

Acer Healthcare Operations Limited

Parkview House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Parkview house accommodates up to 53 people of all ages some of whom may be living with dementia, sensory impairment or physical disability. At the time of this inspection, 42 people were using the service. Parkview House is laid out across two floors separated into three different units. People can access the upstairs floor by lift.

People's experience of using this service

People using the service were protected from avoidable harm. Staff were trained in safeguarding. People had risk assessments and staff knew what actions to take to reduce the risks of harm they may face. There were enough staff on duty to meet people's needs. The provider had a safe recruitment process. People's medicines were managed safely and people were protected from the risks associated with the spread of infection.

The provider had systems in place to capture feedback from people about the quality of the service which included recording complaints and compliments. People, relatives and staff had regular meetings so they could be updated on service development. The provider had a system of carrying out regular quality checks to identify areas for improvement. The service worked in partnership with other agencies to provide good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 March 2018).

Why we inspected

We received concerns in relation to staffing levels, falls and an increase in bruising. As a result, we undertook a focussed inspection to review the Key Questions of Safe and Well-Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous inspections for those Key Questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from the concerns. Please see the Safe and Well-Led sections of this report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkview House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Parkview House

Detailed findings

Background to this inspection

The 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.

Inspection team

Two inspectors carried out this inspection.

Service and service type

Parkview House is a 'care home', People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and a visiting friend about their experience of the care provided. We spoke with seven members of staff including the provider's quality and compliance inspector,

registered manager, deputy manager, administrator, a senior care worker and two care workers.

We reviewed a range of records. This included risk assessments for four people and multiple medication records. We looked at four staff files in relation to staff recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought feedback from the local authority for their views about the service. The provider sent us information we requested.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "It's lovely here. Yes, it's safe." A visitor told us, "[Person] is safe here. [They] kept having falls at home."
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding vulnerable adults. One staff member was doing a more detailed safeguarding course at college which was being funded by the provider.
- Staff described the actions they would take to reduce the risk of a person getting a skin tear or bruising. One staff member told us, "Sometimes it can come from our nails and rough handling. It depends how you handle the person, how you hold, how you touch."
- The registered manager was aware of the requirement to notify the local authority and CQC about safeguarding concerns.

Assessing risk, safety monitoring and management

- Staff understood how to manage the risks of harm that people may face in the least restrictive way possible. One staff member told us, "You have to let them be as independent as possible as long as they are as safe as possible."
- People had risk assessments which gave guidance to staff about how to reduce the risks of harm people may face. Examples of risks covered included behaviours that challenge, leaving the premises unnoticed, medicines, mobility, falls and skin integrity.
- One person's safety risk assessment stated they wore scarves and had a tendency to put things like cords around their neck. We noted a best interest decision was made to remove all cords including the call bell from the person's room.
- We queried this with the registered manager who explained and demonstrated the person could still call for help if needed using the call button on the wall.
- Staff knew what actions to take if a person's risk of falls increased. One staff member told us, "We always call in the falls clinic and OT [occupational therapist]."
- Building safety checks had been carried out as required and were up to date including gas safety and fire equipment. The service had an up to date fire risk assessment and records showed there were regular fire drills.

Staffing and recruitment

- Staff told us there were enough staff on duty to meet people's needs. One staff member said, "Occasionally you get somebody who phones in sick and you can be short. We spread the skill mix. We have a lovely activity co-ordinator who helps out at lunchtime and [deputy manager] will come onto the floor."
- The registered manager told us they had over-recruited by 15% to ensure there were no gaps in staffing

levels. They told us they had recently recruited five care staff.

- Records showed there were enough staff on duty to meet people's needs. The registered manager told us, "We review staffing constantly. We use a dependency tool to decide numbers."
- The provider had a safe recruitment process in place. Relevant checks were carried out before someone was employed which included staff providing proof of identification, the right to work in the UK and written references.
- New staff had undergone criminal record checks to confirm they were suitable to work with people. The provider had a system to obtain regular updates to the criminal record checks to confirm the continued suitability of staff.

