

Mrs Alison Stevenson

Parc Vro Residential Home

Inspection report

Mawgan-in-Meneage Mawgan Helston TR12 6AY
Tel: 01326 221275
Website: www.

Date of inspection visit: 8 September 2015
Date of publication: 07/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this unannounced inspection of Parc Vro on 8 September 2015. Parc Vro is a care home that provides residential care for up to 15 people. On the day of the inspection there were 15 people using the service. The service was last inspected in January 2014 and met the requirements of regulation.

The service does not have a condition to have a registered manager as the registered provider manages the service on a day to day basis. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However a deputy manager was in post to manage the service on a day to day basis and to support the registered provider.

The service had safe arrangements for the management and administration of medicines. It was clear from the medicine records that people received their medicines as prescribed. Some people required prescribed creams. The creams were dated when opened. This helped staff to know when the cream would expire and was no longer safe to use.

There were sufficient numbers of care staff to support the needs of the people living at the service. However, the service was experiencing a temporary shortage of available staff due to some sick leave. Current staff members were working flexibly to ensure all shifts were maintained to a level which met peoples' needs. Staff

Summary of findings

told us; “It can be tricky but we work well as a team and the shifts are covered” and “Some shifts can be long but if we have a long week the manager makes sure it’s shorter the week after”.

The registered person was working towards developing staff training needs to meet the new care certificate. This sets standards for the induction and training for staff working in health and social care roles. Two staff members said they had good access to a range of training. A staff member told us, “Besides the mandatory training we can choose options which we feel would be useful to us. We recently did first aid and dementia care”.

Our findings were that people were being cared for by competent and experienced staff, people had choices in their daily lives and their mobility was supported appropriately. Staff working at the service understood the needs of people they supported, so they could respond to them effectively. We observed care being provided and spoke with people who lived at the service and a visitor. All spoke positively about the staff and the registered person and felt they were meeting people’s needs. One person told us, “They [staff] are all kind and patient. It’s a lovely place to live and be cared for”. A family member told us, “I come here regularly. Yes the staff do a good job, people are well cared for”.

Most people living at the service had the mental capacity to make informed decisions for themselves. For those who didn’t, there were authorisations in place regarding the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. This was to protect people and uphold their rights.

People were protected from the risk of abuse because staff had a good understanding of what might constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

The service had an effective recruitment process in place to ensure new staff were safe to work with people requiring care and support. Pre-employment checks had been completed to help ensure people’s safety. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

There were a variety of methods in use to assess and monitor the quality of the service. These included a satisfaction surveys for people using the service and their relatives as well as the staff team. Overall satisfaction with the service was seen to be positive.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The management, storage and administration of medicines were safe.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Good



Is the service effective?

The service was effective. People were positive about the staff's ability to meet their needs.

People had access to healthcare professionals including doctor's, chiropodists and opticians.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Good



Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and staff told us they felt their views were listened to and acted upon.

People told us they felt the staff were very caring and respectful towards them and their relatives.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to choose how they wanted to spend their time.

Information about how to complain was readily available. People and their families told us they would be happy to speak with the management team if they had any concerns.

Good



Is the service well-led?

The service was well led. The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

Good



Parc Vro Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 8 September 2015. The inspection team consisted of one inspector.

During the inspection we spoke with seven people who were able to express their views about living at Parc Vro and one visiting relative. We looked around the premises and observed care practices on the day of our visit. Following the inspection visit we spoke with Local Authority commissioners of the service. We also contacted three healthcare professionals who were involved with the service.

We looked around the service and observed care and support being provided by staff. We looked at three people's records of care. We looked at three staff files, medicine records and records used in relation to the running of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service and with the staff who supported them. One person said, "I am very happy living here, I have everything I need". Another person told us, "The staff are always there when I need them; you never have to wait long". A relative said they felt the service was a safe place for the [person] to live. They told us, "I've been coming here for some time now. I think it's a lovely place and they are all well cared for". Staff were working flexibly at the time of the inspection visit to cover gaps due to some sick leave. The staffing rota showed there were enough skilled and experienced staff on duty to keep people safe and meet their needs. People received care and support in a timely manner and staff were not rushed. We observed staff were available to people in the lounges and dining areas, so that people could call upon them if required.

