

Mr & Mrs Frank Silva

Park View Residential Home

Inspection report

118 Gammons Lane
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Ratings

| | |
|---------------------------------|-------------------------|
| Overall rating for this service | Inspected but not rated |
|---------------------------------|-------------------------|

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|---------------------------|-------------------------|
| Is the service safe? | Inspected but not rated |
| Is the service effective? | Inspected but not rated |
| Is the service well-led? | Inspected but not rated |

Summary of findings

Overall summary

About the service

Park View Residential Home provides accommodation and personal care for up to five people with mental health and learning disability support needs. At the time of our inspection there were four people who were receiving support.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. This was because people's choice, control and independence was not always promoted. Mental capacity assessments did not accurately reflect one person's fluctuating capacity. Whilst best interest decisions on behalf of people were documented, records did not reflect if the action deemed appropriate was the "least restrictive", in line with the principles of the Mental Capacity Act 2005.

The quality assurance systems were not robust enough to recognise improvements were needed to meet best practice guidance and legislation.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 May 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 07 March 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the restrictions in place on people at the service and the promotion of people's independence.

We undertook this targeted inspection to check they had followed their action plan and to confirm they now

met legal requirements. Targeted inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a further breach in relation to the lack of adherence to the principles of the MCA and the use of inappropriate restrictions.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Park View Residential Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on whether the provider had met the requirement notice served in relation to Regulation 11 (Need for consent) of the Health and Social Care Act and a specific concern we had about how the service was working within the principles of the Mental Capacity Act and how the provider ensured that people's basic human rights were at the centre of their care.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Park View Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff including the manager and care workers.

We reviewed a range of records. This included four people's care plans relating to mental capacity and any deprivation of their liberty. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with five additional members of staff and one relative. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who had been involved in supporting people living at the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check whether the provider had met the requirement notice served in relation to Regulation 11 (Need for consent) of the Health and Social Care Act and a specific concern we had about how the service was working within the principles of the Mental Capacity Act and how the provider ensured that peoples basic human rights were at the centre of their care. We looked at infection prevention and control measures under this key question. We look at this in all care home inspections even if no concerns or risks have been identified. We will assess all of the key question at the next comprehensive inspection of the service.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. When we arrived at the service, our temperature was not taken, and health screening not completed. The interim manager explained this would normally be completed.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. disposal of used PPE was not in line with guidance.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check whether the provider had met the requirement notice served in relation to Regulation 11 (Need for consent) of the Health and Social Care Act and a specific concern we had about how the service was working within the principles of the Mental Capacity Act and how the provider ensured that people's basic human rights were at the centre of their care. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had placed restrictions on people at the service and failed to promote people's independence. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of the principles of the Mental Capacity Act, but these were not consistently embedded in their practice. The manager had completed mental capacity assessments which detailed the decision to

lock the kitchen drawer containing knives and a cupboard containing cleaning products. Three people had been deemed to have capacity to consent to this arrangement, with it being deemed in the fourth person's best interests. Staff told us people could request the cupboard/drawer to be unlocked at any time. However, records did not indicate that alternative arrangements had been considered, to ensure this was the least restrictive option. Staff told us people had consented to this arrangement but had not considered the impact on people's independence.

- Mental capacity assessments for people living at Park View Residential Home, demonstrated that three had capacity to consent to the locked front door, with it being in the fourth person's best interests. Staff told us that, where people had capacity, they could not prevent them from leaving the home and they would unlock the door, if asked to. However, there was no evidence that staff had considered ways in which this restriction could be minimised. This meant people's independence was not fully promoted.

We found no evidence that people had been harmed however, there were restrictions placed on people living at the service and independence was not promoted. This placed people at risk of harm. This was a continued breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Mental Capacity Assessments were not always completely accurately, especially where people had fluctuating capacity. We identified instances where the assessment clearly indicated a person had capacity to make the decision, however, the manager had recorded that they lacked capacity. A corresponding best interests' decision had been recorded, meaning that person was prevented from making their own decision.

- The provider's practice around DoLS was not consistent. Staff had recently worked closely with professionals to determine if a person had capacity and if a DoLS was required. We received positive feedback from a professional involved in this process. However, in another instance, an urgent authorisation to deprive a person of their liberty had been submitted in 2018, to last 14 days. There was no evidence on file and the provider was unsure if this had been followed up with a standard authorisation. Following the inspection, the DoLS Team confirmed that the correct authorisation was in place.

- People's dignity was not always respected. During the inspection we were shown into a person's bedroom whilst they were sleeping, which was not appropriate and demonstrated a lack of consideration for their privacy.

- The interim manager told us that due to COVID-19, visits to the home had been restricted. A relative confirmed this. Although the service was in the process of building a summerhouse in the garden, indoor visits were not being facilitated, in line with government guidance

We found no evidence that people had been harmed however, assessments of people's capacity had not been completed accurately and decisions were made on behalf of people where they were not needed. This placed people at risk of harm. This was a further breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check whether the provider had met the requirement notice served in relation to Regulation 11 (Need for consent) of the Health and Social Care Act and a specific concern we had about how the service was working within the principles of the Mental Capacity Act and how the provider ensured that peoples basic human rights were at the centre of their care. We will assess all of the key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager. There had been a recent change in management. The deputy manager had stepped into the role of interim manager; however, they spoke about how they were continuing to develop their management skills and knowledge of the role. This meant they were not familiar with all regulatory requirements.
- One relative told us whilst they were "reasonably happy" with the care provided, communication could be improved. They told us they had raised concerns with the provider, but these had not been addressed.
- Staff said they felt supported by the management and they felt the team worked well together. One staff member told us, "My deputy manager and the providers are supportive at any time."
- The provider had a safeguarding policy which detailed how people should be protected and how staff should report any concerns. Staff said they had not witnessed any concerns, however they felt comfortable to report anything to the interim manager. One staff member said, "I'm comfortable to give my suggestions and raise my concerns."
- The interim manager completed a range of internal audits, however there were limited details of evidence or associated action planning. The interim manager had however, developed an action plan for improvements to the décor of the service.
- Both the interim manager and staff told us the provider was supportive and gave them guidance and advice. We saw evidence which demonstrated that that the provider made regular visits to the home to undertake monitoring and quality assurance processes.
- The management team welcomed feedback and were willing to look at how they can improve their knowledge and practice.

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 11 HSCA RA Regulations 2014 Need for consent Assessments of people's capacity had not been completed accurately and decisions were made on behalf of people where they were not needed Regulation 11 (1) (3) |