Using medicines safely

- Medicines were stored appropriately and at the recommended temperature in locked trolleys and cabinets in a locked room.
- Staff received training in the safe administration of medicines. They were only expected to administer medicines when they were considered competent and felt confident.
- Medicines that were controlled under the Misuse of Drugs Regulations 2001 were stored appropriately and fully accounted for.
- We found two issues when we checked the medicines. One person's medicine had been signed as given on the inspection day but the tablet still remained in the blister pack. Another person's eye drops had no opening date to ensure it was still safe to use.
- We raised this with the registered manager who took immediate action. A supervision meeting was arranged with the staff members involved and the opened eye drops were removed and replaced with a new bottle.
- We were reassured that these issues would have been picked up by the provider's auditing system which included a daily check by the new staff coming on duty and taking over responsibility for the medicines and a management weekly audit and stock take.

Preventing and controlling infection

- People using the service told us the home was kept clean.
- Staff told us they were provided with sufficient amounts of personal protective equipment such as gloves and aprons.
- The premises were clean and there was no malodour. Domestic staff were observed carrying out their cleaning duties.
- Staff had received infection control training.

Learning lessons when things go wrong

- The provider had a system of recording accidents and incidents.
- The registered manager gave an example of where lessons were learnt as a result of an incident. They told us they had called the rapid response team when a person was in pain and unable to be moved. A relative said they were calling an ambulance. The lesson learnt was that staff should have said they would call the ambulance and the service carried out a workshop for staff to help the learning.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People gave positive feedback about the registered manager. Comments included, "I can talk to [registered manager]" and "I haven't needed to complain."
- Staff told us they felt supported by the leadership in the service. One staff member told us, "Very much [supported]. For me, I am so happy to do this job."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility under duty of candour and the need to apologise to people concerned.
- The provider notified CQC and the local authority about incidents and safeguarding concerns as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager described how they ensured staff had their voice heard, "I have got an open door policy. If staff don't want to talk to me, they can speak to my deputy. We do staff surveys and have [staff] surgeries every month."
- Staff confirmed there were systems in place to raise concerns about people's wellbeing or changes in need. One staff member told us, "We are encouraged to report in writing and verbally."
- Records showed the deputy manager participated in the daily handover between night and day staff. This ensured all staff received up to date information on people's wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a system to record complaints and compliments. We reviewed complaints that were made since our last inspection and saw these had been dealt with appropriately.
- One relative had written a compliment that stated, "My [family member] really had excellent end of life care in your home." Another written compliment stated, "You all do a brilliant job."
- People and relatives had regular meetings to give their views about the service and be updated on any service changes. Topics discussed at these meetings included meals, home presentation, social activities and suggestions for improvements.
- Staff knew how to provide an equitable service. One staff member told us, "I try to treat [people] as fairly as

possible. I would support LGBT [people who identify as lesbian, gay, bisexual or transgender] as best as I can. You should not judge people."

- Staff confirmed there was equal treatment of employees. One staff member told us, "In this [care service] you don't see difference. All of us [staff] are from different backgrounds but we all get on. Discrimination does not exist here."
- The provider held regular meetings for staff and managers. Staff told us they found the staff meetings useful. Topics discussed included care issues, health and safety, policies and procedures and quality improvement

Continuous learning and improving care

- Staff told us they were able to suggest improvements to the service. One staff member said, "If anyone has got any opinions, [management] will always listen to them."
- The registered manager carried out regular quality audits including medicines, care records, health and safety and meal observations.
- Records showed the registered manager carried out a daily walk around the building so that any concerns or issues could be dealt with immediately. For example, the registered manager had raised with staff health and safety concerns about wearing inappropriate footwear or earrings.
- The service was visited by their supplying pharmacist on 30 May 2019 who discussed issues with the management of medicines such as missing protocols for medicines taken on an 'as needed' basis. We noted this had been rectified at this inspection.

Working in partnership with others

- The service worked in partnership with other agencies to improve outcomes for people who used the service.
- The registered manager told us they were involved in joint working with the local authority end of life co-ordinator and were involved in a pilot where a GP visited with a pharmacist every fortnight to review everybody's medicines.
- The registered manager told us they attended the providers forum with the deputy manager where managers shared ideas and examples of good practice.