Parkview House Care Limited

Parkview House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of Parkview House on16 and 17 December 2014.People were at risk of the unsafe management and recording of medicine. We found medicine that could not be accounted for. Medicines were not always signed for and the dose administered was not always recorded. This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines.

Parkview House is a 53-bedded residential and dementia care home that provides 24 hour care to people who are living with dementia, physical disability and/or sensory impairments. At the time of the inspection there were 43 people using the service. The home is situated over two floors and divided into four units, Larkswood, Ching, Nelson and Park.

The last inspection of Parkview House took place on 4 December 2013 and was found to be compliant in the three outcomes, care and welfare of people who use services, safety, availability and suitability of equipment and staffing.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

The home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of theMental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive.

We reviewed paperwork that evidenced people were involved in the planning of the care they received and were actively encouraged to do so. People told us that they felt cared for and respected by staff.

People also told us that they were happy living at Parkview and felt safe. We found the service was effectively supporting those who lived there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. People were at risk of the unsafe management and recording of medicine. We found medicine that could not be accounted for. Four people had been prescribed PRN (as and when needed) medication, however the amount given was not recorded.

Medicine had been removed from the blister pack on the incorrect date and there were medicines that were recorded as being administered, yet still remained in the blister pack.

At the time of our inspection no-one using the service was subject to the

Deprivation of Liberty Safeguards (DoLS).

There were comprehensive risk assessments in place to protect people from known risks.

There were sufficient numbers of suitable staff on shift to ensure people were safe and their needs were met.

Requires improvement

Is the service effective?

The service was effective. The service had comprehensive policies in place regarding Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's consent to care was obtained at all times by staff, this meant that people were doing things that they chose to do.

People received effective care and treatment from qualified, skilled and experienced staff who received ongoing training to ensure best practice was delivered and maintained.

People had access to health care services and ongoing support from external professionals, this meant that people were supported to maintain good health.

People were provided with sufficient nutritional food and encouraged to maintain a healthy balanced diet. They had access to a variety of drinks and could request more if they wished.

Good

Is the service caring?

The service was caring. Staff were respectful of people's privacy and dignity at all times and received ongoing training and support in ensuring privacy and dignity was respected.

Staff had developed positive meaningful relationships with people who used the service. Staff were respectful of people's needs and wishes and adhered to these at all times. People were actively encouraged to express their views and be involved in making decisions about their care.

Good

Summary of findings

Keyworker systems were in place to ensure that people had a designated staff member to discuss their concerns, wishes and needs.

Is the service responsive?

Good

The service was responsive. The registered manager had systems in place to ensure complaints were comprehensively investigated and action taken where appropriate. Care plans were regularly reviewed and audited to ensure they actively reflected the needs of the individual.

Concerns and complaints were dealt with in accordance to company policy.

The service provided a variety of activities to those who used the services in line with their likes and dislikes.

The service followed a person centred delivery of care, where people who used the service received care that was tailored to meet their individual needs.

Is the service well-led?

Good

The service was well-led. The home operated an open door policy which meant that staff were actively encouraged to raise any concerns or complaints with the deputy manager or registered manager.

The registered manager had built strong community links and actively sought partnership working. This meant that people were encouraged to be active members of the local community.

The manager carried out regular audits of the service. This meant that feedback of the service provision was sought from those that used the service, their relatives and external healthcare professionals.

The management team attended all training and worked 'on shift' to ensure they were aware of what is happening within each unit. The deputy manager worked on shift over the weekend, this meant that when the registered manager was not working another member of the management team was able to directly support the staff.

Parkview House

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 16 and 17 December 2014 and was unannounced.

The inspection team consisted of three inspectors. We gathered information we had regarding the home which formed part of our inspection, for example statutory notifications. Statutory notifications are reports that registered providers and managers of adult social care are required to notify CQC about, for example incidents, events and changes. We looked at the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make

Throughout the inspection we spoke with four people who used the service, two relatives, eight care staff, the maintenance person, the chef and kitchen assistant, the deputy manager and the registered manager.

We reviewed four staff files and seven people's care records during the inspection. We also saw training records, quality assurance records, policies, staff rotas, service management records and maintenance records. We also observed care and support in communal areas.

Requires improvement

Is the service safe?

Our findings

We found that the service being provided was not always delivered safely.

