

Mr & Mrs Frank Silva

Park View Residential Home

Inspection report

118 Gammons Lane
Watford
Hertfordshire
WD24 5HY

Tel: 01923219167

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

About the service: Park View provides accommodation and personal care for five people with mental health and learning disability support needs. At the time of our inspection there were five people who were receiving support.

The provider needed to improve how the service met the values of Registering the Right Support and other best practice guidance. Including promoting people's choice, independence and inclusion and encouraging people to have control of their lives and lead interesting and enjoyable lives.

People's experience of using this service:

People were safe at the service and they developed trusted relationships with staff.

People lived in a clean environment, there was a separate building which could be used for social occasions and activities.

Staff told us they received training and support to carry out their role. Staff felt supported by the registered manager.

Where people did not have capacity to understand and make decisions affecting their lives in line with the mental capacity act 2004, in some cases this had been taken into consideration. The manager had submitted a deprivation of liberty application, however there were other restrictions found at the time of the inspection which had not been considered.

Support plans and risk assessments were in place, these detailed the persons immediate support needs, as well as people's goals and aspirations.

The service had quality assurance systems in place to monitor the care provided, However the system did not identify the area's needing review that were found at this inspection.

Rating at last inspection: At our last inspection, the service was rated "good". Our last report was published on 30th August 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Enforcement: At this inspection we identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around need for consent. As a result, the overall rating for this service is rated 'requires improvement'.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Is the service effective?

Requires Improvement ●

The service was not always effective

Is the service caring?

Good ●

The service was caring

Is the service responsive?

Good ●

The service was not consistently responsive

Is the service well-led?

Requires Improvement ●

The service was well-led

Park View Residential Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors completed the inspection.

Service and service type:

Parkview is a residential home. People in the home receive accommodation for people who require nursing or personal care.

The service did not have a manager in place who had registered with the Care Quality Commission, however the manager had submitted their application to register

Notice of inspection:

The was an unannounced, comprehensive inspection.

What we did:

Our inspection was informed by evidence we already held about the service. We checked for feedback from local authorities, relatives and health professionals.

We asked the service to complete a 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 improvement they plan to make. The service had returned their PIR 07/02/2019

We spoke with three people who use the service and one relative.

We reviewed two people's care records, two staff files, audits and other records about the management of

the service.

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of the inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse.
- Staff told us they knew how to recognise abuse and protect people from the risk of abuse.
- People were helped with managing their daily money. Processes were in place to make sure the money was stored securely.

Assessing risk, safety monitoring and management

- Risks relating to people's care and support were identified.
- People had personal evacuation plans in place. Personal evacuation plans set out the specific physical and communication requirements that each person had so they could be safely evacuated from the service in case of an emergency.
- People, who at times had behaviour which challenged others, had risk assessments and care plans in place. However, this did not detail how to positively support people when they were experiencing high anxiety. As there was a regular staff team they were able to manage people's anxiety through getting to know them, but in case of change of staffing they did not cover the areas of support which could cause additional risk to the person and the staff.
- Staff carried out regular health and safety checks of the service. Equipment was regularly serviced and well maintained. People and staff were involved in fire drills.
- Environmental risk assessment review were completed by the service 6 monthly, the last check completed stated window restrictors were in use. At the time of the inspection it was noticed that window restrictors in the TV lounge on the top floor were not used, this was raised with the manager at the time of the inspection

Staffing and recruitment

- There were enough staff available to keep people safe. The provider completed staff rotas. Staff told us that there was a regular staff team so the people living at the service had consistency of care. Throughout the inspection staff were there to support the people when needed.
- Staff were recruited safely. Each staff member had a disclosure and barring service (DBS) check, references from previous employment and an induction completed.

Using medicines safely

- People's medicines were managed safely. Staff met good practice standards when handling medicines.
- Staff understood their responsibility and role in relation to medicines. People received their medicines as prescribed. Staff had undertaken competency assessments for medicine administration.

Preventing and controlling infection

- The service was clean throughout the home. There was hand washing guidance available.

- Staff had received the relevant training for Infection control and food hygiene training.

Learning lessons when things go wrong

- There were one record of an incident occurring. Staff were aware of how to report any concerns.
- In team meetings staff identified risk and what improvements were needed to mitigate identified risk.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- MCA assessments were completed in some cases; however, these had not been reviewed since 2014 despite people's needs possibly changing in this time.
- The manager had submitted an application to the local authority in respect of a person's decision as to where to live. There were other restrictions found at the time of the inspection which had not been considered as a deprivation of liberty by the service.
- The provider did not consider less restrictive ways to support people to make an informed choice.
- One person's care plan stated that a set number of cigarettes would be provided per day. These were locked in the office. There was no evidence of best interest decision, mental capacity considered or DoL's. Staff stated that the person had the understanding around smoking and if they wanted more than specified in care plan they could ask. This meant that the person had to ask for more cigarettes and did not have control of this themselves.
- Staff locked the cupboard doors in the kitchen as one person was at risk of harming themselves with the knives and cleaning products. Staff had not considered how this restricted other people or sought ways to minimise this restriction. The staff said that the people could ask for anything at any point and they would get this for them. This meant the service did not support or promote people's independence and unlawfully restricted their access.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving into the service. Their support and risk assessments identified their immediate support needs.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed that they received training and support to carry out their roles effectively.
- Staff received regular supervisions. One staff member said, "I am comfortable to approach the manager at any time and feel I have the freedom to talk and make suggestions."

