been identified these had been implemented to meet people's needs.

#### Met - within timescales

### Requirement 3

By 26 February 2024, the provider must ensure that people are supported effectively with continence care.

To do this the provider must at a minimum ensure:

- a) there are sufficient staff available to support people with continence care without unnecessary delays.
- b) staff have completed the organisation's 'Continence care' training and have the skill set and knowledge to deliver effective continence care.
- c) staff are aware of and effectively implement the organisation's 'Management of continence' policy.

This is to ensure care and support is consistent with Health and Social Care Standard 1.4: If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.

This is in order to comply with:

Regulation 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 5 December 2023.**

### Action taken on previous requirement

This requirement was made following a visit to the service in relation to a complaint investigation which took place on 5 December 2023. The provider provided an action plan which detailed how this requirement would be met to ensure positive outcomes for people experiencing care.

We observed people being supported with continence care in line with their assessed needs. Staff treated this as a priority and quickly responded to people's continence care needs. We also found the service to be free from malodours and cleanliness was to a high standard.

Staff training records showed that the most staff had completed personal care skills training and promotion of continence training. The management team had developed competency assessments to assess staff practice and support their development. There were plans in place to ensure staff practice was assessed on a regular basis to support continuous improvement.

Care plans we looked at showed that people's continence care plans were up to date and regularly reviewed to reflect any changes in relation to people's continence care and support needs. The care plans also provided details in relation to how people should be specifically supported and what support strategies staff should implement when providing personal care.

Quality assurance systems had been implemented to ensure people continence needs were met. We were reassured when actions had been identified these had been implemented to meet people's needs.

### Met - within timescales

## Requirement 4

The provider must ensure that people are being supported to eat and drink well, and their nutritional and dietary needs are being met. To do this the provider must as a minimum:

- a) develop and implement clear treatment plans for people who are at risk of weight loss and/or dehydration;
- b) ensure people's nutritional and hydration needs are being monitored;
- c) ensure people are supported and encouraged to eat and drink well and are offered appropriate food and fluids in line with their assessed needs;
- d) ensure that staff have the necessary skills to support people safely with their nutrition and hydration needs.

To be completed by: 26 February 2024.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This is in order to comply with:

Section 64(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 5 December 2023.**

#### Action taken on previous requirement

This requirement was made following a visit to the service in relation to a complaint investigation which took place on 5 December 2023. The provider provided an action plan which detailed how this requirement would be met to ensure positive outcomes for people experiencing care.

We observed that fluid was available to people in the service and there was a system in place to ensure fluid was replenished and available throughout the day and night. We observed staff supporting people to ensure people were drinking sufficient fluids to support their health and wellbeing.

Staff training records showed that most staff had completed Eating and Drinking Well training and had participated in further training to enhance their knowledge and understanding of this area. The management team had developed competency assessments to assess staff practice and support their development. There were plans in place to ensure staff practice was assessed on a regular basis to support continuous improvement.

Daily meetings allowed the staff team to discuss any concerns related to people's nutrition and fluid support needs and take necessary action. Regular clinical meetings were also taking place to discuss people at risk of weight loss and dehydration. There was evidence that actions had been identified and implemented to support people's needs.

Care and support plans had been updated and included people's fluid and nutritional support needs, weight management plans and dietary preferences and choices. Care plans showed there was regular monitoring of people's weights and a record of any fortified and prescribed dietary supplements to ensure people's wellbeing. People's food and fluid charts showed that staff were accurately recording people's food and fluid intake and what actions were taken if food and fluid targets were missed.

There was evidence of quality assurance systems in place to support continuous improvement. There were systems in place to ensure that staff had access to people's nutritional needs and a monitoring system to ensure people had been supported in line with their assessed needs.

**Met - within timescales**

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