

# Parkhouse Manor Care Home Care Home Service

557 Parkhouse Road  
Barrhead  
Glasgow  
G78 1TE

Telephone: 01418 817 823

**Type of inspection:**  
Unannounced

**Completed on:**  
22 May 2024

**Service provided by:**  
Laurem Care Group Limited

**Service provider number:**  
SP2014012402

**Service no:**  
CS2014333774

## About the service

Parkhouse Manor Care Home is registered to provide a care service to a maximum of 48 older people of whom four named individuals under the age of 65 can be cared for as agreed at registration.

The home is situated in a rural area just outside Barrhead and there are shops and other facilities a short journey away. The service is based in two separate traditional dwellings. There is a car park to the front and large enclosed gardens and patio area to the rear which provides a pleasant and private space.

There were 39 people living in the home at the time of the inspection.

The home changed ownership and board of directors on 27 September 2023 and a new manager was appointed in March 2024. The provider is Laurem Care Group Limited.

## About the inspection

This was an unannounced inspection which took place on 21 and 22 May 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with five people using the service
- spoke with two relatives
- spoke with one visiting professional
- observed practice and daily life
- reviewed documents.

## Key messages

- People shared that they were happy with the care and support provided, helped by an increase in staff.
- Quality assurance systems and recording needed further work.
- The new management team was highly motivated to ensure good standards of care and support were provided to people living within the service.
- The service was keen to work in partnership with people who used the service, relatives and staff to help take the service forward.
- Environmental improvements should be reflected within a plan and progress made.

## 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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People living in the service benefited from kind, genuine and warm interactions made with staff. Staff demonstrated a good understanding and responded to the needs and wishes of people.

Connections had been maintained with the local community and families shared that they felt welcomed when they visited. People's spiritual needs were met through links established with local churches.

Having meaningful things to do is important to help give people a sense of wellbeing. The activities programme had been developed and shaped by feedback from people who used the service. This also took account of the current needs, wishes and abilities of people living in the home. We heard positive comments in connection with the activities offered. One person told us: "The activity staff are great, they try and go out of their way to try new things for residents."

A range of recognised health screening tools had been used to detect changes to the health and wellbeing of individuals. These had been completely accurately and helped inform if further input was needed from external professionals. A visiting community-based nurse confirmed that staff had referred appropriately and was confident that recommendations made to keep people well were followed by staff.

People living in the service had been supported with health screening and promotion. People had recently received a Covid-19 booster vaccination as a protective measure. Observations of a mealtime revealed some good practices with staff. We also identified improvements around staff practice around promoting choice and making the environment conducive to people enjoying the experience more fully. This is an area that should be monitored.

People were regularly offered snacks and drinks outwith mealtimes to help keep them well.

Having the right medication at the right time is important for keeping well. People had received medication as prescribed.

## How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths which just outweighed weaknesses with some key areas of performance needing to improve.

There had been changes to the management team since the previous inspection. The management team was keen to make improvements to the service. The team had begun to develop plans to take the service forward.

Daily flash meetings, with representatives from each department, had been used to discuss any changes in the health and wellbeing of people.

Systems were in place to give the management team an overview of the risks associated with the changing needs of people living within the service. These had been recently developed to help identify trends and priorities for the management team.

Accident and incidents were being reported and follow-up actions recorded. A lessons learned approach should be developed which prompts staff to re-visit support plans to ensure they consistently reflect approaches and interventions to meet the current needs of people living in the service. The management team should ensure support plan audits are re-activated (see area for improvement 1).

Relatives shared communications had improved since the new manager had taken up post. Comments included: "There are better communications. Also appears better direction and leadership with the staff."

The management team was keen to strengthen and develop relationships with residents and their relatives. There were planned meetings to give people an opportunity to share their views. Minutes captured the views of people, however, these did not consistently translate into action plans which followed SMART principles (specific, measurable, achievable, realistic and time limited). The management team should consider how this information shapes future self evaluations and links to the recently developed home improvement plan (see area for improvement 2).

### Areas for improvement

1. To ensure that care and support is right for the current needs of people living in the service, a programme of regular audits should be completed by the management team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

2. Action plans shaped by audits and feedback from people who use the service, and their relatives, should follow SMART principles to help the management team prioritise and monitor progress with key aspects of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

### How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The management team had used a monthly dependency tool to inform staffing levels to meet people's needs. This should be developed further by taking account of the layout of each of the units. We found that staffing levels had increased throughout the home since the previous inspection. This helped staff to be more responsive in meeting people's needs.