Supporting people to eat and drink enough to maintain a balanced diet

- People's weights were checked regularly and a risk assessment was in place detailing how to manage the person's needs if they were losing weight.
- People were supported to have their food modified where this was needed. Speech and Language Therapist (SALT) guidance was in place. Feedback from the SALT professional stated, 'The staff are very keen to make the amendments in the home. They were very grateful for my involvement.'
- Staff developed a four-weekly menu which had varied meals. One person said, "I like to have chicken casserole. Monday, we had raspberry trifle. I would like to make bubble and squeak but they haven't given me it here." Throughout the inspection the staff offered choice by explaining to people if they did not want what was on the menu they could have something else. People are involved in meetings where they can request food they would like.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend appointment with health care professionals to maintain good health this included GP, Community Nurses, optician, dentist and SALT.
- An external professional saw positive staff interaction with the people living at the service. "They clearly knew the people, there was friendly interaction with the service user".

Adapting service, design, decoration to meet people's needs

- The service had a lounge/diner and a TV lounge upstairs. There was a separate purpose-built building within the garden for activities and social occasions.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated they knew people's needs and preferences. We saw that people received support that was kind and caring. Staff spoke warmly about people living at the home. People were confident with the staff and the manager.
- People told us the staff were nice. One person described a staff member and had a big smile on their face when they spoke about them.

Supporting people to express their views and be involved in making decisions about their care

- The service gave the people living at the home and their relatives an opportunity to express their views of the care they received.
- The service was involved with a local care provider association who undertook an independent quality assurance survey on behalf of the provider. The feedback they received was positive. A professional stated 'The staff are passionate, considerate, kind, honest and caring. This is more than a job to them- it's doing what they love to do.'

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely and staff were respectful when discussing people's support needs.
- Staff had supported people with a positive move into Parkview. Staff gave examples of how they built positive relationships with the people to help maintain their health and wellbeing.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records highlighted identified risks and how people may feel when they become distressed or anxious, however there was no guidance on how staff should support people to reduce their anxiety.
- Care plans detailed people's goals and how they will be supported to achieve this. There was information about people's likes and dislikes.
- At the time of the inspection there was limited activities happening during the day. People's activity planner record did not show any varied activities. We observed staff playing an active role by making drinks and lunch for the people, there was not encouragement for people to develop their independence and involve people in the activity.
- Throughout the service there was pictorial information to help people to know which staff are on duty, what meals they were having for the day and what the weather was like.
- People had the opportunity to attend house meetings at Parkview to discuss their views.

Improving care quality in response to complaints or concerns

- We saw that when a complaint was received the manager responded to this appropriately and aimed to resolve the issue.
- Where concerns have been raised by relatives they felt listened to and things improved when they discussed the concerns.

End of life care and support

- The service was not giving end of life support to people at the time of the inspection, however support plans were in place with limited information and did not capture the person's wants or wishes at the end of their life.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us they were supervised regularly and they could reflect on their role.
- Staff felt supported and felt there was a good team ethos, including the manager. A staff member said, "The manager listens to our suggestions and is approachable, I feel supported for sure."

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

- The manager was going through their application to become the registered manager. They were a registered manager at another home close by and were aware of their responsibilities and sharing time between the services.
- There was a clear management and staffing structure in place with a regular staff team.
- The manager ensured that staff were up to date with their training and completed all the relevant training for their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular team meetings which gave the opportunity for staff to speak about people they are supporting and any issues relating to the service.
- People had their say with an impartial feedback surveys where they commented on the support they received.
- A relative spoke about the manager and said, "The manager seems really good and is professional and wants to do things correctly."

Continuous learning and improving care

- The manager completed weekly, monthly and annual audits, which included environmental audit, medication audits, finance audit. However, these audits had not identified the issues in relation to MCA, required support plan information and as required medicines reviews.
- Some people required medicine on an 'as and when needed' basis (PRN) Guidance was in place; however, the service had not followed their guidance in the frequency needed when reviewing the documentation. The guidance referred to reviewing PRN medicines annually. Although care notes showed that people had

reviews with the GP. The PRN protocols did not show that a formal review had taken place.

- As part of the organisations quality assurance process the provider completed audits and spoke to the people living at the service.
- Audits has been carried out by the local authority to check the quality of the care people received. Action plans had been produced from this and completed appropriately.
- The service had elements of the understanding of registering the right support, although need to look at improving the principles set out in building the right support around person centred care, encouraging control of their lives and lead interesting and enjoyable lives.

Working in partnership with others

- The service connects with health professionals and other organisations involved in people's care. Staff communicated effectively with the professionals involved to ensure people living at the services care and health needs are met.

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 People who use the service were restricted in their own home. The service did not promote peoples independence.