

Jewelglen Limited

# Parkview Residential Home

## Inspection report

54 Chorley New Road  
Bolton  
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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 ●

# Summary of findings

## Overall summary

### About the service

Parkview Residential Home is a large property built on three levels with a passenger lift to all floors. The home provides 35 places for the care of elderly people including six places for people with a physical disability. On the day of the inspection the home was full, but two people were currently in hospital. The home which has garden areas to the front and rear is situated close to Bolton town centre and main bus routes and facing a local park.

### People's experience of using this service and what we found

People told us they felt safe. Staff had training in safeguarding and were aware of how to deal with any concerns. All relevant health and safety certificates were seen and were in date. Individual risk assessments were reviewed and updated regularly to ensure they remained current. Accidents and incidents were recorded and people were referred to the falls team as required.

Staff were recruited safely. Staffing levels were sufficient to meet the needs of the people who used the service on the day of the inspection.

Medicines systems were safe and appropriate protocols and guidance were in place. All areas of the home were clean and tidy and no malodours were detected around the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Where devices were being used which restricted people's movement, this was now clearly documented with reference to professionals and family involved and consulted around best interests decision making.

Care files included relevant assessments and health and personal information. People's choices and preferences around areas such as daily routines, meals, sleep preferences and interests were included in the care files. Staff referred to other agencies and professionals as required. People's wishes for when they were nearing the end of their lives were recorded within the care files. Staff had undertaken training in end of life care.

New staff were required to complete an induction and a full and comprehensive training programme was on-going. Dietary and nutritional information was documented within care files and this information was also held in the kitchen.

People were happy at the home and relatives we spoke with were also positive about the care and support provided. Care files included evidence that people had been involved in care planning and reviews and residents' and relatives' meetings were held regularly. People's dignity and privacy was respected.

Communication was good and information was produced in a way that made it accessible to as many people as possible. There was a range of activities and outings on offer and special days were celebrated.

People told us they had no complaints about the service. The complaints procedure was displayed within the home. A number of compliments had been received by the home.

Regular audits and quality checks were carried out and any issues addressed appropriately. Staff supervisions and meetings were held regularly. The home engaged well with the wider community and had visits from religious leaders, local schools and clubs, which the people who used the service enjoyed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 9 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Parkview Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Parkview 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 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives. We also spoke with 10 staff members, including the registered manager, deputy manager, two team leaders, a senior carer, four care staff and the cook.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included care files for four people, five staff personnel files, training records, health and safety records, meeting minutes, audits and other records about the management of the home.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection issues with the systems regarding fire safety and the suitability of the premises had not been followed up promptly and we referred these concerns to the Greater Manchester Fire Service after the inspection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Safe Care and Treatment.

At this inspection the fire service confirmed that all actions had been addressed and were now satisfactory.

- All relevant health and safety certificates were seen and were in date.
- Individual risk assessments were included in people's care records. These were reviewed and updated regularly to ensure they remained current.
- Appropriate equipment to aid people's independence was maintained and serviced as required.

### Staffing and recruitment

At the last inspection the provider had sometimes failed to ensure appropriate references were in place when recruiting staff. This meant there had been a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Fit and Proper Persons Employed.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 19.

- We looked at records for five staff who had been recruited since the last inspection in January 2019. Four were satisfactory and one was missing a recent reference. The deputy manager said this would be chased up immediately following the inspection.
- All other documents and checks were in place, including Disclosure and Barring Service (DBS) checks which help the service to ascertain whether someone is suitable to work with vulnerable people.
- Staffing levels were sufficient to meet the needs of the people who used the service on the day of the inspection and a dependency tool was used to inform numbers of staff required. Staff comments included; "More often than not, staffing levels are fine"; "There are enough staff to meet people's care needs," and "Staffing is fine during the day as far as I am concerned." A relative told us, "There are always enough staff around when I visit."

