

## Avante Care and Support Limited

# Parkview

### Inspection report

105 Woolwich Road  
Bexleyheath  
Kent  
DA7 4LP

Tel: 02083037889  
Website: [www.avantepartnership.org.uk](http://www.avantepartnership.org.uk)

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08 March 2016

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 and 21 October 2015 and took enforcement action, serving warning notices in respect of breaches found of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the provider not having adequate systems in place to monitor the quality and safety of the service provided, insufficient numbers of staff being deployed within the service, and staff not receiving refresher training in line with the provider's training policy.

You can read the report from our last inspection, by selecting the 'all reports' link for 'Parkview' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out this unannounced focused inspection of the service on 08 March 2016 to check that requirements of the regulations had been met in response to the enforcement action we had taken. This report only covers our findings in relation to the follow up on the breaches of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have asked the provider to send us an action plan telling us how and when they will become compliant with the breach we found of Regulation 12. This breach will be followed up at our next comprehensive inspection of the service.

Parkview provides accommodation and personal care for up to 69 older people living with dementia in the London Borough of Bexley. At the time of our inspection the home was providing support to 56 people.

At this focused inspection on 08 March 2016 we found that the provider had addressed the breaches of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for the key question 'Is the service safe' to 'Requires Improvement' as we also have yet to follow up on the breach of Regulation 12 identified at our inspection in October 2015. The rating for the key question 'Is the service effective?' remains as 'Requires Improvement' because we have yet to follow up on other key lines of enquiry which required improvement under this key question. The rating for the key question 'Is the service well led?' also remains as 'Requires Improvement' because the systems and processes that had been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice

We found that the provider had put systems in place to assess and monitor the quality and safety of the service. There were sufficient staff deployed within the service to meet people's needs although improvement was required to ensure that actual staffing levels reflected the levels that had been planned for. Staff were up to date with their training in line with the provider's policy and told us they had the skills necessary to undertake their roles.

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

We always ask the following five questions of services.

### Is the service safe?

At this inspection we found action had been taken to improve safety in relation to previous concerns we identified with staffing and monitoring and mitigating risks.

Systems were in place to monitor and mitigate risks to the health, safety and welfare of people.

There were sufficient staff deployed within the service to meet people's needs, although improvement was required to ensure the planned staffing levels were consistently met.

**Requires Improvement** ●

### Is the service effective?

At this inspection we found action had been taken to improve the effectiveness of the service in relation to staff training.

Staff had received training in areas considered mandatory by the provider in order to meet people's needs.

**Requires Improvement** ●

### Is the service well-led?

At this inspection improvements had been made to the leadership of the service.

The provider had quality assurance systems in place to identify issues and drive improvements.

**Requires Improvement** ●

# Parkview

## 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 focused inspection took place on 08 March 2016 and was unannounced. The inspection was conducted to check if improvements had been made following the enforcement action we took and warning notices we served in response to the breaches we found of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at our comprehensive inspection on 20 and 21 October 2015. We inspected the service against three of the five questions we ask about services, 'Is the service Safe?', 'Is the service effective?' and 'Is the service Well led?'. This is because the service was not meeting legal requirements in relation to these questions which resulted in CQC taking enforcement action.

Before our inspection we reviewed information we held about the service including notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for commissioning the service. We used this information to help inform our inspection planning.

The inspection was undertaken by two inspectors. During the inspection we spoke to four people, two relatives, nine members of staff and the Regional Manager. We reviewed nine people's care plans and other records relating to the management of the service.

## Is the service safe?

### Our findings

At our last inspection on 20 and 21 October 2015 we found a breach of regulations because risks to people had not been adequately monitored in support of their health, safety and welfare. For example, one person who had been assessed as being at risk of malnutrition had not been weighed on a weekly basis, in line with the guidance in their nutrition risk assessment, and their risk assessment had not been reviewed for five months when the provider's policy was that they should be reviewed each month.

The issues we found were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider, requiring them to meet the regulation.

At this inspection on 08 March 2016 we found that improvements had been made to ensure risks to people were monitored on a regular basis. People's care files contained risk assessments which had been conducted in areas including nutrition, moving and handling, falls and skin integrity. We saw that risk assessments had been reviewed on a monthly basis and that action had been taken to mitigate identified levels of risk where required. For example, we saw that one person had been placed on a fortified diet because of they had been assessed as being at risk of malnutrition. Records showed that their weight had also been checked on a regular basis and that this had remained stable in response to the action that had been taken.