During the inspection we looked at eight medicines administration records (MAR) and found these had not always been completed correctly. For example, we found medicine had been removed from the blister pack on the incorrect date. Medicine had been signed as having been administered yet the tablet was still in the blister pack. Medicine for four people was prescribed as 'when needed' however it was unclear as to whether they had received one or two tablets as this information had not been recorded. This meant that additional doses could be administered thus putting the person at risk of overdosing. We also found that there were three tablets unaccounted for.

This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines.

We saw in one file that the person was being administered covert medicine in her food. Covert medication is medicine that is placed in either food or drink without the knowledge of the recipient. In order to administer covert medicines robust legislation must be adhered to. The registered manager had ensured that authorisation for administering the medication covertly was in line with legislation.

Not all mediation were stored in line with legislation at the time of the inspection. We found that fridge medicines were stored at the appropriate temperature.

The home had a comprehensive medicine policy in place which covered self-administration, storage of medicines, administration of medicines, covert administration and disposal of medicines. Each person's medicines administration record had an identification card with a photograph which meant that the risk of medicine being administered to the wrong person was minimised. The deputy manager carried out auditing of medicines. When there was a medicines administration error, staff recorded it and phoned the GP for advice. All full-time staff were trained to administer medicines. Staff were given the responsibility of administering medicines only when they were confident and seen as being competent to do so.

At lunch time we saw medicines being administered in both Park Unit and Nelson Unit. In both units medicines were administered correctly. Medicines were administered to one person at a time, which meant that the risk of errors occurring were minimised. We saw the staff member explaining to people what the medicine was before giving it with a glass of water. Staff also explained the purpose of the medicine, for example, for one person it was explained that it would help them feel better.

Staff who were responsible for medicine had all completed medicine training and were deemed competent in understanding and administrating medicines. This meant that the risk relating to medicines was reduced.

People living at Parkview House and their relatives told us they felt safe in the home. One person told us "I feel really safe here. I love it and wouldn't want to go anywhere else. The staff are lovely and always look after me nicely." People we spoke with said they had no concerns about their safety but knew they could talk to any of the staff or the manager if they needed to.

Staff had annual training on safeguarding and abuse. They were able to identify the different types of abuse and fully explained the procedure to follow if they had any concerns about a person who used the service. We saw that safeguarding was regularly discussed at staff meetings and in individual supervisions and appraisals, with staff having a good understanding of what to look for and how to work safely with people using the service.

The service had policies on safeguarding adults and whistleblowing. All staff were aware of these policies and how to report any concerns either directly to the manager by using the whistleblowing process.

There were clear processes for managing risk to make sure people were involved in any decisions about risks they might take. People had comprehensive care records that included risk assessments about their care and support needs.

Risk assessments were based on people's individual needs and preferences, with clear actions included for staff to minimise risk. These risks were managed in line with the policies and procedures of the service and were included within people's care files. Staff received First Aid training and were able to tell us how they would respond in an emergency situation. We observed that call bells were available in people's rooms and that these were answered promptly by staff. This meant that people's needs were being met in a timely manner.

Requires improvement

Is the service safe?

The building was well maintained, and the person responsible for maintenance told us about the systems for keeping people safe in the building. We reviewed the maintenance records which showed all repairs were dealt with quickly and effectively which meant that people were protected against known risks. The maintenance records, the fire systems, lift maintenance and legionella testing were all up to date. We reviewed the minutes of the Health and Safety Committee, which met bi-monthly. These minutes demonstrated effective reporting procedures and actions from requests from staff, people and family members about maintenance and safety of the premises.

We observed staff giving appropriate assistance to people to stand up using moving and handling equipment, this meant people were supported with their freedom by enabling them to move about the home freely.

People told us there were enough staff available to meet their needs. They told us, “The staff are terrific and really caring.” The service used regular staff who were able to provide cover at short notice, so all the staff and people knew each other and there was continuity of care. The registered manager told us that staff ratios were decided according to people’s needs. During the inspection we observed adequate staffing and people’s needs were being met. We reviewed five staff files and saw there was a clear and robust process for the safe recruitment of staff. Records showed appropriate checks prior to employment had been taken, for example references and disclosure and barring service checks.

The home maintained strong community links, for example the local church and Parkview had an agreement in place whereby if the home needed to be evacuated for any reason the church hall could be used as a temporary measure until alternative arrangements were made. This meant that people would not be at risk of waiting outside the home until they could be relocated elsewhere.

Good

Is the service effective?

