Parkview Care Homes Limited

Parkview Care Home

Inspection report

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12 September 2018

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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 caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place of 11 and 12 September 2018 and was unannounced.

Parkview Care Home is a residential care home that provides care and support for up to ten people living with mental health conditions. On the day of the inspection seven people were living at Parkview Care Home. Accommodation is provided over four floors and includes a shared lounge, dining room and kitchen and a garden area to the rear.

Parkview Care 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.

A registered manager was in post at the time of the inspection. 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. However, the registered manager had recently returned from a period working away from the service and we had not been notified of their absence. This is an event notifiable to CQC.

Medicines were not always managed safely. We found inconsistencies in the recording around medicines and could not be sure that people always received their medicines safely. Competency assessments had been completed for some staff who were administering medicines, but others were administering medicines without an assessment of their competency to do so. On one occasion when a person had received an overdose of their medicine had not been appropriately recognised and reported as a safeguarding concern.

Accidents and incidents were recorded but there was no oversight of these, to ensure that lessons were learnt and to allow improvements to be made to prevent reoccurrence.

A quality assurance framework was in place but it did not support the service to identify and address all the areas we noted within the inspection.
The premises were not always suitable for the people living there. We were told this was due to the recruitment of new maintenance staff.

Safe recruitment processes were followed. Staff were inducted to the service. However, the training programme did not ensure that staff had all the skills they needed to support people. For example, only four of the staff team had received mental health awareness training.

Risks to people were assessed and ways to reduce the risk considered and implemented. Care plans included various aspects of people's lives and the support they needed from staff.

People were involved in the preparation and tasks around mealtimes. People told us their choices were considered in the menu and that alternatives were available.

People were treated with kindness and compassion. Staff provided emotional support to people. People's identities and preferences were respected and they were treated with dignity.

Activities were tailored to people's interests and goals. People were involved in daily tasks including laundry and cleaning up after meals.

When people had raised concerns or complaints these were responded to in a timely and considered manner.

People, their relatives and professionals told us the registered manager was approachable and supportive.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely.

Processes to safeguard people from abuse were not always followed.

The premises were not always suitably maintained to meet the needs of people.

People told us they felt safe living at the service.

Risks to people were assessed and ways to reduce the risk considered and implemented.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always have the skills to support people.

People were support to access health care services.

People were supported to take part in food preparation and were offered sufficient food and drink.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion.

People's identities and preferences were respected.

People were treated with privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Activities were tailored to people's interests and goals.

People's concerns and complaints were considered and appropriately responded to.

People's future wishes and plans for the end of their lives had been considered.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a quality assurance framework in place but this did not always recognise and resolve the concerns we found during the inspection.

People, their relatives and staff told us the registered manager was supportive and approachable.

People's views were surveyed and responded to.

Parkview Care 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 11 and 12 September 2018 and was unannounced.

The inspection team consisted of one inspector.

Before the inspections we reviewed the notifications that the provider had submitted to us. These are about things the provider is lawfully required to notify us of. We used information the provider sent us in the Provider Information Return. 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.

During the inspection we talked with four people using the service. We observed what happened during the day. We spoke with the registered manager, the recovery worker, three care staff and one visiting health and social care professional. We reviewed a variety of records, including care records relating to three people, three staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording, records relating to the management of medicines and records of audits undertaken.

Following the inspection, we spoke with three relatives of people living at the service for their feedback on the service.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. Errors in the administration of medicines had not always been recognised and investigated. The service had a template document to records any errors that occurred around medicines. However, this had not been completed for one occasion we found that a person had received an overdose of their medicine. Staff contact a nurse at the neighbouring service for advice, but other medical advice was not sought. We raised this with the service who looked into the incident and retrospectively raised a safeguarding concern. However, an investigation should have occurred at the time to ensure the person's safety and the local authority and CQC notified in a timely manner.

We found inconsistencies in the Medication Administration Records (MAR). Staff had not always signed to indicate they had administered people's medicines and some notes indicated that medicine had not been administered as it could not be found. This meant that the provider could not be sure people always received their medicines as prescribed.

Some medicines, homely remedies which are purchased over the counter rather than prescribed, were available for self-care, such as pain relief and cough medicines. However, the storage and records for these medicines were not clear. Some stock held in the homely remedies cupboard belonged to specific people, and some medicines which the records showed as being in stock, were not present in the cupboard.

The competency of some staff to administer medicines had been assessed. However, this was not in place for all staff and we saw a member of staff administering medicines whose competency to do so had not been assessed by the service. On the second day of inspection this competency process had begun for the member of staff.

The provider had not ensured the proper and safe management of medicines. Therefore, the above areas are a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their medicines. One person said, "Always at the same time." Another told us, "I get medicine when I need it." Some people managed some of their medicines themselves. This had been risk assessed and staff told us they encouraged people to be independent. There were protocols were in place for 'as required' medicines to support staff to know when to administer these medicines. People told us they received their 'as required' medicines when they felt they needed them.

