Care Quality Commission

Bellview (UK) Ltd

Parkview Home

Inspection report

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West Midlands
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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

This inspection took place on 13 January 2016 and was unannounced. The home was last inspected in February 2015 and was found to be compliant in all the areas looked at.

This home provides accommodation and care for up to eight people Parkview is a nursing home for up to eight people who have learning disabilities and/or a mental ill health diagnosis. At the time of the inspection there were eight people living in the home.

At the time of the inspection, the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations.

People told us and indicated by gestures and body language that they felt safe in this home. Staff demonstrated that they knew how to keep people safe and they knew how to report allegations or suspicions of poor practice.

Summary of findings

People were protected from possible errors in relation to their medication because there were good arrangements for the storage, administration and recording of medication. There were good systems for checking that medication had been administered in the correct way.

People who lived in this home told us, or indicated by gestures that they were happy.

People had opportunities to participate in a range of activities inside the home and in the community. People were helped to maintain contact with relatives and friends.

Throughout our inspection we saw examples of and heard about good care that met people's needs. Staff treated people with dignity and respect.

Staff working in this home showed that they had a good understanding of the needs of the people who lived there. We saw that staff communicated well with people living in the home and each other. People were enabled to make choices about how they lived their lives.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their knowledge. The registered manager and staff we spoke with demonstrated that they understood the principles of protecting the legal and civil rights of people using the service.

We saw and healthcare professionals told us that staff supported people to have their mental and physical healthcare needs met. Staff made appropriate use of a range of health professionals and encouraged people to maintain a healthy lifestyle.

People were provided with food which they enjoyed and which met their nutritional needs and suited their preferences.

There was effective leadership from the provider and the registered manager to ensure that all members of the staff team were competent. Staff told us that they felt valued and well supported.

The provider and registered manager assessed and monitored the quality of care through observation and regular audits of events and practice. The registered manager consulted people in the home, their relatives and professional visitors to find out their views on the care provided and used this information to make improvements, where possible.

Where commissioners of the service had identified areas in which improvement was needed in relation to the recording of incidents and behaviour management, the manager had liaised with specialists to develop improved recording systems. These were due to be implemented after our visit.

The registered manager checked to see if there had been changes to legislation or best practice guidance to make sure that the home continued to comply with the relevant legislation.

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. People were protected from the risk of harm by staff who knew how to support their specific conditions.

Staff knew how to recognise and report any signs of abuse.

Good

Is the service effective?
The service was effective. People were involved in making choices about how their care was to be delivered.

People were supported by staff who received regular training and knew how to meet people's specific care needs.

Good

Is the service caring?
The service was caring. The registered manager regularly sought the views of the people who used the service. People felt they were listened to.

People spoke affectionately about the staff who supported them.

Good

Is the service responsive?
The service was responsive. People were supported by staff who knew how they wanted to be supported.

People and, where appropriate, their representatives were supported to express any concerns and when necessary, the provider took appropriate action.

Good

Is the service well-led?
The service was well led. There was a registered manager in place who understood their responsibilities.

There were systems in place to monitor the quality of the service.

People expressed confidence in the management team and staff enjoyed working at the service.

Good

Parkview 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 inspection took place on 13 January 2016 and was unannounced.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We sought and received information from six healthcare and other professionals who visited the home regularly. We looked at written information provided by the commissioners of the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with the registered manager, provider and four members of the staff team, two healthcare professionals, three people who lived in the home and a commissioner. We sampled the records, including people's care plans and staffing records including records of training to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records in relation to complaints and monitoring the quality of the service to see how they responded to issues raised.

Good

Is the service safe?

Our findings

Most of the people who used the service were not able to discuss how they felt with us, but those who spoke with us said that they felt safe. We saw that people looked relaxed in the company of staff. People asked for staff to be present when we spoke with them because they had not met us before and said that they felt safer with the staff present.

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. They were aware of the home's whistleblowing policy and procedure and of the need to pass on any concerns regarding the conduct of their colleagues.

