

Mr & Mrs Frank Silva

# Park View Residential Home

## Inspection report

118 Gammons Lane  
Watford  
Hertfordshire  
WD24 5HY

Tel: 01923219167

Date of inspection visit:  
26 May 2016

Date of publication:  
30 August 2016

### 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

We carried out an unannounced inspection on 26 May 2016.

The service provides care and support to people with learning disabilities and mental health conditions. Five people were being supported by the service at the time of our inspection.

During our inspection in June 2014, we had found the provider needed to improve the quality of the food provided to people who used the service and that records were not always up to date. This had been followed up in 2015 and at this inspection, and we found they had made the required improvements.

There was a registered manager in post. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm. The provider had effective recruitment processes in place and there was sufficient staff to support people safely.

Staff received regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care or make decisions about some aspects of their care, this was managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful staff. They were supported to make choices about how they lived their lives. People had adequate food and drinks to maintain their health and wellbeing. They were also supported to access other health services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They were involved in reviewing their care plans and were supported to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, their relatives, and other professionals, and they acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements. The manager provided stable leadership and effective support to staff. They also promoted a caring culture within the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were systems in place to safeguard people from avoidable risks that could cause them harm.

The provider had robust recruitment processes in place. There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided. Where people did not have capacity to make decisions about some aspects of their care, staff understood their roles and responsibilities to provide this in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health services when required to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

Staff understood people's individual needs and they respected their choices.

Staff promoted people's privacy and dignity, and supported them in a way that helped them to develop independent living skills.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints and concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided effective support to staff, and promoted a caring culture within the service.

People who used the service and their relatives had been enabled to routinely share their experiences of the service and their comments had been acted on.

Quality monitoring audits had been completed regularly and these had been used effectively to drive continuous improvements.

# Park View 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 inspection took place on 26 May 2016 and it was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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. We reviewed other information we held about the service including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with one person who used the service, two care staff, a manager who was managing the service while the registered manager was on leave and another of the provider's managers. Some of the other people who used the service had limited verbal communication skills and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at care records for three people who used the service. We also looked at two staff files to review the provider's recruitment, supervision and training processes. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

# Is the service safe?

## Our findings

The person we spoke with told us that they were safe living at the home and that staff supported them well. We observed that people who used the service appeared relaxed and happy in the company of the staff who supported them. Staff we spoke with told us that people were safe. One member of staff said, "Service users are safe because staff are aware of safeguarding procedures. So far, I have not seen anything of concern."

The provider had processes in place to safeguard people from the risk of avoidable harm or abuse. This included safeguarding guidance for staff and a whistleblowing policy. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Staff we spoke with showed good understanding of how to keep people safe and they had received appropriate training. A member of staff said, "It is very safe here for service users. They are not at risk of being abused and I will tell the manager if I thought someone was at risk."

Each person had personalised risk assessments in place to minimise potential risks to their health and wellbeing. The identified risks included road safety while accessing community facilities, use of kitchen facilities, physical health, eating and drink, and falling. We noted that the risk management plans included detailed information on how staff could support people in a way that minimised the risks, and these had been reviewed regularly. A member of staff said, "Service users are safe because we have risk assessments that we follow. Overall, this is a very safe environment for them."

The provider had systems in place to ensure that the physical environment of the home was always safe for people to live in. We saw that they carried out regular health and safety checks and there was evidence that gas and electrical appliances had been checked and serviced regularly. Also, there were systems in place to ensure that the risk of a fire was significantly reduced, including regular checking of firefighting equipment and ensuring that the emergency contact list was up to date. A member of staff told us that they particularly ensured that the environment was free from hazards so that a person who had limited vision was safe to walk around the home. Additionally, records were kept of incidents and accidents, and there was evidence that these had been reviewed and actions taken to reduce the risk of recurrence.

We looked at the records for two members of staff and found that the provider had robust recruitment processes in place to carry out thorough pre-employment checks. These included checking each employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The duty rotas showed that sufficient numbers of staff were always planned to support people safely. There was always at least three members of staff to support people during the day and two at night. The provider did not use any agency staff and sickness or leave was always covered by other staff or from other local services owned by the provider. The person we spoke with told us that there was always enough staff to support them. Staff told us that the staffing numbers were sufficient for them to support people safely and they had never been concerned about this.

People were being supported to take their medicines and we saw that this had been managed safely by trained staff. The person we spoke with did not have any concerns about how their medicines were managed. The medicine administration records (MAR) we looked at had been completed correctly with no unexplained gaps and this showed that people were being given their medicines as prescribed by their doctors. We saw that there was guidance for staff on how to administer 'as and when required' medicines (PRN). A member of staff was proud to tell us that their support in helping people to manage their anxiety and agitation had resulted in their PRN medicines being stopped.