Our findings

The manager told us that there were currently no applications under the Deprivation of Liberty Safeguards (DoLS). DoLS are legal safeguards that ensure people's liberty is only deprived when absolutely necessary.The manager told us that she was in contact with the Local Authority with regards to advice about general DoLS applications and was awaiting feedback. The home had comprehensive policies in place regarding Mental Capacity Act 2005 and DoLS.

We saw in one care file that a psychiatrist wanted to increase medicine, and the person did not want this. The staff respected this decision and explained to family members the importance of allowing people to make their own decisions about treatment and care. During the inspection we observed staff obtaining people's consent regarding the care they received.

Care files related to people's individual needs, giving a clear programme of care and support. These included details on nutrition, mobility, mental health, falls risk, wellbeing and manual handling. We saw examples of personalised care planning, for example in one file the mobility assessment had been reviewed following changes in circumstances, and the care plan stated two carers were required to support for specified tasks. We checked this was happening, and this was all recorded within the care plan.

Staff completed an induction period upon commencing employment whereby they were supported and guided by staff and management. Staff files confirmed that they received regular training for example safeguarding, discrimination, human rights, risk assessments, safety, premises, emergency plan, response to whistle blowing, medicines and infection control. Staff felt that they received adequate training to carry out their role effectively. We saw the training plan for 2015 which included the dates for each course on offer. The training for 2015 included Moving & Handling, Safeguarding, Mental Capacity and DoLS, Dementia, Health & Safety, Fire Awareness, Infection Control, First Aid, Medicines and Food Hygiene.

We saw that there was a low turnover of staff at the home, this meant that people who used the service were supported by staff that they were familiar with and who knew their preferences. An on call system was in place to ensure that adequate staffing was in place during an emergency, for example if a staff member called in sick for work.This helped to ensure that the home was always fully staffed.

Adaptions had been made to the premises to enable people to move around various parts of the home freely without the need for direct supervision. The home was split into four units over two floors, each had access to the lift and stairs. The upstairs unit had a door code to access the stairs which enabled people who had dementia to move freely throughout the top floor whilst keeping them safe from falling down the stairs. The home had various adaptions to the home to enable people to move freely without assistance, for example baths had hand rails to help people maintain their independence.

Food was prepared in the main kitchen based on the ground floor. There was a chef and a kitchen assistant who prepared homemade meals. During the inspection we carried out checks in the kitchen to ensure that the food provided was suitable. We found that all food was stored correctly and in date. Food that had been opened was labelled with the date of opening and best before date. Fresh food was delivered throughout the week and stock rotation was in place. Kitchen staff carried out checks such as fridge freezer temperatures on a daily basis, we also saw that a cleaning schedule was in place to ensure every aspect of the kitchen received a thorough clean. This meant that the risk of cross contamination and infection were being managed effectively.

During the inspection we observed lunch being served in two units. People were given a choice of juices to have with their meal and when one was not available this was brought up for them from the main kitchen. We saw milk and a selection of fruit and chocolates were delivered by kitchen staff to the dining rooms. The food provided looked appetising and was tailored to the preferences of each person. For example, people who did not like to have a lot of food on their plate had smaller portions than those that preferred larger portions. Care staff wore aprons when serving food and assisting people to eat. We saw staff spoke with people during the meal and asked if the food tasted good. One person was supported to eat their meal by staff who encouraged them to eat independently when possible, but directly supported them when they found it difficult.

Good

Is the service effective?

The registered manager and the deputy manager told us that they continually monitored the staff to ensure that they were seeking people's consent to the care they received. During the pre-assessment stage known risks were identified, to ensure that plans were put in place prior to the individual residing at Parkview House

Staff knowledge was continually assessed through the supervision and appraisal process observations as well as, team meetings and quality assurance. This meant that regular reviews of staff's work was carried out by staff took place and where needed guidance and support were given. We saw the minutes from the last team meeting which was held on 23 July 2014 where 35 staff members attended. The meeting covered various topics such as maintaining skin integrity and reporting skin changes, health and safety issues, safeguarding and a pending visit by Health Watch. This meant that staff were kept up to date on any changes regarding these areas.

We saw evidence that showed people received access to health care services and received ongoing support from external professionals on a regular basis or when required, for example we saw a referral to the Speech and Language Team (SALT), doctor and district nurse. This meant that people's health needs were reviewed regularly and were met.

Good

Is the service caring?

Our findings

One person told us “It’s a lovely place the staff are terrific and really caring”, another person said. “The staff are lovely and always look after me nicely”. Another statement by a relative said, “It seems the management’s ethos is good and thus the environment and delivery of care is also good. An excellent place and not too overcrowded for the elderly people”. A quality assurance returned by the doctor said that Parkview stands out as a beacon of how care homes should be.