At our last inspection on 20 and 21 October 2015 we also found a further breach of regulations because there were not always sufficient numbers of staff on duty and deployed throughout the home to ensure people's needs were safely met. Night time staffing levels on the ground floor meant that there were occasions when only one staff member was available to support 28 people whilst the other two rostered staff provided double handed care to another person. We also found that the provider had been unable to find cover to provide one to one support for one person on the night prior to our inspection, despite this being their assessed level of need.

These issues were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider, requiring them to meet the regulation.

At this inspection on 08 March 2016 we found that the provider had met the requirements of the warning notice, but that some improvement was still required. People we spoke with were unable to tell us their views about the levels of staff within the service although they appeared calm and relaxed throughout our time at the service. Relatives and staff we spoke with told us that they felt there were occasions when more staff were needed, but that people's needs were met by the number of staff currently deployed within the service on each shift.

The provider had increased the level of staff on the night time which allowed for additional cover when two staff needed to provide support to one person on the ground floor. However improvement was required to

ensure that the planned for level of staff were on duty during each shift. For example, the rota for the week of inspection showed that cover had not been found for a vacant post to provide support to people during the breakfast period on one unit, which staff told us placed additional pressures on them in their roles. Senior staff we spoke with told us that they were still looking to recruit to this role but that there was flexibility within the staffing numbers in the morning across all of the units to ensure people's needs were safely met. We observed there to be sufficient staff on duty during the breakfast period to meet people's needs. Staff were available to support people when needed and call bells were responded to promptly during our inspection.

We found that the provider had addressed the breaches of Regulation 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and had met the requirements in response to the warning notices we had served. We have revised and improved our rating for this key question to 'Requires Improvement'. We will return to the service to follow up on the other concerns we found at our October 2015 inspection under this key question at a later date.

## Is the service effective?

### Our findings

At our last inspection on 20 and 21 October 2015 we found a breach of regulations because a significant number of staff were overdue refresher training in areas considered mandatory by the provider. For example, we found that 22 staff required refresher training in infection control, 15 staff in moving and handling, nine in health and safety, and nine in safeguarding adults.

This issue was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider, requiring them to meet the regulation.

At this inspection on 08 March 2016 we found that the provider had taken action to address the shortfalls we'd previously found in respect of staff training. Records showed that staff had undertaken training in areas including moving and handling, safeguarding, health and safety, fire safety, infection control and dementia awareness. Staff had also received refresher training in these areas where required in line with the provider's policy which helped to ensure their skills remained up to date. Staff we spoke with confirmed they were up to date with their training and told us that they had the skills necessary to undertake their roles.

Whilst the provider has met the requirements of the warning notice, we have yet to follow up on the other key lines of enquiry where improvement was required under this key question following the findings of our October 2015 inspection. Therefore the rating for this key question has not been changed.

## Is the service well-led?

### Our findings

At our last inspection on 20 and 21 October 2015 we found a breach of regulations because the provider had not conducted regular audits or checks of people's care plans and risk assessments to ensure that they were reflective of people's needs and that any risks to people were effectively assessed and monitored.

This issue was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider, requiring them to meet the regulation.

At this inspection on 08 March 2016 we found that improvements had been made to address this issue. The provider had a tracking system in place to monitor people's care planning and risk assessments. This identified areas within each person's care records where action was required to ensure the information they contained remained reflective of people's current needs and wishes.

Staff had taken action to address some of the issues found as result of the provider's monitoring. For example, we saw that staff had previously identified the need to update or implement new end-of-life care documentation in one person's care plan and this had subsequently been updated. The tracker also showed that people's care plans had all been reviewed within the last three months, in line with the provider's policy, and this was confirmed by the records we reviewed.

However, we also noted that some areas identified as requiring action were still in the process of being updated. For example, action was underway to ensure people's families had been invited to and involved in a review of people's care plans where appropriate. Therefore, whilst systems had been put in place to monitor the quality and safety of the service people received which met the requirements of the warning notice we served, we have not changed the rating of this key question because the implemented systems have not been in place for sufficient time for all identified actions to be carried out and for us to be assured that good practice will be sustained.