# Is the service effective?

## Our findings

Staff had been trained to acquire the right skills and knowledge to support people appropriately. We observed that staff were skilled when they supported people with limited verbal communication skills and they understood how to provide the right support to each person. The person we spoke with said that they were very happy with how staff supported them.

Staff had received training in a range of subjects relevant to their role. This included first aid, food hygiene, safeguarding, medicines management, person centred values, mental health and learning disabilities. Staff told us that the training had been effective in helping them to develop the skills and knowledge necessary for them to support people effectively. A member of staff said, "Training is online, in-house and some external providers provide this too. I find it really good." Another member of staff said, "Training is fine. I like doing it regularly so that I don't forget what I have learnt." Additionally, they told us that they were in the middle of completing a three months course on mental health and they found it useful in helping them to understand the needs of people they supported. We saw that staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ).

We saw evidence and staff told us that they had regular supervision meetings every two months and appraisals twice a year. A member of staff said, "The managers are very supportive and we get opportunities to discuss work issues and training on a regular basis." Another member of staff said, "Supervision is quite regular and I have found it positive."

Staff told us that they made sure that people consented to their care and support before any support was provided. Where possible, some people had signed forms to show that they consented to their care and support, including being supported with their medicines and personal care. However, some of the people's needs meant that they did not have capacity to make decisions about some aspects of their care and they were not able to give verbal or written consent. In such cases, we saw that relevant mental capacity assessments had been completed and decisions made on their behalf. These processes ensured that any decisions made to provide support were in the person's best interest and in line with the requirements of the Mental Capacity Act 2015 (MCA). For example, it had been necessary to apply to a Court of Protection for the local authority to manage a person's money as they did not have capacity to do so themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the provider had taken appropriate steps to refer people for assessment if the way their care was provided could result in their liberty being restricted. Some of the people who used the service had authorisations in place as they could not safely leave the home without staff supervision.



People had been provided with a variety of nutritious food and drinks. Regular meetings were held with people so that as much as possible, they could choose what they wanted to eat. A member of staff told us, "Service users have good food to eat and we always give them a choice of what they would like to eat. Food is delivered on Saturdays and we ensure that food cupboards, fridges and the freezer are well stocked." The person we spoke with told us that they enjoyed the food and that staff prepared this for them. They said that they did not want to eat a hot meal for lunch that day because the weather was very hot. They opted to prepare and eat a sandwich instead. We observed that the food cupboards and fridges were well stocked with a variety of food, including fresh vegetables. The cupboards were locked to safeguard a person at risk of eating uncooked food. However, we saw that the person we spoke with had signed a consent form agreeing to this. They also told us that they could ask for food and snacks whenever they were hungry and there was evidence to show that people were given food and snacks on regular basis. A survey sent to people about the menus in February 2016 showed that they were all happy with the quality of the food provided. People's care records showed that they were eating enough food because they had maintained stable weights.

We noted that people had been supported to access other health care services, such as GPs, dentists, chiropodists, and opticians when required. There was evidence that staff worked collaboratively with other professionals to ensure that people's health needs were being met to maintain their wellbeing. For example, a member of staff told us about the improvements in health for a person who had a diagnosis of diabetes and was taking medicines to maintain their blood sugar levels when they moved to the home. They were proud to tell us that their effort in helping the person to keep active and eat well meant that they no longer needed to take the medicines.

## Is the service caring?

### Our findings

The person we spoke with told us that staff were very kind and caring to everyone who lived at the home. They also said, "They are really nice and they help me."

We observed positive and respectful interactions between people who used the service and staff. It was evident that staff were able to communicate effectively with people who had limited verbal communication skills. A member of staff said that people were happy at the home, adding, "We try our best to help service users live a good life. They are able to tell us if they need anything." The person we spoke with told us that they enjoyed good relationships with staff and the other people who lived at the home.

The person we spoke with told us that their views were listened to and they were able to make choices about how they lived their lives. They said, "I always choose what I want to do during the day and I like going out." A member of staff told us that they supported people to make choices and to be as independent as possible. They went on to tell us about how they encouraged people to make choices from the moment they woke up in the morning including whether they wanted to be supported to have a wash, shower or bath and what clothes they wanted to wear. Another member of staff told us that they also worked closely with people's relatives or friends to ensure that they had the information they needed to meet people's individual needs.

Staff told us that they protected people's privacy and dignity by ensuring that personal care was provided in private. Staff also showed that they understood how to maintain confidentiality. They told us that they would not discuss about people's care outside of work or with agencies that were not directly involved in their care. We also saw that people's care records were stored securely within the home.