People were encouraged to have as full a life as possible, whilst remaining safe. We saw that staff had assessed the risks associated with people's medical conditions and behaviour as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. They had noted the actions which they needed to take to minimise the risks. One professional told us, "Care plans are person centred and risks identified and control measures put in place that are not overly restrictive."

Staff showed that they knew how to calm people when needed and had recorded known triggers which caused people to become anxious or agitated. There were instructions for staff in people's plans where there was a known risk of them behaving in ways which may have posed a challenge or risk to themselves or other people.

Staff told us and the registered manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process.

We saw that there were enough staff on each shift. We saw staff in communal areas at all times, either reassuring people or engaged in activities with them. The registered manager told us that there was a core group of staff who had worked in the home for several years. At times of shortage due to illness or sickness, the gaps were filled by staff from an agency but the same people were used each time. Some of the staff currently employed at the home had previously worked there as agency workers and had chosen to stay. This meant that people were cared for by staff who knew them and their needs.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitably safe location. The medicines were usually administered by nurses but other members of the staff team were also suitably trained to do so and had undertaken competency checks. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions which would mean that they should be administered. Staff had signed to indicate that they had read these. Where medication was given in these circumstances, the decision to administer was made by nurses. We sampled the Medication Administration Records (MARs) and found that they had been had been correctly completed. There were regular audits of the medication, including checks by the pharmacist.

Good

Is the service effective?

Our findings

Healthcare professionals working with people in the home expressed confidence that the staff were able to meet people's needs appropriately. One professional told us, "The home takes on clients with [specific needs mentioned] who have often been subject to previous placement breakdown, and there is usually significant clinical improvement once they have settled at Parkview." Another professional wrote, "I would like to say that in myopinion the patients there are extremely well cared for and I have heard nothing but good praise for this home from many of my colleagues. They …do an exceptional job." Another professional, concerned with one person at the home told us, "Nothing is too much trouble, they look for solutions to every behaviour. The staff are all very professional and have improved this young person's life greatly."

Staff communicated well with people. Most of the people in this home had restricted verbal communication but staff demonstrated that they were able to communicate with people and offer them choices by using gestures, objects and pictures. Most of the staff had worked with the people in the home for several years and they knew each other and the needs and communication methods of the people in the home well.

Staff also communicated well with each other. Staff reported good relationships between themselves and demonstrated how they worked well as a team. There were periods between shifts when staff handed over important information to people coming on shift. For each day and night shift, there was a clear, written shift plan which detailed how staff would spend their time and who would be working with which person living in the home. This showed that staff worked in small teams and the teams were rotated throughout each day so that each team usually worked with an individual for three of four hours at a time so that staff and people living in the service did not tire of each other and had some variety.

Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. This covered the necessary areas of basic skills. Staff then received annual updates in relation to safeguarding, manual handling, food hygiene, medication, health & safety and first aid. Staff confirmed that they had received guidance about the needs of each person they worked with, including their methods of communication and they had opportunities to work alongside more experienced members of the team. Senior staff were assigned to new members of staff to support them. Staff had received additional training when necessary to meet people's particular medical conditions. Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. All members of the staff team were encouraged and enabled to obtain nationally recognised qualifications and nurses were enabled to keep their skills up to date.

Staff confirmed that they received informal and formal supervision on an individual and group basis from the registered manager on a regular basis. There were also regular staff meetings and handover periods which provided staff with opportunities to reflect on their practice and agree on plans and activities. Staff told us that they felt very well supported by the manager and other members of the team. One member of staff said of the managers and provider, "They are fantastic – really caring, supportive and considerate."

The manager and staff told us that people needed varying levels of support with physical tasks and most people needed prompting to engage in activities. The records which we sampled provided instructions for staff about how much support they needed to provide and how best to approach individuals. We saw how staff encouraged people to be as independent as possible and some people who had been in this home for several years, had made good progress in terms of being able to undertake routine tasks and participate in activities.

