

Bellview (UK) Ltd

Parkview Home

Inspection report

2 East Gate
Edgbaston
Birmingham
West Midlands
B16 0EY

Tel: 01212468071

Date of inspection visit:
06 December 2018

Date of publication:
23 January 2019

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 ●

Summary of findings

Overall summary

The inspection took place on 6 December 2018 and was announced. We gave the provider 24 hours' notice of the inspection as some people who used the service could be anxious about visitors.

Parkview Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates eight people who are living with learning disabilities and / or a diagnosis of mental ill health. At the time of our inspection there were eight people living in the home.

At our last inspection on 13 January 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring which demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service. Medicine administration records were completed by staff when they had administered the medicines safely. Risks associated with people's needs had been assessed and measures were in place to reduce these. There were sufficient staff to meet people's needs and safe recruitment procedures for staff were in place. Accidents and incidents were monitored to identify any trends and measures were put in place to reduce the likelihood of these happening again.

The service remained effective. Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs. The staff worked well with external health care professionals. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were usually followed.

People received care from staff who were kind, compassionate and treated them with dignity. They were comfortable in the presence of staff and the registered manager. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to support people when they were distressed and made sure emotional support was provided. People's independence was promoted.

People continued to receive a responsive service. Their needs were assessed and their support was planned with them and or their relative where required. Care plans were not always reflective of people's current needs. However, any changes were recorded through reviews and people received care which met their needs. Staff knew and understood people's needs well. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaints procedure available if this was needed.

The service remained well-led. The monitoring of service provision was effective because shortfalls had been identified and resolved. There was an open and transparent and person-centred culture with good leadership. People and their relatives were asked to share their feedback about the service.

Further information is in the detailed findings below.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	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 comprehensive inspection took place on 6 December 2018 and was announced. We gave the provider 24 hours' notice of the inspection.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information we held about the service such as notifications and the information the provider had told us in their provider information return. Notifications are events that happen in the service the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We contacted commissioners who had a contract with the service.

During the inspection, we met three people who used the service and had brief conversations with them for their views about the service they received. We spoke with the provider, the registered manager and three care staff.

We looked at the care records of two people who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks, the management of fire risks, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

People who used the service were not able to fully discuss with us how they felt. They indicated they were happy at the service and looked relaxed in the company of staff. People looked to their staff for support while we talked with them and appeared to feel safe with the staff being present.

People received their medicines safely. Medicines administration records were completed by staff when they had supported the person to take their medicines. These had been completed correctly. If people took medicine on an as required basis there was guidance for staff on when this could be given. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out regularly to check medicines were being managed in the right way.

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Information was available for people about who to contact if they were worried or felt unsafe. Staff understood potential signs of abuse and what to do if they suspected someone was at risk. One staff member commented, "I have a duty of care to report any concerns. I can go to the manager or to the CQC, or safeguarding." Staff had received training in relation to safeguarding people from abuse.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. One person had a risk assessment in place as they presented behaviour which put themselves and others at risk. Staff understood how to promote the person's dignity and support them and others to reduce the risk. Risks were not always fully identified in care plans. For example, one person had an identified risk. There was a clear risk assessment in place however, information in another section of their care plan did not fully reflect the risk. The registered manager agreed they would ensure all risks were clearly shown in any area of care where there was an associated risk. Staff knew how to support people with their behaviour if they showed behaviour which challenged. Positive behaviour plans were in place.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. The provider explained they had developed the rota based on the needs of people who used the service. They said they matched staff with people and made sure there were enough male and female staff available always. The provider told us this was important to meet people's needs and there was flexibility in the rota for staff to swap based on their known skills. Staff communicated effectively with each other, people who used the service and external professionals. Staff had a calm approach and responded to people's needs in a timely manner.

The provider had safe staff recruitment checks in place. This meant checks were carried out before employment to make sure staff had the right character and experience for the role. One staff member said, "They did references and a police check on me."

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. There were plans in place for emergency situations. For example, if

there was a fire, staff knew what to do, and each person had a personal emergency evacuation plan.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to equipment to maintain good food hygiene practices, such as different coloured mops for different areas of the home. Cleaning responsibilities were allocated to staff and people who used the service each day and checks were carried out to make sure these had been completed.

Is the service effective?

Our findings

People had their needs assessed before they began using the service to make sure these could be met. Staff had received the training they required to do their jobs and they also received regular supervision and appraisal. A staff member said, "I have supervision once a month. They are very flexible." This meant staff had opportunity to discuss their learning and development needs and their performance.

Staff had an induction period and were supported to understand each person's needs. New staff were supported to complete the Care Certificate. The care certificate is an agreed set of standards which sets out the knowledge, skills and behaviours expected of job roles in the health and social care sector. Additional training had been arranged to help staff understand each person's specific needs, for example, supporting people who had a stroke and supporting people who presented behaviour of concern.

People were encouraged to eat and drink enough and maintain a balanced diet. The menu was agreed based on foods people liked and healthier options were encouraged. Some people followed specific diets such as low fat or a soft diet to reduce the risk of choking, one person was supported to follow a culturally appropriate diet. Staff could explain people's individual needs and how they provided meals to ensure these were met. The choice of meals was varied and people could choose an alternative. There was fresh fruit and snacks available throughout the day for people to eat as they wished.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this and care plans offered staff guidance on signs of an individual becoming unwell. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and healthcare professionals such as psychiatrists. People had care plans which detailed their health needs and how they were supported to meet these. This included regular appointments such as the dentist, optician and doctor.

