

RCH Care Homes Limited

Park View Care Centre

Inspection report

Field View
Park Farm
Ashford
Kent
TN23 3NZ

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Park View Care Centre is a residential care and nursing home for people living with dementia and older people. The care home accommodates up to 88 people. At the time of inspection there were 61 people living at the home. There are two units which accommodate people with nursing needs upstairs and there are two units which accommodate people living with dementia downstairs. The upper floors are accessible via a lift. Each unit has their own communal dining and lounge facilities.

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

People told us they felt safe and were happy with the care provided. Risks to people were managed safely. There were enough safely recruited and competent staff to ensure people's needs were met. The registered manager ensured lessons were learnt from any accidents and incidents.

The home had assured good practice in the management of infection prevention and control and had managed very well through a difficult time during the Covid-19 pandemic.

The quality and safety of the service was ensured by the registered manager. Care workers told us it was a good place to work and they were well supported. There was a positive and caring culture. Feedback from staff and people was listened to and used to make improvements.

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

Rating at last inspection

The last rating for this service was Good (published 20 March 2020).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about safe care and treatment of people using the service. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They 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.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 well-led?

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

Park View Care Centre

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we had about safe care and treatment of people using the service.

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

This inspection was carried out by two inspectors who visited the site. An assistant inspector spoke with staff off site and an Expert by Experience spoke with people off site via video calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Park View Care Centre 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave very short notice of the inspection and called the service an hour before we arrived. This was to check if any staff or people at the service had tested positive or had symptoms of Covid-19 and to discuss arrangements for the inspection and PPE required.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 five people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, dementia care manager, nurses, and care workers.

We reviewed a range of records. This included seven people's care records and associated risk assessments. We looked at three staff files in relation to recruitment records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rotas, quality audits and incident analysis records.

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.

Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe living in the home. One person said, "I feel very safe and protected here. I think the staff are under pressure, but they know what they're doing, even the new ones. Everyone is wearing masks and gloves." People's relatives also told us they thought their loved ones and other residents were safe and well cared for. One relative said, "They have been there for 18 months and have always been clean and well looked after and the other residents have been clean. We have no concerns about their care. They seem quite happy and improved in their health since first going in there."
- People were cared for safely. Risks to people were identified and were reviewed regularly or in response to an incident such as a fall. Risk assessments were detailed and provided staff with the necessary guidance needed to ensure they supported people safely, mitigated risks and met people's needs. For example, falls risk assessments identified control measures to mitigate the risk of the person falling such as the use of sensor mats and regular checks.
- Incidents and accidents were reported, recorded and appropriate action taken both in response and to prevent reoccurrence. For example, following an incident where keys to a medicines room were lost, analysis identified a communication failure and a key check at handovers was introduced.
- Risk assessments and PRN (as required) medicine protocols were in place for people with behaviour that challenged. These identified what the behaviour was, the risk and the control measures to mitigate the risk. These included less restrictive measures first such as having a cup of tea and a chat with the person. They provided guidance to staff why, when and how PRN medicines should be used. There was minimal use of PRN medicines to manage behaviour that challenged which is in line with good practice. We identified people may benefit from positive behaviour support plans to offer more details to staff of the approach to take. We also suggested using more formal debriefing records with staff following incidents of behaviour that challenged. These may help to further identify lessons learnt from themes. We discussed this with the manager who was responsive to the suggestions.

Staffing and recruitment

- Staff were recruited safely. All the required pre employment checks were completed. For instance, references and Disclosure and Barring Service (DBS) background checks for all staff. Both checks help employers to make safer recruitment decisions. The provider had not always recorded a full employment history. We spoke to the deputy manager about this who confirmed the providers policy was for 10 years. The provider has taken immediate action to rectify this. They have reviewed their policy and amended to require a full employment history. The deputy manager has also evidenced one staffs full employment history where we found it missing.

- There were enough staff to meet people's needs. People told us when they ring the bell staff came quickly. Call bells were responded to and people's needs were met in a timely manner. People's dependency needs were used to calculate the staff needed and these were reviewed monthly. Rotas showed the hours allocated were above the identified dependency needs. Additional staff were allocated following episodes of behaviour that challenged.
- Staff had the training and skills they needed to care for people safely. Staff competencies were checked, for example in relation to the administering of creams. All staff had completed a full induction and training programme to support them in their role and to meet people's individual needs. For example, training around diabetes and dementia. Nursing staff had completed additional training with competency checks for specific procedures such as catheterisation. This is a procedure used to drain the bladder and collect urine through a flexible tube. Some face to face training had been cancelled due to Covid-19. There was a clear training plan to ensure new staff complete all the required training and existing staff have regular refresher training.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. We did not see a risk assessment on file for one new staff member in a higher risk group. The home had a risk assessment in place for staff to have weekly testing and staff in higher risks groups had been shielding. The provider has responded to this issue and has implemented a more detailed risk assessment which considers risk factors for individual staff, including those from black and ethnic minority backgrounds. The deputy manager has evidenced the missing risk assessment and has a plan in place to ensure the new risk assessments are completed for all staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- 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.

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 Good. 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 a specific concern we had about the management of safe care and treatment of people using the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The governance framework had ensured the delivery of high quality and safe care. The registered manager had good oversight of the service. Risks to people had been identified and managed to mitigate the risks. Records were complete and up to date to guide staff on the care people needed. Quality assurance systems, such as audits, checks, and daily monitoring were used effectively to monitor all aspects of the service. For example, infection control and medicines audits. Registered managers audits were completed monthly and actions were identified as a result and used to make improvements.
- There was a positive, caring culture set by the registered manager who was a regular presence in the service. The home had been through a very difficult period at the beginning of lockdown in the Covid-19 pandemic. This had been well managed so that both people and staff received the support they needed. Staff told us the senior staff and registered manager were approachable and they would act on concerns raised. Staff also told us they felt supported in their work.
- People told us they felt listened to and could raise any concerns they had. One person said, "If I needed to, I would talk to the main nurse if I was bothered about something, but I've got no complaints. There's a very good level of communication here, they're always talking to you. The staff are very good and there's a really friendly and comfortable atmosphere here". Another person said, "You're free to say what you like here, and people listen to you. I think I'm very lucky to be here. I'm treated like a king here...They're devoted to caring, you come first every time." Relatives told us there was good communication with them and they could raise anything with the manager. One relative said, "The management are very good, it doesn't matter what you ask for, it comes across as being no trouble to them."
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The manager clearly understood their role and responsibilities and had met all their regulatory requirements. All incidents reported were monitored for outcomes and lessons learnt.