A successful recruitment drive meant that there were no vacancies for permanent posts, however, a staff contingency plan meant there was ongoing recruitment of bank staff. A new deputy manager and clinical lead had been recently appointed to help take the service forward.

Staff training had been progressed with a compliance rate of over 80% for mandatory training and a plan was in place to ensure remaining staff completed essential training. Identified staff worked as champions to help colleagues adhere to good practice in their day-to-day work. We concluded a champion for moving and assisting was needed. Regular direct observation of staff practice would help ensure people were kept safe.

Staff found the management team to be supportive and were of the opinion there was better direction and clearer expectations of staff fulfilling their role. The management team should also complete the staff supervision programme.

People we spoke with were very complimentary about the staff who provided support which included the promotion of independence, good communications and being kind. People using the service told us:

"The staff are nice and help when [relative] needs it but [relative] does try and do things for themselves."

"The staff team were great at keeping in touch. They helped [relative] to phone me."

"I couldn't recommend the staff enough for what they do."

## How good is our setting?

### 3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

Some aspects of the home helped people have positive day-to-day experiences, for example the enclosed garden and terrace in the Oakview unit. The Beechview garden area, however, did not provide the same opportunities and needed further work. The management team had identified that further work was needed to make the environment more suitable for people living with dementia and the gardener had been tasked to help take this area forward.

A plan was in place, and progress had been made, to upgrade bedrooms as they become vacant. The environment also offered people options of areas where they would like to spend their time.

We carried out an environmental inspection and noted that there was a need for a number of improvements. We recognised that there had been changes to the handyman cover and this may have been a contributory factor. The service needed to develop a clear plan for the repair and redecoration of areas throughout the home and replace equipment in communal shower areas/toilets to allow effective cleaning. Staff practice needed to improve as far as the storage of equipment to ensure that it was aligned to infection prevention and control (IPC) best practice guidance (see area for improvement 1).

The management team should review the use and impact of the current layout within the Beechview Unit to make it more suitable for people living with dementia. Staff had plentiful and readily available supplies of personal protective equipment (PPE). We observed staff using this equipment appropriately which followed good IPC guidance.

There was a range of environmental audits being completed by the handyman, and external contracts were in place to ensure equipment was being examined and serviced aligned to manufacturers' guidance. This helped keep people safe when the equipment was used.

### Areas for improvement

1. In order that people benefit from high quality facilities, the service should develop a plan which ensures that the home is kept in a good state of repair, decoration and have equipment in good condition which makes for effective cleaning. The Beechview unit layout and use should be reviewed to ensure that people living with dementia have positive day-to-day experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.18).

## How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

The provider was considering moving to an electronic care plan system. Accurate assessments had been completed but these did not consistently translate into associated care plans to guide staff practice. This included people who received support for percutaneous endoscopic gastrostomy (PEG) feeding support. We found key information about each individual had been stored in various locations and was not always easy to access. For people who may experience episodes of stress and distress, care plans needed to be developed to ensure a consistent approach was used by staff.

Care review minutes needed further development to consistently capture feedback and identify future goals with each person (see area for improvement 1).

Staff within the service had identified individuals who may be at risk of dehydration and unintended weight loss. Monitoring records were in place, however, these should be further developed by staff following best practice guidance and recording over a 24 hour period what has been offered and consumed (see area for improvement 2).

Records associated with personal care including oral hygiene had been completed by staff.

## Areas for improvement

1. In order that people receive the appropriate level of support, assessments should accurately and consistently inform associated support plans. Stress and distress care plans should be developed to ensure staff use a consistent approach which meets people's needs.

Care review minutes should capture feedback and identify future goals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

2. When people have been identified at risk of unintentional weight loss and/or dehydration, staff should complete records to fully reflect what has been offered and consumed over a 24 hour period.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).



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

### Requirements

#### Requirement 1

We made this requirement on 19 July 2023 following a complaint investigation.

Requirement 1: The provider must ensure they keep people safe by providing high quality care, within an environment which is safe and secure. To do this, the provider must, at a minimum, ensure:

a) There is robust leadership in place by the person in charge of each unit which will ensure effective oversight of the care and support of residents.

To be completed by: 04 August 2023.

We extended the timescale for the requirement to 9 April 2024, after we completed a follow up inspection on 24 January 2024.

**This requirement was made on 19 July 2023.**

#### Action taken on previous requirement

The new service provider and management team had worked to address the requirement. There had been the successful appointment of depute manager and new clinical lead. This had an overall positive influence with better communications at staff handover meetings and improved deployment of staff. Overviews of the current risks and needs of each person within the service had been developed.

**Met - outwith timescales**

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## 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
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

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