

# Parklands Care Home

## Care Home Service

Parklands Care Home  
60 Alloa Park Drive  
ALLOA  
FK10 1QY

Telephone: 01259720172

**Type of inspection:**  
Unannounced

**Completed on:**  
10 April 2025

**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 Parklands Care Limited and has been registered with the Care Inspectorate since September 2021.

## About the inspection

This was an unannounced inspection which took place on 8 April 2025 from 09:30 until 18:00 and 9 April 2025 from 07:00 until 17:00. 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:

- spent time with 18 people using the service and received feedback from 23 family and friends
- spoke with 32 staff and management
- observed practice and daily life
- reviewed documents
- spoke with 4 visiting professionals.

## Key messages

People were supported respectfully and staff knew them well but needed to spend more time in meaningful interactions throughout the day.

Quality assurance activity was well embedded and supported better outcomes for people however the service needed to improve how accidents and incidents were recorded and notified to ensure people got the right support at the right time.

People benefitted from a well maintained, bright and spacious home that was cleaned using best practice guidance.

The service needed to review staffing levels across the whole day and night to ensure that people were well supported when they most needed .

Care plans were updated and person centred but the service needed to ensure risk assessments were undertaken to support care planning and therefore improve outcomes for people.

## 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
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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 evaluated quality indicator 1.3 (People's health and wellbeing benefits from their care and support) as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were supported by staff who were kind and respectful and when we observed interactions between staff and people, staff were genuine and knew people well. There were occasions when people had not been fully supported with all care needs, for example, hair care or shaving. When we spoke to staff about this they mostly said there just wasn't time for the 'extra bits'. People told us that staff 'tried their best' but were often waiting 'a wee while' for call bells to be answered. We have addressed this further in the report (See section: How good is our staffing).

Care plans were health focussed with evidence of good communication with various other health professionals, GP, Dentist, podiatry, diabetes, eye appointments so health needs were being continually assessed and managed. Feedback from health professionals was positive about the interactions with staff and timeliness of referrals.

Where people needed support with oral medication, we saw that there were safe systems in place and good oversight of medication practices. All required protocols were in place and there was regular contact with the GP about medication. The service had identified some required changes in recording when medication was administered topically and had started to implement improvements.

Supplementary charts were up to date throughout the day, and we could see that there was good oversight of food and fluid intake and repositioning when required was timely and well documented. When there were issues with skin integrity, there was a robust process for assessment, treatment and recording of skin and wound care.

Mealtimes were relaxed and unhurried and people were offered additional food and drinks however staff were very busy and task oriented and this meant they missed opportunities for important meaningful interaction. There was a high number of people that had been identified as needing food fortification due to lower weight. We could see how the catering staff fortified some foods when preparing and all staff we spoke to were aware of the process to add calories to meals. However we did not see this happening in practice. We were confident in the management teams plans to address this when we discussed this with them.

## How good is our leadership?

4 - Good

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

The management team in the home were just recently established, however people knew them and spoke positively of the new team. Most relatives told us that they could approach the management team with any concerns. One relative said "the managers door is always open and they know my relative well". Staff also felt that the management team was very approachable and said the staff morale had improved greatly and they felt well supported.

Quality assurance process were robust and gave the leadership team good oversight of care and support and any health concerns that people may have. When recording accidents and incidents, the service did not always categorise these well. This meant that people did not always receive the care and attention that may be required at the right time, for example, post fall observations. Because management did not always have the right information regarding accidents or incidents they had not always made the required links with other authorities or followed notification procedures. We had previously made an area for improvement about this and have reported on this in section: Outstanding areas for improvement.

## How good is our staff team?

## 4 - Good

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

Feedback about staff was mostly positive with people complimenting staff on their approach and kindness. One person told us that "staff are very caring" while a relative felt that the standard of their relatives care could be dependant on who was on shift and not all staff "had the same approach or level of support to people".

Staff knew people really well and we could see that staff had formed good relationships with people and with each other and this meant that staff worked well together and supported each other. When we spoke to staff we heard that some felt pressured to complete tasks, for example, getting people washed and dressed early in the morning. We observed this during our inspection and although staff were genuinely kind and respectful, were very focussed on tasks both very early in the morning and throughout the day. Staff told us that they enjoyed a new incentive to support people with activities in the morning but meant that some of the care and support was rushed and this meant that they did not have time for attention to detail with individual people. People told us it can often take time for staff to answer when they call and we observed this over the period of our inspection.

We reviewed some peoples' assessed dependency levels and saw that these were completed monthly to determine level of need. A few of these assessments were not reflective of individual people's needs and we could not see how the service had accounted for the environmental layout or the reduced direct care and support when staff were solely supporting activities with a small group. This meant that people did not always receive care at the time most needed and because this impacted on outcomes for people, we made an area for improvement about this. (See area for improvement 1).

## Areas for improvement

1. The service should ensure that staffing is arranged, so that the right people with the right skills are in place at the right time, to have the greatest impact on providing safe and high-quality services that result in the best outcomes for people.

This should include, but is not limited to, a full review of peoples dependency assessment throughout the day and night.