The manager and staff told us how they helped to keep people healthy, for example, by encouraging people to eat a healthy diet and to take exercise by walking or using exercise equipment. Staff told us how they made sure that people's health needs were met by making use of the services of a variety of mental and physical health professionals including opticians and chiropodists. The home was well supported by health professionals who understood how difficult it was for some people to visit them at their practices and they made frequent visits to the home. One professional told us, "Staff are always willing to review care plans and quickly take on board any advice we

Good

Is the service effective?

may give. They liaise very well with the GP practice and are strong advocates for clients' physical health." The manager told us that, if people were admitted to hospital, they changed the staff rotas to make sure that one member of staff could stay at the hospital with the person at all times, in order to reduce their anxiety and to assist with communication with the hospital staff. We saw, on one person's hospital discharge record a comment made by the hospital staff. They had written about the home's staff, 'They were extremely helpful and supportive to the ward staff. We would like to thank them and the residential home for their support during the patient's stay.'

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). We saw that the manager had made appropriate applications to the local authority on behalf of the people living In this home and these had been authorised.

People seemed to enjoy their meals. Staff prepared meals to meet individual preferences and what people wanted to eat on the day. The records of what people had eaten showed that the food was varied and met people's needs in terms of culture and preference. We saw that staff had sought and taken the advice of relevant health professionals, including speech and language practitioners in relation to people's diets. Some people needed their food to be of a specific consistency in order to avoid choking and this was provided. We met two speech and language practitioners on the day of our visit and they confirmed that the staff took their advice. The staff explained that they tried to help people to make healthy choices in terms of food, for example where it had been identified that people may benefit from losing weight, although they acknowledged that this could be difficult at times and sometimes people made unwise choices. They tried to mitigate the effects of this by, for example, reducing portion sizes where appropriate.

Good

Is the service caring?

Our findings

Professional visitors to this home told us, "I have found them to be very helpful and [Person's name] seemed very happy." And "A warm, supportive environment has been created, despite risk being taken very seriously." One professional told us that when they visited the home, the staff "showed a high level of respect for all who live in the home."

Staff spoke with affection about the people who lived in the home. People told us that they liked the staff and we observed staff being patient and attentive.

Throughout the day we saw staff being led by people in their choice of activity and we heard staff offering people choices and respecting their decisions.

Staff described how they had made efforts to develop their communication with people through trying out different methods and gestures and how they had worked out what people wanted when they made specific gestures. This meant that for some people, this had reduced their levels of frustration as staff had become more able to interpret what they wanted or what message they were trying to convey.

We heard staff encouraging people to do things. For example, one member of staff was trying to encourage someone to attend a dental appointment. They showed extreme patience.

Staff reassured people when they became distressed and distracted people by suggesting an activity of offering a drink.

One person had chosen to lie down on a settee and have a rest. Staff brought a blanket to cover them and make sure that they did not become cold.

Due to people's complex needs, it was difficult for staff to hold meetings of people in the home but staff spent time with people each month finding out if they were happy with their care and if they wanted anything to change.

The registered manager and staff were able to tell us about people's personalities and priorities, their hobbies and interests. They knew each person's preferences well in terms of their care and support. Staff were aware of how people preferred their needs arising from their culture, religion or health conditions to be met and the records showed that they respected these choices. Staff received training in relation to different cultural approaches to language, tone, accent and manners between staff and people living in the home.

Staff were in the process of gathering information and working with appointees to get to know people's preferences and choices in relation to end of life care. This work took into account people's cultural backgrounds.

Good

Is the service responsive?

Our findings

Staff and the people we spoke with told us about the activities that people enjoyed and we saw that staff supported people to choose what they did each day. We saw photographs of people at social events and at places of recreation such as theme parks and the coast.

When we arrived at this home, people were engaged in various activities. Some were going out to the shops, others were in the house, either listening to music, talking with staff or in their rooms. The written and photographic records showed that people regularly participated in outings such as pub meals, swimming, shopping and walks in the park or at a local reservoir. Staff also recognised that people sometimes preferred to spend time in their room or relaxing. People were encouraged and helped to maintain contact with friends and family members, where possible.