Most of the information given to people was in 'easy read' format so that they could understand it in order to make informed choices and decisions. There was a 'service user guide' available to people and their relatives. This included information about the service and where they could find other information, such as the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. Additionally, there was information about an independent advocacy service that people could contact if they required additional support.

## Is the service responsive?

### Our findings

People's needs had been assessed prior to them using the service and care plans had been developed so that they received appropriate care and support. The care plans we looked at were person centred and showed that people's life history, hobbies and interests, how they communicated with others, their preferences, wishes and choices had been taken into account. The care plans were also 'user friendly' because they were written in an easy read format, with pictures to enable people to understand their plan of care. These identified what support people needed and they had been reviewed and updated regularly by people and their keyworkers. We saw that people had monthly meetings with their keyworkers, where they discussed all aspects of their care including planning for activities they would like to take part in.

The person we spoke with told us that staff supported them well and in a way that met their individual needs. A member of staff told us that they had worked at the home for a number of years and had got to know people they supported really well. They added, "Although I know what support the service users need, care plans are really important so that we provide consistent support. We provide person-centred care. How I support one service user is different from how I support another, especially those who are not always able to tell us how they want to be supported."

Some of the people who used the service attended day centres during weekdays. The person we spoke with had a varied and busy weekly schedule including attending a day centre twice a week. However, they told us that they mostly enjoyed going to a local town centre by bus. The person had been supported over time to use public transport unaccompanied by staff. They told us that they enjoyed the freedom to go out whenever they wanted and we observed that they went out soon after lunch on the day of our inspection. The service had an activities room located at the back of the garden and we saw that people used this regularly for various activities including board games, and arts and crafts. They kept a record of what people did daily to ensure that they had opportunities to take part in a variety of activities they enjoyed. A member of staff said, "Service users have enough to do. They like going to the activities room, the local park or shops." Another member of staff told us, "We plan the day with service users every morning and encourage them to go out as much as possible. Service users do not sit around getting bored, but sometimes they choose to rest and do nothing." There was a quiet room that people could use to relax in and a member of staff said that they would discuss with the manager the feasibility of using this as a cinema room too. They said this would give people an additional place to watch films of their choice.

The provider had a complaints procedure in place so that people knew how to raise concerns they might have about the service. The person we spoke with said that they had nothing to complain about because they were happy with how they were being supported. There had been no recorded complaints in the 12 months prior to the inspection. However, concerns about the impact of some people's behaviour on others had been recorded to keep a record of incidents that had impacted negatively on others. We saw that staff had supported people to adopt more suitable ways of communicating their needs.

## Is the service well-led?

### Our findings

The service had a registered manager who was on leave at the time of the inspection. Staff we spoke with told us that the service was well managed and they were happy with the support they received from the registered manager and other senior staff. A member of staff told us, "The managers are very supportive." They also said that the service provided the care and support that people wanted and expected. A member of staff said, "Service users have good care here. The managers give us information we need to provide good support to service users." Another member of staff said, "This is a good service and I have no concerns at all."

Staff told us that they were able to discuss with the manager any ideas they might have for the development of the service. We saw that they held regular team meetings where a variety of relevant issues were discussed and we saw the minutes of the last few meetings. Staff were also sent an annual survey and the most recent results showed that they were happy with how the service was managed. They had also made suggestions for the further development of team working and improvements in the quality of the training they received. Staff we spoke with were confident that their comments were valued and would be acted on when the manager returned from leave.

There was evidence that the provider sought feedback from people who used the service and their relatives so that they had the information needed to continually improve the service. Monthly meetings gave people the opportunity to discuss issues about their day to day care and support and to suggest changes they wanted to their routines and the activities provided by the service. The provider also sent surveys to people, their relatives and other professional stakeholders. Easy read questionnaires were sent to people to ask their views on the conduct of the staff who supported them, their involvement in decision making, whether their care needs were being met, activities, variety of food, house rules, and whether they had any concerns. The results of the surveys completed in 2015 and 2016 included positive comments about the quality of the service.

The provider had effective processes in place to assess and monitor the quality of the service provided. The manager and other senior staff completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed a range of health and safety checks to ensure that the environment was safe for people to live in, and that people's medicines were being managed safely. Where areas of improvement were identified, we saw that prompt action had been taken to address these. For example, we saw that an action plan had been completed to address areas of improvement identified during an inspection by the local authority in March 2016. Although we saw that the manager reviewed some of the provider's policies and procedures, they did not always record the dates these were last reviewed, which made it difficult for us to know if the information in them was still up to date.