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support is consistent and stable because people work together well." (3.19).

## How good is our setting?

### 5 - Very Good

We found significant strengths in the setting and we evaluated this key question as very good.

People benefitted from a warm, comfortable and welcoming environment with plenty of natural light and sufficient space to meet their needs and wishes. Feedback from relatives included, 'the home is welcoming, comfortable and clean'. Some people told us that they had enjoyed the upgrade to the garden area and were beginning to use this more.

The environment was well maintained by the inhouse team with support from external professionals where appropriate and cleaning was undertaken in accordance with best practice guidance. Regular checks and monitoring occurred to ensure that standards were maintained, and people were kept safe.

The service shared plans for future refurbishment that would further support good outcomes for people.

## How well is our care and support planned?

### 4 - Good

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

People benefitted from individualised, person centred care plans that focussed on people and their outcomes. The plans included peoples interests which helped to inform the plans for day to day activities across the home. Electronic plans were quality assured on a regular basis and reviewed regularly. However, people could not be assured that their risk was fully assessed and reviewed. Because of issues with the electronic system, some important parts of plans, such as some risk assessments were completed on paper and stored in a separate system. We found this system to be disorganised with no consistency in what was held or how it was stored and the quality assurance activity did not include these paper care plan files. This meant that some risk assessments, for example choking and falls, were not completed or regularly reviewed which may compromise outcomes for people, as necessary observation may not be in place.

Because this impacted on outcomes for people, we made an area for improvement about this.

(See area for improvement 1).

### Areas for improvement

1. The service should ensure that peoples' personal plans are up-to-date and clearly capture the current level of support they require.

This is not limited to but should include:

- a) Initial and on going assessment of all areas of risk and implementation of a risk reduction plan when appropriate.
- b) Continued review and updating of plans to ensure that they reflect people's needs and wishes and how these are to be met.
- c) Organisation and appropriate filing of all paper based information and assessments held for people.
- d) Quality auditing of peoples full care plan including all information wherever stored.

This is to ensure care and support is consistent with the Health and Social Care Standard that states 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) and "I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17.)

## 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 service should keep people safe and healthy by ensuring that all accidents and incidents are properly managed.

To do this, the service should:

- a) Ensure that staff and management understand their responsibility to discuss injuries to service users with the appropriate authorities and record these discussions within the incident record.
- b) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.
- c) Implement a system to regularly monitor, review and learn from accidents and incidents.
- d) Ensure a care plan is in place that reflects any accident or incident incurred by a service user. The care plan should detail strategies to reduce the risk of re-occurrence.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSCS 3.20) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

**This area for improvement was made on 10 May 2024.**

#### Action taken since then

We reviewed this area for improvement at our inspection. The service had made some progress with monitoring accidents and incidents and ensuring care plans were in place. There were some occasions, because of how incidents were recorded, that this monitoring was not complete and care plans were not updated. We were concerned that the service may not always be responsive to peoples' care and support needs following an incident. We were also concerned that the service had not always made the required links with other authorities or followed notification procedures. There was a new management team in place who were committed to addressing these concerns. The service had not met this area for improvement and we will continue to monitor progress and review at our next inspection.

#### Previous area for improvement 2

So that personal plans have sufficient detail to reflect people's individual needs, rights, choices and wishes, the service should ensure that people's personal plans are regularly reviewed and changed where necessary, to direct care based on peoples current situations.

This should include, but is not limited to skin integrity and wound care, continence promotion, individual dependencies and support to people who may experience stress and/or distress.

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 3.07); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.08).

**This area for improvement was made on 10 May 2024.**

#### Action taken since then

We reviewed this area for improvement at our inspection. The service had made good progress on the detail and content of peoples plans. We were concerned about the management and review of paper based care plan information that was not within the electronic system. We agreed to meet this area for improvement but made another area for improvement about paper based files. (See key question 5: How well is our care and support planned?).

#### Previous area for improvement 3

To support people's health and wellbeing the provider should ensure that when people experience health concerns, staff are able to identify and seek medical advice and treatment where appropriate. This should include but is not limited to ensuring that accurate records are kept about people's health concerns and the monitoring and actions taken to address these concerns.

This is in order to comply with:

Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

**This area for improvement was made on 23 October 2024.**

#### Action taken since then

We reviewed this area for improvement at our inspection and received feedback from health care professionals . The service had made good progress in this area by making timely referrals and recording these well so that information was clear and actions were followed. The service had met their action plan for this area for improvement.

#### Previous area for improvement 4

To ensure people's health and wellbeing, the provider should ensure that people are supported to take their medication in line with their medication care plan. This should include but is not limited to, ensuring that people's medication administration records are fully completed.

This is in order to comply with:

Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

**This area for improvement was made on 23 October 2024.**

## Action taken since then

We reviewed this area for improvement at our inspection. The service had made good progress with their action plan to manage medication safely. Staff supported people when needed to take medication and recording for oral medication was up to date. There was a new process in place to record topical medication which had not been embedded in practice. We address this further in key question 1 (How well do we support people's wellbeing) .

We concluded that the service had met this area for improvement.

## 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
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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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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