The premises and environment met the needs of people who used the service. People had their own private room and there was a communal dining room, conservatory, living room and kitchen. The provider explained how they had developed the service to offer people more space outside of their room. People had chosen the colours their rooms were decorated in and their furniture.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Consent was usually sought before care and support was provided. One person was supported with an intimate care task. This was done in their best interests and was necessary to promote their health, however their consent for this task had not been assessed. The registered manager agreed they would assess the person's capacity.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff told us people were supported to make their own decisions. This included where a person found it harder to make choices. The registered manager had applied for DoLS where this was appropriate and any conditions in place were monitored to make sure these were met.

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "The staff are nice." Staff knew about people and things that were important to them. They knew about people's preferences and how to get the best out of people. Staff had supported people to identify what they wanted to achieve. Goals had been set and people were supported to achieve these.

Staff supported people in ways which they wanted to be supported. They interacted with people in a warm and friendly manner. They showed an interest in what people had been doing and what they wanted to do.

Staff supported people to maintain contact with their relatives. Families and friends were encouraged to visit and to be involved in the service. The provider explained how families were invited to attend events such as a Christmas party. People had been supported to keep in touch with relatives abroad and send them pictures and cards.

People had been involved in reviews of their care which were held six weekly with a health professional. These considered all areas of the person's care, support and health. People were invited to attend. Some people had declined to attend the meetings; however, their views were sought. They were encouraged to make decisions about their care such as what activities they wanted to do, goals they wanted to achieve and who they wanted to support them.

People were supported to express their views each day and their choices were respected. They were supported to make informed choices. Staff told us people made it clear if they wanted a specific staff member to support them or would prefer a staff member not to support them each day and these wishes were respected.

People had their privacy, dignity and independence promoted. They were supported to choose their own drinks and to be involved in making these. Staff asked if they could enter people's rooms and if they wanted to people had keys to their rooms. Staff knocked on people's doors before entering. Staff addressed people in a respectful, kind and caring way. Staff could explain how they promoted people's dignity through respecting their right to privacy. One staff member explained how they supported a person if they displayed behaviour of concern by encouraging them to use a dignity blanket or asking others to leave the room.

Is the service responsive?

Our findings

People received support based on their individual needs. They had care plans which were very detailed and included their history. However, the care plans did not contain the most up to date information about significant changes to people's needs. Reviews had been carried out monthly and documented any changes to people. The care plan was not updated to reflect these. This meant staff had to read the reviews as well as the care plan to fully understand the current needs of the person. The provider and registered manager told us people's care was fully reviewed every six weeks with a health professional so their care needs were known and met. The registered manager agreed to update the care plans to reflect each person's current needs so they were available to staff in one document.

People's preferences about how they wanted their care was identified in their care plan. Staff could tell us about people's likes and dislikes including with their food and activities and people were supported to follow these.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. They were supported to attend places of worship, and events which were based on their culture, as well as activities of their choosing. One person was supported to go shopping on the day of our visit. They were keen to go out with staff and this was a preferred activity recorded in their care plan.

Personal goals were agreed based on what people wanted to do and to support their health and they were supported to achieve these. This included short term or long-term goals, for example, one person had been supported to develop their understanding of healthy eating. This was done using guidance from health professionals and in ways which the person could understand.

Information was provided in accessible formats. The registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The complaints procedure and what to do in case of a fire was available in an 'easy read format'.

There was a complaints procedure which people could use. There had been complaints about the service which had been dealt with following the complaints process and within the agreed timeframes.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences and wishes. People's families had been involved in developing these where appropriate to ensure people's wishes were supported. People had been supported through the bereavement of their loved ones in ways which they wanted to be involved.

Is the service well-led?

Our findings

There was 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 about how the service is run. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The management team carried out a number of audits to check the service being provided was of a good quality and staff were working in the right way to meet people's needs and keep them safe. They also ensured they were available always and worked on shift to oversee the service provided. The provider told us they popped in at weekends and late in the evening to make sure people and staff were okay and to get a feel for the dynamics between staff on duty. They also used this as a chance to touch base with night staff. Audits had identified where action was needed to improve the environment and these had been carried out.

There was a clear vision and culture shared by managers and staff. The culture was based on positive behavioural support. The provider told us they had implemented this model and it had been positive in improving outcomes for people and reducing incidents. They explained how the service had supported people through significant life and health changes. The provider and registered manager were very proud they had never had a placement break down. This was especially important to them where people had struggled to settle in other services. The provider commented, "It is about continuity and placement and making sure people fit in. We are like a big family."

People who used the service knew who the registered manager and provider was and enjoyed spending time with them. Staff provided feedback about the management team which suggested they could approach them and felt supported. One member of staff commented, "[Registered manager] is great. They and [provider] are always there." Staff had regular team meetings and understood the importance of sharing information with each other.

People who used the service and their families were asked for their feedback on a regular basis. The provider explained surveys had not been used as they had not been well completed previously. They said they were available to everyone for any feedback and a complaints and compliments book was available at the entrance for all visitors. The provider explained people's relatives were asked for their feedback during review meetings and the happiness of families was important to them. They said, "If [relative] is happy, [person] is happy which is important to us."

Staff worked in partnership with other agencies. Information was shared appropriately so people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was available at the service. The display of the rating is a legal

requirement, to inform people, those seeking information about the service and visitors of our judgments.