Systems and process did not always safeguard people from abuse. The service had reported those occurrences they recognised as abuse, and staff were clear on how they would report safeguarding concerns. A health and social care professional told us about how the staff were working with them to safeguard a person against financial abuse. However, there had been an incident which lead to person receiving an overdose of medicine and this had not been recognised or raised as a safeguarding concern.

The registered manager understood their duties in relation to duty of candour, this is where providers have a

duty to notify relevant people when something goes wrong. Accidents and incidents which occurred had been recorded. However, there was no evidence of oversight and learning from these incidents to prevent reoccurrence.

The premises were not always suitable for the people living there. For example, a new kitchen had been fitted and a section of the flooring had been installed higher than the surrounding, creating a step. This was directly in front of the fridge, so an area people accessed regularly and was trip hazard. A toilet on the ground floor was missing a door and was therefore unusable. The registered manager told us this was due to the recruitment of new maintenance staff.

At the last inspection, on 7 December 2015, we identified the assessment of sufficient staffing as an area of practice that needed improvement. At this inspection we found that sufficient staff were available to meet people's needs. People told us there were enough staff available. One person said, "You can chat to staff when you need to." A safe staffing tool was used to identify times the service may need additional staffing. People told us they felt safe at the service. One person told us, "The staff make me feel safe." A relative of a person living at the service told us, "Staff have been helpful to [person]. Looking after [them], being there for [them] and keeping [them] safe."
Recruitment procedures were in place to assess the suitability of prospective staff. These included application forms, references and evidence of being able to work in the UK. A Disclosure and Barring System (DBS) check had also been completed, which identifies if they had a criminal record or were barred from working with children or adults. This meant that the provider had assessed the suitability of the staff they employed.

Risks to people were assessed. For example, some people were at risk of harming themselves. This was considered, and ways to reduce the risk of this happening, and if it did, how to reduce the risk to their physical health, were considered. The service had systems to allow people to communicate to staff that they may be feeling low, and people who were at risk of self-harming had emergency kits to allow them to manage some first aid themselves.

People's freedom was respected and their choices considered alongside the assessment of risks. For example, environmental risks in people's bedrooms were assessed and their preferred way of living was considered alongside the possible safety implications.

Risks around the spread of infection were well managed. People told us that the home was clean and tidy. We saw that gloves and aprons were available to staff to support infection control.

There were plans in place in case of emergency. People had personal emergency evacuation plans in place. Regular fire evacuation drills were completed and there were regular checks on the fire alarm, emergency lighting and fire-fighting equipment. Risks relating to the environment were managed with regular safety checks of gas, electricity and water.

Requires Improvement

Is the service effective?

Our findings

Staff did not all have the skills needed to support the needs of people. For example, only four staff had received mental health awareness training. One person told us, "It would be nice if more staff were mental health trained as it is a mental health home." One member of staff had completed training around challenging behaviour. Training for more staff on challenging behaviour was booked. Not all staff we spoke to had read people's care plans. Other training courses offered by the service had higher rates of completion such as equality and diversity and moving and handling.

Staff told us they received an induction to the service when they began to work there. This varied depending on their experience but included shadowing other staff on shift. One person told us, "Staff are very experienced." There were opportunities available for those staff who wished to develop their skills and knowledge to complete a Regulated Qualifications Framework (RQF) in Social Care. An RQF is a work based award that is achieved through assessment and training. To achieve an RQF, candidates must prove that they have the ability and competence to carry out their job to the required standard.

People and their relatives told us there had been an assessment before they moved into the service which included information about what they did and didn't like and what was important to them.

Care plans considered and provided guidance for staff to support various aspects of people's lives. People and their relatives told us they were involved in care planning. Staff told us that any changes for people were discussed with the staff team in handover.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that people capacity to make decisions was considered. We saw that staff offered people choices. Staff told us they would ensure a person's consent before supporting them, with personal care for example. One member of staff told us, "I ask what they want to do, not what I would like." Where others held legal authority to make decisions on a person's behalf, such as Lasting Power of Attorney, this was considered and followed.

People's nutritional needs were met and people were involved in the preparation of food. People had agreed to a kitchen timetable which set out the days they would help with tasks relating to the mealtime such as cooking, laying the table, washing and drying up. The menu was planned with people and two

options were given for both lunch and dinner. People's cultural and personal choices about food and drink were catered for.

People were encouraged to eat together in the dining room. However, people could eat where they wished. One person told us, "I can have all my meals in the garden in the summertime." People enjoyed the meals served and told us the meals were good. They told us that their choices were included in the menu and that alternatives were available. One person told us, "I can make drinks whenever I want to." Another said, "If you don't like it, you can have an alternative."

People were supported to access healthcare services. One person told us, "Staff help me with healthcare professional discussions." One health and social care professional told us that staff were responsive to their recommendations. Staff worked well together, we saw that handover sessions were held between shifts to ensure staff had the right information about people.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. A health and social care professional who regularly visits the service told us, "Interaction is quite warm. It is not us and them, staff are appropriate and caring." There was a positive rapport between people and staff. One person told us the best thing about the service was, "How supportive all the staff are. Even if they are not sure, they help as much as they possibly can." A relative of a person living at the service told us, "Kindness and compassion is all I've ever seen."