Risks assessments were completed to identify the level of risk for people in relation to using equipment, bed rails, nutrition and the risk of developing pressure ulcers. The assessments were specific to the care needs of the person. For example, there was clear guidance that directed staff to know what equipment was needed to move a person safely. Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example one persons health needs had changed. Staff had sought advice from health professionals to ensure their medical needs were being managed.

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with senior staff and management. Staff also knew they could raise any concerns with the local authority or the Care Quality Commission if necessary. The safeguarding policy contained information about the various types of abuse, the process for raising concerns and whistleblowing policies. Staff were confident that any allegations would be

fully investigated and action would be taken to make sure people were safe. Staff received safeguarding training as part of their initial induction. More training updates were identified on individual staff training plans.

We looked at the arrangements in place for the administration of medicines at the service. It was clear from the Medication Administration Records (MAR) people had received their prescribed medicines at the appropriate times. There were clear records to show if a person refused or did not require a medicine at a specific time. The manager showed us the auditing process including accounting for all medicines coming into the service and those returned. Also how they had been dispensed. This meant any medicines that had not been given or recorded appropriately would be noticed and this issue would be taken up with the staff member on duty at the time it took place. Some people were prescribed creams. Packaging was being dated when opened so that staff knew when the cream would not be safe to use and need to be disposed of as expired.

The service had arrangements in place for the recording of medicines that required stricter controls. These medicines require additional secure storage and recording systems. The service had additional storage facilities for these medicines. The registered provider told us they were introducing new more robust facilities in line with the relevant legislation. We checked the balances of these medicines held by the service against the records kept. The stock balanced against medicines being used. Staff who administered medicines had received a suitable level of training. Staff told us they felt the training they had received was good and they were confident in how they administered medicines.

Accidents and incidents that took place in the service were recorded by staff in people's records. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced.

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. One person chose to get up later in the morning and staff supported this by not disturbing them. Their choice was clearly written in their care plan. One person told us, “We all like doing different things. It’s all very relaxed, as you can see some people like to be in the lounge at some time of the day, but they can go back to their rooms when they want to for a lie down”.

People were cared for by staff with the appropriate knowledge and skills to support them effectively. People told us, “They (staff) know just what I need. They always make time for us all” and, “You never have to wait long when I call for them. They are so patient”. Families felt the service was effective in meeting their relative’s needs, one person told us, “They (staff) keep us up to date about (our relative)” and “I am confident my [relative] is well cared for here”.

Staff completed an induction programme when they commenced employment. The service was introducing a new induction and training programme in line with the Care Certificate framework. This system replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction programme which included training identified as necessary for the service and familiarisation with the service’s policies and procedures. Included in the induction programme was a period of working alongside more experienced staff until the new staff member received a satisfactory competency level. Two staff members said they had recently attended dementia and first aid training. The training matrix had recently been reviewed and updated. The record showed what training individual staff members had completed and when updates were required. This showed staff were being supported to develop their skills and competencies to carry out their roles effectively.

Staff told us they felt supported and they had the opportunity to discuss their performance and development with the manager. Staff had recently begun to receive formal individual supervision. Staff told us, “The new supervision meeting was good and we got to talk things through”. Also, “We are a small team and the managers are here every day so we do get the support we need”. The

registered provider completed a thorough recruitment process to ensure new staff had the appropriate skills and knowledge needed to provide care to meet people’s needs. Staff recruitment files contained the relevant recruitment checks, to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Care planning and reviews were written in a ‘person centred’ way. This showed the persons needs and choices were at the centre of care planning. People gave us examples of when they had been involved in their care planning and reviews. One person said, “We often have a chat about what I need” and, “They [staff] come with me to the hospital and they let me know what’s going on”. A family member told us, “They [staff] keep me up to date about what’s going on and if (relative) needs the doctor or anything else”.