### Learning lessons when things go wrong

At the last inspection there was an issue regarding people not always being referred to the falls service in a timely way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Safe Care and Treatment.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Audits for areas such as falls, accidents and incidents, safeguardings and complaints were analysed on a monthly basis for any patterns or trends. Any identified were used for learning lessons and driving improvement to service delivery.
- Two incidents were detailed which had not been reported via CQC notifications. We have dealt with this in the well-led section of the report.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "I'm happy here. I don't want a flat or a bungalow. I'm safe and looked after here. Glad I've got them [staff]." A relative said, "I feel it is a safe place for [relative] to live." Another told us "We have no concerns about safety here."
- There was an appropriate safeguarding policy and procedure in place and a flow chart for staff to follow with ease. Records were complete and up to date and referrals were made to the local safeguarding team where appropriate. The safeguarding log was audited regularly to identify any themes and learn lessons to improve the service.
- Staff had regular refresher training in safeguarding and these courses were up to date. Staff we spoke with demonstrated knowledge and understanding of safeguarding issues. One staff member said, "Safeguarding concerns could involve a bad fall, or altercations between residents. Some of the types of abuse are physical, mental and financial." Another told us, "It relates to any form of abuse such as medication errors, if people's money went missing, or staff being rough with people. I am aware of whistleblowing procedures too."

Using medicines safely

- Medicines systems were safe and appropriate protocols and guidance were in place. The medicines room was clean, tidy and well organised. We observed medicines being administered and this was done safely.
- Records of medicines, including those of controlled drugs (CDs) were clear. CDs are prescription medicines subject to controls under the Misuse of Drugs legislation. Checks were being carried out daily as well as weekly and monthly audits.
- Thickened drinks were made according to new guidance and recorded on food and fluid charts.
- Appropriate medicines training was undertaken by staff and refresher training was up to date.

Preventing and controlling infection

- All areas of the home were clean and tidy and no malodours were detected. A relative told us, "It doesn't smell and is a clean environment."
- The home had scored 99% in their most recent external infection control audit.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we found that consent had not always been sought for the use of restrictive practices. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

- Where devices were being used which restricted people's movement, this was now clearly documented with reference to professionals and family involved and consulted around best interests decision making.
- Other best interest meetings had been held regarding decisions such as not wanting to live at Parkview and wanting to move back home. Family were involved in this process.
- Cognitive information was recorded within people's care files and consent forms were included. These were signed as required, by the person who used the service or their representative.
- DoLS authorizations had been sought for those people who required them and there was an overview so the registered manager could keep track of when reviews and/or renewals were needed.
- Staff had undertaken training in MCA and DoLS and demonstrated knowledge and understanding of the issues. Staff spoke about working in people's best interests and that DoLS were for people who lacked

mental capacity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care files included relevant health and personal information, informed by an initial assessment. The records were updated regularly to help ensure people's information remained current and support was appropriate to their needs.
- People's choices and preferences around areas such as daily routines, meals, sleep preferences and interests were included in the care files. These helped inform staff how support was to be offered.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction, including the Care Certificate training, which is a set of standards care workers are expected to adhere to. The training matrix evidenced all training and refreshers were up to date.
- Staff were encouraged to access further training to enhance their professional development and were positive about the opportunities being offered. They told us, "All good from my point of view and enough is provided for staff"; "There is lots of training available. It is not just online training, we do practical too" and "They provide lots of training here and it is updated too."
- Staff supervisions were being carried out regularly, to give staff the opportunity to discuss their training and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food. Comments included, "It's quite nice food, you get a choice"; "I enjoy the food"; "I enjoyed my lunch very much. The food is good" and "Absolutely brilliant food – I always ask for seconds and I've put weight on." A relative said, "The food seems good. [Relative] eats well and loves the breakfast." Another told us "[Relative] is always clean and well-fed. The food looks good and [relative] has gained weight."
- The home had a current food hygiene rating of five stars which is the highest rating.
- People's dietary information was in the care files. This included any special dietary needs as well as preferences. This information was also in the kitchen and weekly updates of nutritional information were completed to ensure it remained current.
- The dining experience was pleasant and relaxed, with a menu board and menus on the tables, which were set nicely. People sat in the dining room or lounge area, as they preferred and staff assisted people where required in a kind and friendly way. All the food was home cooked and there were lots of choices on offer.
- The registered manager had plans to decorate the dining room and update the menus with pictorial representations, to help people make more informed choices. The plan included making the dining experience a more relaxed experience, with staff sitting with people and taking time over the meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff referred to other agencies, such as district nursing services and speech and language therapy team (SALT) as required.
- Two professional visitors we spoke with told us, "Communication is always good. They always ring back if we leave a message."
- The home used hospital passports and the Bolton red bag scheme. The red bag contains an individual's care information, medication records and their medication. The aim of the initiative was to improve the experience of people when they were admitted to hospital and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.
- The service continued to work closely with the local authority quality and improvement team.