We saw a comment made by a district nurse that was complimentary of the work the care staff carryout at Parkview and that they actively enourage people’s well-being.

We observed staff interacting with people in a caring and respectful manner. Staff clearly knew the people well and spoke to them about things that mattered to them. Through our observations it was clear the staff had built and maintained positive working relationships with people. Staff were patient and respectful to those who became distressed and would offer reassurance verbally and by gently patting their arm. Staff actively encouraged people to be as independent as possible giving them positive responses when goals were achieved.

One person was observed chatting with staff, smiling and laughing. This person said to the staff member, “I like you with me.” Another person was observed holding hands with staff who were giving them reassurance as they appeared confused and distressed.

Staff were seen offering people choices regarding the care they received, for example one individual had declined to engage in the Christmas party which was taking place in the communal lounge. Staff then bought party food and to the person so that they were still part of the party in a manner of their choosing.

We observed one person informing staff they did not like the lunch that was being provided, staff then gave alternative meals that were available and then provided this for them

Staff would ensure people were not left in any way that compromised their dignity. Staff were observed maintaining people’s confidentiality, for example staff would not leave confidential paperwork in communal areas. The manager and deputy manager told us that all staff received privacy and dignity training and staff were monitored through observation of their work, to ensure that people’s privacy and dignity was respected at all times.

We observed staff explaining to people what they were doing, for example staff explained it was time for lunch and that they would need to wash their hands first. The staff member repeated this several times to the individual to ensure that they understood.

During the inspection we saw that people received visits from their relatives and were able to spend time with them privately or in the communal areas, depending on their preference.

The manager told us that they tried to ensure that relationships between people and their relatives were maintained and actively encouraged. For example relatives were invited to attend house parties and consistent contact was maintained between the registered manager and relatives.

End of life care preferences had been recorded where possible. Staff were aware of people’s preferences and involvement from relatives and medical professionals was sought.

Good

Is the service responsive?

Our findings

Staff followed a person centred approach to the delivery of care. This meant that people received care in line with their likes, dislikes, needs and requirements. Each person had an allocated keyworker. A keyworker is a staff member responsible for ensuring an individual has everything they need in terms of their health, support and personal requirements.

Parkview House also provided respite care to people who required short term care, for example when discharged from hospital before returning to their own home. We saw comprehensive pre-assessment documents that the registered manager had completed to ensure that Parkview were able to meet the needs of the individual and ensure a person centred plan was in place. The registered manager told us that all staff were aware of how distressing it can be for people moving between services and the signs that they should look for. This meant that staff were able to support those moving into Parkview and offer support and guidance.

The management team continually reviewed the care they provided to people. Care plans and risk assessments were reviewed monthly and amended as and when changes occurred.

Regular meetings were held for people to discuss any changes they wished to see. These meetings were also an opportunity for the staff to notify people of upcoming events, changes to the service or any other important information.

The home employed two activities co-ordinators, one of whom worked on a 1:1 basis offering activities to those who could not or did not wish to join in group activities. We saw that the activities coordinator spent time discussing historical information with one individual, which encouraged them to think about their past. The individual clearly enjoyed the time with the 1:1 activity coordinator and could be heard laughing and reminiscing. The activity coordinator told us that she spent one day in each of the four units Monday to Thursday supporting people to engage in a variety of activities, this included exercise for hands, crafts, and armchair exercises. On Fridays there was a Book Club with discussion which was open to everyone from all units.

On the second day of our inspection the home was having their annual Christmas party, which was being held in the communal lounge. An entertainer had been booked and sang a medley of songs which were familiar to people using the service. The atmosphere at the party was one of fun and everyone that attended appeared to be enjoying themselves. People who were able to, were dancing, whilst others clapped and sang along to the music.

The registered manager told us that some people attended a Christmas show at the local theatre and the local school sent their choir to Parkview to sing carols.

People were encouraged to engage in activities that were of interest to them, for example one person enjoyed going out and where possible this was arranged for them. The manager told us that they were in discussions with head office about the option of jointly purchasing a minibus with another home so that more planned community based activities could take place.

The registered manager told us that people from the church visited the home every week to offer communion to those that wished to receive it.

People of all faiths were supported and encouraged to maintain their faith.