People told us they had been asked for their consent before care was provided. A separate record was kept to show peoples agreement for care plan information, medicines administration and sharing information. This was because care plan information was on a computer system specifically designed for care management purposes.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The legislation regarding Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone maybe considered to be deprived of their liberty had changed. There were a number of applications authorised when the service was inspected.

Staff had received training in the Mental Capacity Act 2005 and those we spoke with demonstrated an awareness of the MCA and told us how they cared for each individual. Staff knew they were not able to restrict anyone who had the ability to make decisions for themselves.

Is the service effective?

Care records showed people had access to health care professionals to meet their specific needs. This included liaison with doctors and district nurses. Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified.

Most people ate lunch in the main dining room. There were enough staff to ensure those who required some support received it. Other people chose to eat in another lounge area or their own rooms. People were offered water and juice options. The meal was a sociable occasion with people chatting happily to each other and with the staff

who were serving lunch. People told us, "Food is lovely here lovely it's all homemade" and "If we don't like what's on offer we can have something else. It's no trouble". Staff sat with people during the afternoon asking them what they would like at tea time. There were three options; however one person did not like any of them. The person requested soup and the staff member said it was no trouble. Breakfasts were delivered on trays to individual rooms during the morning period. Staff told us they knew what people liked and disliked but that options were always available to people.

Is the service caring?

Our findings

People told us they were happy living at Parc Vro. They found it to be a good place to live where staff knew what people's needs were and responded to them in a kind and caring way. They told us, "They [staff] just know what I need. They are very patient and kind" and "They [staff] are always respectful. They always knock and shout if it's alright to come in". A relative we spoke with told us, "My [relative] is very well cared for. I don't have to worry".

People were cared for by attentive and respectful staff. We saw staff showing patience and providing encouragement when supporting people. People's choices were respected and staff were sensitive and caring. During the day people moved freely around the service without restriction. Staff were available to support people when they needed it. For example one person wanted to stay in bed until later. Staff supported them (the person) to get up when they were ready. The person's care plan informed staff that this was their choice. A staff member told us, "Everybody has their own ways and we respect that. It's their choice at the end of the day". Interactions between staff and people at the home were caring with conversations being held in a gentle and understanding way. Staff always interacted with people at their eye level, for example kneeling next to them if they were sitting down. Staff knew the backgrounds of the people they cared for and we noted the staff used this

information when they were with them in relevant conversations. For example speaking with somebody about their interests. This stimulated the conversation and the person became quite animated in their response.

Some people had limited mobility but staff encouraged them to move around with the use of hand rails and personalised walking aids. This showed people's independence was supported. Some people used the lounges and dining room and other's chose to spend time in their own rooms. One person told us, "I can manage to get about on my own because the handrails support me. I'll keep on walking with just my stick and handrails for as long as I can". A visitor told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or lounge area.

Staff were respectful and protected people's privacy and dignity. When people were being supported to move around the service staff spoke with them in a low voice and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. People's bedroom doors were closed when care was being provided for them. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for.

Is the service responsive?

Our findings

People told us they felt their needs were being well met at Parc Vro. One person told us, “The staff have helped us settle in and they make sure we get what we need”. Another person told us, “I go out in my car and do little errands for people. It’s what I like to do. They get the daily papers and I spend a lot of time reading them”. A family member told us, “My (relative) hasn’t been too well but they [staff] make sure she has what [the person] needs”.

People said they were happy living at the service and were able to spend the days doing what they chose to. Some people liked reading and daily newspapers were delivered. There was also a book club. People said they enjoyed the club as it meant they could regularly exchange books. A lot of people liked to spend time doing crosswords and puzzles. This stimulated conversation between people and staff as seen throughout the inspection visit. There were regular entertainers visiting the service as well as monthly exercise classes. One person told us, “I look forward to the exercise class it’s good for us but we also have a laugh”. Some families took their relatives out when they visited. People had a choice as to whether to take part in activities. One person said, “I usually go to my room, I like peace and quiet”.