Adapting service, design, decoration to meet people's needs

- There was room within the home for people to move around safely. There was an enclosed garden area with a smoking shelter for people to make use of.
- There was signage around the home to assist people with orientation.
- There were colourful posters around the home with details of activities, menus, outings, relatives' meetings and events.
- There was a quiet lounge which people could use if they wished to have some relaxed time. This was well used.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy at the home. Comments included; "I like it here, I've got friends, I'm in a shared room. Staff look after us OK. I'm quite happy, we have a bit of fun"; "I'm happy here. They [staff] are alright. I get everything I need" and "I'm alright, no problems. Staff are wonderful, all wonderful".
- Relatives were also positive. One person said, "I think they are brilliant here. It doesn't compare to anywhere else. They look after [relative] well here and the staff are very kind and caring."
- Discussions, if people wished to participate, were held around protected characteristics, including sexual orientation, disability, religion and information was recorded in their care files. People's spiritual, cultural and religious needs were also recorded and they were supported to follow these. A priest attended the home on the day of the inspection to distribute communion and there was information about how one person liked to fast on Good Friday. One person was supported with cultural dietary needs as was their wish and others were assisted to celebrate special religious festivals.
- The service produced a service user welcome pack. This was currently being updated to include more 'easy read' and pictorial representations. This was in response to people's needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- Care files included evidence that people had been involved with care and support planning and were included in reviews.
- Several surveys were carried out to ascertain people's level of satisfaction in a range of areas.
- Relatives' meetings were held bi-monthly and dates were advertised around the home. This helped relatives to feel included and gave them the opportunity to raise concerns or make suggestions. Relatives felt involved in their loved ones' care and support. One relative said, "They [staff] keep us updated about everything that is going on."
- There was a newsletter produced which outlined coming events and outings and individual celebrations.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. One person told us, "They [staff] respect your privacy, yes."
- We observed staff interacting with people in a discreet and respectful manner when required.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Daily life plans within the care files included personal information about people's backgrounds, families, hobbies, work and interests. There was also information about how they liked to spend their days and how they expressed emotions.
- An 'All about Me' day was held for each person who used the service. This was about them doing what they wanted, for example, one person had been pampered all day, another had spent the time at a local pub.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- As a response to this the home had begun to produce their information in easy read format. They had also implemented pictorial information on a range of their posters and documents to help make it more accessible to people.
- Communication cards were available for people who had difficulty with verbal communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A range of activities was on offer, including exercises, quizzes, movies, music, baking and arts and crafts. Some of the people enjoyed a takeaway night at weekends and this was facilitated.
- There were outings arranged and celebrations of special days, such as Valentines, Halloween and St Patrick's Day. A relative said, "There are activities to take part in and also trips out."
- The registered manager had secured some funding to enable people to have more individualised, one to one activities and was in the process of making arrangements to start this.
- Some bicycles had been purchased for some of the staff and people who used the service who wanted to take part in a 'Go Active at Parkview' programme of exercise and fresh air.