Comments made about activities by relatives were, “Although my own relative is not capable to join in much at all, I do see the options and opportunities for other people and I believe the choice is good and varied and appropriate”.

The activities co-ordinator told us that when the weather was good activities took place around the table in the garden. Activities included memory games, historical questions, and a lottery with prizes. There were competitions between the different units for painting, maths/grammar, word searches, and naming famous people. Additionally there were trips to the park, the local shops, events in community halls and church events.

The registered manager responded to complaints in a timely manner ensuring where possible a positive outcome was obtained. She also told us that people can raise concerns or complaints to her, the deputy manager or any other member of the team. The home had a complaints folder which contained complaints made by people, their relatives, and external professionals. The complaints file

Good

Is the service responsive?

logged the complaint and stated what action if any was required, when, by whom and the outcome. We saw that complaints were reviewed and dealt with in line with the company policy.

The service had in place a comments book where people, their relatives and staff could leave messages and suggestions for the management. The manager then reviewed the comments made and took action where required.

Good

Is the service well-led?

Our findings

Staff told us that they felt supported within their role and could approach both the deputy manager and manager if they had any concerns. Quality assurance questionnaires completed by people who used the service stated "there is opportunity to express views about the home with the manager" and "The manager is helpful".

A recommendation made by Health Watch dated 2 September 2014 indicated that Parkview should share their good practices with other homes within the borough and that the home has a positive and inclusive culture based upon a person centred approach.

The manager and the deputy manager told us that they worked on shift to ensure that they were aware of what was happening in each unit and if the care needs of people had changed. This meant that staff and people had regular contact with the home management.

The manager ensured that the service provision was regularly audited. During the inspection we looked at the quality assurance and questionnaire folder. Questionnaires had been given to people, their relatives, staff and external professionals. Once returned they were sent to head office wherethey were then analysed for the registered manager and action plans put in place where required. During the inspection we looked at completed questionnaires for nine people, four staff and 13 relatives. The registered manager had acted on feedback given in the quality assurance documents and from the communication book completed by relatives.

The registered manager also used other methods to monitor the service provision, for example manager's weekly meetings. We saw a manager's weekly meeting was held on 9 December 2014 where the topics covered included people's health and welfare, the accident book and infection control.The registered manager told us that a weekly manager's report was sent to head office for further auditing. This meant that the registered manager actively sought feedback to improve the service provision.

The provider visited monthly to check all aspects of the service.The report indicated that the provider had spoken to people, their relatives and representatives. Observations were made of staff interaction with people and interviews were held with staff where no concerns were raised. A review of the premises had also been undertaken by the provider along with checking records and complaints log. The registered manager told us that information gathered by the provider was shared and followed up.

A record of all phone calls with families was kept. We looked at these logs, which were up to date. One record about a family of a person who used the service for respite on 24 November 2014 read "[person] loves it here, she has been well looked after and has enjoyed the food. [Person] will go back home to organise the selling of her home then come back [to Park View] permanently." This meant that people could share their views and make the registered manager aware of things anonymously.

There were audits to monitor the health and well-being of people. These were carried out on a monthly basis and acted upon accordingly. We looked at the records relating to Waterlow assessments, this is a method by which the level of risk to people of developing pressure sores. The records were up to date and action taken when required.

The registered manager told us she carried out unannounced spot checks to monitor the working practices of night staff. The outcome of these checks were recorded in the manager's weekly report to head office. We saw evidence that these checks were carried out and appropriate action taken if appropriate.

There was a "policy of the month" system in place where a chosen policy was discussed in staff meetings including safeguarding. Memos were sent to staff about topics such as safeguarding which all staff were required to sign when read. This meant that staff were kept abreast of any changes to the policies and refreshed their knowledge.

The home had in place an interaction book, which was completed by the registered manager and the deputy manager when they observed good or bad care practice by staff. This book showed the outcome of observations and the discussion with the member of staff who was observed. The registered manager told us that there was a rewards system in place in recognition of outstanding performance by staff. This was confirmed by staff. This meant that staff continuously strived to provide good standards of care.

The manager told us that people and their relatives often asked questions relating to Power of Attorney and other legal matters. In order to ensure that the correct information was given, the manager had arranged for a solicitor to hold an evening meeting with anyone that

Good

Is the service well-led?

wished to attend and answer any questions they may have. This meant that people and their relatives would be able to gain correct legal information regarding any aspect relating to people's care and finances.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, handling, safe keeping and safe administration of medicines used for the purpose of the regulated activity.