People's identities and preferences were considered. For example, staff had worked with one person to develop local links to community groups according to their needs. Staff were supporting the person to the first meeting to ensure they felt comfortable.

The registered manager spoke positively about inclusion and equality and diversity. This was echoed in displays around the home, and the feedback we received from people. We saw staff use people's preferred names and pronouns.

People received emotional support when they needed it. The service operated a 'red card' system, meaning that each person had a red card which they could put into a holder on the office door to indicate that they were feeling low and wanted to talk to staff.

People were supported to express their views and be involved in the decisions about the service. Meetings for people to discuss their views on the service were held. For example, they had discussed household responsibilities, keyworkers and the menu.

People told us they could have visitors when they liked. Relatives agreed that there were no restrictions on visiting.

People's privacy and dignity was maintained. Staff understood how to protect people's confidentiality and maintain their privacy. For example, one member of staff described having conversations privately and ensuring a private area was available if needing to support someone to apply topical applications. One person told us their privacy was respected, saying, "Staff aren't too pushy with things. They don't push you if you don't want to talk."

People's independence was encouraged. For example, some people were able to make and attend health appointments independently. People told us they could choose how to spend their time. One person said, "You have your own freedom living here, can go about as you please."
One person told us, "The best thing is the freedom."

Good

Is the service responsive?

Our findings

Activities were offered, tailored to people and their interests. The registered manager told us they were in the process of reviewing which activities people were taking part in, and looking for new opportunities. People told us they could choose which activities they took part in. For example, one person was particularly interested in art, and their artwork was displayed around the service.

We saw people take part in activities such as scrabble and using laptops. Staff told us they supported people to have coffee in the local park. We saw photographs of barbeques held in the summer months. People told us about the activities they took part in and days out they had gone on with staff and other people living at the service. These included an animal park and to the local marina.

The service employed one member of staff as a recovery worker. They explained they were building further community links and were supporting one person to apply to become a befriending volunteer. People told us they were supported to develop household skills to increase their independence. One person said, "I am about to start with budgeting."

People knew how to raise any concerns of complaints. The service kept a log of compliments and complaints. Complaint responses were seen to be timely and detailed. People told us they could raise any concerns. One person told us, "If I was unhappy I can talk to my care coordinator or the registered manager." One relative told us, "Concerns have been acted upon." Another told us, "I've never found anything to worry about."

Care plans were personalised and considered future plans and end of life wishes for people such as, where they would like to be cared for and interventions they would and would not like. Some people had declined to discuss this subject and their choices had been respected.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. People's communication needs and preferences were considered throughout their care planning. Where people needed any additional communication support, such as having information read aloud, this was indicated in their care plans. Staff were knowledgeable about people's communication needs.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 7 December 2015, we identified areas of practice that needed improvement. These were no mechanisms in place to monitor incident and accidents to identify any emerging trends or themes. A robust quality assurance system was not in place to identify where quality or safety was being compromised. At this inspection we found that there were still no mechanisms in place to monitor incidents and accidents to identify emerging trends. We also found systems were not sufficiently robust to identify where quality or safety was being compromised.

There was a quality assurance framework in place however, this did not always result in actions identified to rectify issues being completed. For example, the service had a system of peer checking in place after medicines had been administered. However, this had not happened consistently and had not addressed the concerns we found about people receiving their medicines correctly and medicine administration recording.

The service had been visited by their inhouse compliance team and a medicine audit carried out in May 2018. This highlighted issues such as the need for competency assessments for staff and incorrect balances of medicines. However, this had not lead to improvements in the management of medicines and we found similar concerns during our inspection.

The provider had not ensured good governance had been maintained. Therefore, the above areas are a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was working at the service the time of this inspection. However, they had recently returned, having been absent from the service for seven months. This is an event notifiable to CQC. A notification about this absence was not submitted to us.

This was a breach of Regulation 14 Notice of Absence of the Care Quality Commission (Registration) Regulations 2009.

The CQC rating of the service was not displayed on the website at the time of the inspection. This was rectified by the service during the inspection process.

The provider sought feedback from people and staff. People's opinions were surveyed and actions was taken. For example, a food satisfaction survey had been recently completed. As a result, the service was reviewing the menus and had a number of meal choices to add.
People and staff told us the registered manager was supportive and approachable. One person told us, "I can speak to the manager when I want to." Another told us, "[Registered manager] is super and easy to talk to." A health and social care professional told us the registered manager was very knowledgeable and they had a good working relationship.

People and their relatives told us the service worked in partnership with other agencies, such as the local mental health teams, to ensure people received the right support. A health and social care professional told us the service kept them up to date with any changes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 Registration Regulations 2009 Notifications – notices of absence The provider had not notified us of the registered manager's absence from the location.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not being managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured good governance had been maintained.