Staff members were familiar with people’s interests. Most people could vocalise their likes and dislikes and wanted to share their life experiences with staff. Staff said they found that when people shared their interests and backgrounds it helped them to have relevant and meaningful conversations with people. People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time which we saw during the inspection visit.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at Parc Vro. Staff told us care plans were informative and gave them the guidance they needed to care for people. For example one person’s care plan described how they liked to move around the service

independently but needed monitoring to maintain the person’s safety. During the inspection we saw this person moved around the service as they chose. Staff on duty knew how to discreetly ensure the person was safe. This showed the service was responsive to peoples’ needs.

Care plans were informative, easy to follow and accurately reflected the needs of the people we spoke with and observed. The care planning and reporting system was held on a computer system. Staff we spoke with were familiar with the system and how information was communicated. For example each member of staff received e-mails to alert them to any specific issues on their shift. This was backed up by shift handover meetings and daily notes made by staff. The deputy manager carried out regular audits to ensure people’s needs were being responded to. Some people were self-caring, but staff still checked to ensure there was nothing the person needed and recorded this along with how they spent their time. This meant a daily record was kept for each person in how the service met their individual health and social needs.

People’s needs were being reviewed monthly or earlier if any changes were required. Some people were not aware of whether they had been involved in their care planning and review. However one relative told us the manager and staff members frequently kept them informed of any changes of care and support for their relative. The computer system to record involvement was not completed. However, additional paper consent forms were signed by people or their representatives to show the level of involvement in people’s care planning and review.

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were made available to people when they went to live at the service. People told us they would speak to the manager or staff if they had any concerns. The service had not received any complaints since the previous inspection. One person told us they felt confident the manager would act on any issues they might raise with the service.

Is the service well-led?

Our findings

People who lived at the service spoke positively about the registered manager and the staff and felt they could approach them with any issues and that they would be heard. Staff felt well supported by the registered manager. Healthcare professionals told us they had no concerns regarding the management of the service.

The registered person lived at the service and was accessible to people. The deputy manager was taking responsibility for the review and management of the operational systems including, care planning, review, staff management and training. The registered person told us it was the intention for the deputy manager to register with the Care Quality Commission.

The registered person and their deputy manager worked in the service every day providing care and supporting staff. Staff told us the philosophy of the service was to make it as homely for people as possible. One person said, “I love having all the important things with me in my room”. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose.

Staff were motivated and staff told us they were happy working at the service. One member of staff told us, “I love working here, it’s a home from home sort of service.” The service was under some pressure at the time of this inspection due to a temporary shortage of staff as some were unwell. The registered person and deputy manager were supporting the care staff through this period by working alongside them providing care and support. Staff told us they worked well as a team and were currently working flexibly to cover any shortfalls. They felt supported by the managers during this period. One commented, “The managers just get on with the jobs where they need doing. We don’t work as ‘us and them’ but as a team”.

There were systems in place for the registered person to monitor the quality of the service provided to people. This included surveys for both staff, people who used the service and their families. The most recent in January 2015 showed people were very satisfied living at the service. They made comments on all aspects of living there. They included, “We are entirely satisfied with the excellent service” and “Wish there was a category for excellent because this is what Parc Vro is”.

There were formal meetings taking place for staff and the most recent discussed how staff would cover short falls in staffing. Also other operational issues so staff were kept up to date with what was happening at the service. Everybody we spoke with told us that the registered provider and deputy manager always promoted an open dialogue. Staff said they shared information every day and between shifts. A visitor told us each time they came into the service the registered provider always updated them about what was going on.

The maintenance of the building was being kept under review. General decoration and upgrading of the service was a current topic being discussed by the managers. Any defects were reported and addressed where required by individual contractors. There were regular checks of equipment used at the service including wheelchairs, hoists, door guards and fire doors. Service certificates were available for gas and fire systems. Electrical equipment had a current certificate in place however the service’s electrical hard wire certificate was not available to view. The registered provider told us the administrator was responsible for filing this and would follow it up on their return from annual leave.