The manager told us how she received information from people's previous placements before they moved into the home and this was used to create care plans, but these were usually changed as staff got to know the person and saw how they behaved in this home. The plans had been updated in response to changes in people's needs and behaviour on a regular basis. The people in the home had been admitted one at a time over a few years since the home opened, so people had been able to settle in and staff had been able to get to know them individually.

We heard examples of how staff had observed people when they had become agitated or withdrawn and tried out various actions. By a process of elimination and, in some cases, by taking the advice of health professionals, they had found the cause of the person's distress and been able to make changes or seek appropriate medical assistance to minimise the cause. The plans which we sampled contained descriptions of people which we could recognise from meeting them in the home. They were specific and individual and had been updated in response to people's changing needs and views expressed at review meetings. No placements had broken down since the home opened and there was evidence that people had made progress in their communication and daily living skills since coming to this home. One professional told us, "I have seen a significant difference in the way the individual's behaviour is managed. The excellent approach of staff at Parkview has led to a reduction in both incidents and the intensity of the behaviour."

We contacted the commissioners of the service for their views. The commissioners carry out monitoring visits to the service to assess the quality of the provision. At their last visit, the commissioners had asked the manager to make some changes to the environment and to improve recording, mainly in the area of behaviour management and incidents. The manager had submitted an action plan and demonstrated that the environmental improvements had taken place. At the time of our visit, the provider and manager had taken further advice and were liaising with British Institute of Learning Disabilities (BILD) to develop new incident and reporting formats which would comply with the commissioners' requirements. After our visit we heard from the commissioners that the manager had produced new forms which they planned to use.

People in the home and professional visitors told us that the registered manager and staff were approachable and would tell them if they were not happy or had a complaint. They were confident that the manager would make any necessary changes.

The home had clear policies and procedures for dealing with complaints. The registered manager said that she welcomed feedback from people about the performance of the home. We saw the records of complaints which had been made by people outside the home and there was a clear record of the action which had been taken. There was evidence that the registered manager had communicated with the person making the complaints and sent prompt letters to them to reassure them and inform them about the action which had been taken. The feedback which we saw and received from visitors and people in the home was all positive.

Good

Is the service well-led?

Our findings

Members of staff told us that the manager and provider were supportive and led the staff team well. One member of staff told us, "It makes all the difference in the world when you have a good, supportive manager."

Visiting professionals and staff told us that they felt that the registered manager valued their views on the service. They said that the registered manager was accessible and available for them to discuss any worries or concerns or to discuss the progress of people living in the home. The registered manager also sent out questionnaires to people associated with the home to find out their views. It was difficult to question people living in the home at length or to require them to fill in surveys but the registered manager monitored their views about the home and how they were feeling on a regular basis.

Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. The provider was familiar with the staff and the people who lived there and their needs. These included visits to supervise the registered manager, check on the care being provided and to monitor complaints, incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. There was a rota of management/provider cover for the periods when the manager was not at the home and this showed clear details of how to contact the designated on-call support. The registered manager showed the staff that they were valued through the use of 'employee of the month' vouchers.

The records at the home which we sampled showed that the registered manager and provider made checks that the standard of care was maintained and improved on where possible. Where there were instructions for staff, staff had signed to indicate that they had read and understood them. The manager demonstrated that she was aware of the requirements of the Regulations in relation to the running of the home and of her responsibilities and she had sought and received relevant training in areas including the Duty of Candour.

The provider and registered manager had considered the changing needs of people in the home including the accessibility of parts of the building due to the increasing dependency and reduced mobility which may develop through ageing. They had also considered the possibility that younger people may become more independent and more suited to living in supported living. They were planning to ensure that people's needs could be met by the organisation in the future in order to retain the continuity which had enabled people to make progress in the past.

The provider and registered manager had developed links with various health professionals, other services and a local university to keep up to date with current research and thinking in relation to meeting people's needs. They had developed a folder of relevant literature for staff use and they discussed with us the feedback which they had received from visitors to the home including commissioners of the service. They were open in our discussion about the requirements made by the commissioners and demonstrated that they were making the necessary changes. They demonstrated enthusiasm for promoting not only good, but best practice within the home and were aware of the changes and developments which they needed to make to achieve this.