Improving care quality in response to complaints or concerns

- People told us they had no complaints about the service.
- The complaints procedure was displayed within the home and people were encouraged, in easy read format, to make complaints, compliments or suggestions.

- Complaints were logged and responded to appropriately.
- The home had received a number of compliments. Some received in August read, "We thank you for doing a lovely party for [person] and we will all have a beautiful day"; "Thanks for settling [relative] into their new room and looking after [relative] so well. [Relative] has nothing but praise for you all and it has helped us to know [relative] is being looked after so well."

#### End of life care and support

- People's wishes for when they were nearing the end of their lives were recorded within the care files. If they did not want to discuss this, that was also recorded.
- The staff had undertaken 'Six Steps' end of life training. This is the North West End of Life Programme for Care Homes. This means that for people who are nearing the end of their life can remain at the home to be cared for in familiar surroundings by people they know and can trust.

# 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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At the last inspection there were concerns with governance regarding MCA, referrals to other care professionals and a lack of compliance with fire safety. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Restrictions were now clearly documented and best interests decisions made with reference to these restrictions.
- Appropriate referrals were being sent to other professionals and agencies to help ensure joined up care.
- The fire service were satisfied with the measures implemented following the previous inspection.
- The registered manager carried out a monthly audit which was focussed around the CQC regulations, covering areas such as person-centred care, safeguarding, safe care and treatment, eating and drinking and complaints. All records were complete and up to date. Audits were analysed for any trends and patterns and issues identified were addressed and followed up appropriately.

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

- People with protected characteristics, including sexuality, religion, race and disability, were respected and supported
- People we spoke with felt the service was person-centred and staff told us the home had improved. Comments included; "All is going fine and I have no issues. It is a good place to work"; "Everything is so much better. Things are more organised and they [registered manager] have put a lot of hard work in. Changes have been made for the better" and "Things have improved drastically. I like working here and there is good team work."
- Relatives reported improvements to all aspects of the care and support. One person said, "We find everything fine here and it has improved so much. We have seen significant improvements. The home appears to have strong leadership, whereas it didn't before. Overall we are very satisfied with the standard of care."
- Two health and social care professionals who were visiting the home told us, "The home is going in the right direction. They are trying their best."

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

- Most notifications had been sent to CQC as required. We found two accidents had not been reported and discussed this at length with the registered manager. The registered manager had felt these to be minor incidents, but agreed to report similar incidents in future to be sure no relevant notifications were missed.

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

- There was a registered manager in place at the service.
- It is a requirement that each service registered with the CQC displays their current rating. This was displayed as required.
- There was a daily handover to ensure staff were aware of any issues when commencing their shift. Documentation was completed and signed by staff as read. Staff responsibilities were outlined and they were required to read the communication book to update themselves on any new information.

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

- Staff supervisions and meetings were held regularly. Staff we spoke with told us they were well supported by the management and happy in their roles. One team leader said, "I feel we [the service] are getting stronger and stronger." Other comments included, "The manager is very supportive, I can go to her with anything"; "There are regular meetings now where we can air out concerns"; "It has changed [since new manager], standards have gone up and there are more choices for people."
- Resident and relative meetings were held regularly and dates of meetings were displayed within the home.
- Regular satisfaction surveys were also given to people who used the service and relatives. A relative said, "I feel involved and have attended meetings in the past." Another told us, "The management is very responsive and the home is well managed."
- The home engaged well with the wider community and had visits from religious leaders, local schools and clubs, which the people who used the service enjoyed.

Working in partnership with others

- There was evidence within the care files that other agencies, such as district nurses, GPs and social workers were contacted as required.
- The service was working closely with the local authority quality and improvement team to raise standards and sustain improvements.