

St. Martin's Care Limited

# Park View Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Park View Care Home is a residential care home providing personal care to up to 65 people in a purpose-built building. The service provides support to older people including those who may be living with a dementia and/or a physical disability. At the time of our inspection there were 56 people using the service.

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

Medicines were not always managed safely. Monitoring of people's care records was not always maintained well.

Monitoring processes associated with risks people may face were not robust, this included monitoring checks on people's food and fluid and safety in the garden area.

Quality assurance checks and audits had not always found the issues we raised during the inspection, or when they had, issues continued.

Infection control procedures were safe, and the home was kept clean and tidy.

People felt safe and enjoyed living at the home. People and relatives were very complimentary about the kindness and caring attitude of the permanent staff team.

There was enough staff, although agency staff had to be used at times due to shortages. Recruitment procedures were good.

Activities were limited; however, the provider was reviewing this. We have made a recommendation about this.

Accidents and incidents were reported but we have asked the provider to review this after staff indicated some incidents were not always reported.

We received mixed views about the culture of the service relating to the management of the home. This was shared with the provider and a communication plan was put in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 6 October 2021).

At our last inspection we recommended the provider kept infection control and corresponding records under review, to ensure best practice was followed and recorded. At this inspection we found the

recommendations had been acted upon and improvements had been made.

#### Why we inspected

The inspection was prompted due to concerns received about the care people received, staffing concerns and the culture at the service. A decision was made for us to inspect and examine those risks.

We were also aware of a notification of an incident, following which, a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk at Park View Care Home. This inspection examined those risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 COVID-19 and other infection outbreaks effectively.

For the key question of Caring, Effective and Responsive which was not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park View Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, risk management and quality assurance at this inspection. 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Park View Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We also sought advice from a CQC specialist medicines inspector.

#### Service and service type

Park View Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park View Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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. We sought feedback from the local authority safeguarding and commissioning teams, the local fire authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 13 people and 15 relatives about their experiences of the care and support provided.

We contacted 47 members of staff via email to gain their feedback. In total we communicated with 19 members of staff including the registered manager, nominated individual, care staff, kitchen, domestic, maintenance and administration staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and multiple medicine records and monitoring charts. We looked at 4 staff files in relation to recruitment. 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 to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Medicines were not stored at a suitable temperature, regularly exceeding the maximum storage temperature for many medicines used by people. This had been discussed during our last inspection and we were told it was being addressed.
- Thickener was found in unlocked cupboards on three occasions in two separate units, including on one unit from the same cupboard we had previously removed it from. Thickeners are usually powders added to foods and liquids to bring them to the right consistency/texture for people with swallowing difficulties.
- Records for monitoring the application of topical medicines such as creams, were not always completed. Therefore, it was difficult to confirm if topical medicines had been applied as prescribed.
- Medicines in the form of patches were not always applied as prescribed.

Although the provider addressed some of these issues at the inspection, staff had not always followed the providers medicines management procedures in place to keep people safe. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their medicines on time and staff administered them in a dignified and supportive manner.

### Assessing risk, safety monitoring and management

- There were concerns with safety monitoring and the management of risk, including communal outdoor space not being robustly checked to maintain people's safety.
- Special mattresses to support people, were not always at the right settings. Details of the settings were not recorded in people's care plans. Although monitoring checks were in place, these had not always been effective.
- Monitoring records, including people's food, fluid and general observations were not always completed when required, this included people who were at risk of malnutrition.
- People who needed to be regularly turned in bed to promote good skin integrity, had incomplete records in place to confirm they had been moved as directed by healthcare professionals.

This was a breach of regulations 12 (Safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The emergency fire evacuation 'grab' bag was lacking in stocks of torches and charged batteries, which

could impede on a safe evacuation should that be needed. Pictures were sent to us of newly purchased torches and batteries after the inspection visit.

- Daily checks on the fire control panel were not always completed, but the provider told us this was being addressed by training additional staff.

### Preventing and controlling infection

At our last inspection we recommended the provider keeps infection control and corresponding records, under review to ensure best practice was followed and recorded. The provider had followed our recommendations.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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. One staff member constantly pulled down their mask to speak. We brought this to the attention of the registered manager to address.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and tidy throughout.
- 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.

### Visiting in care homes

Visiting was taking place in line with government guidance. Visitors to the home were welcomed.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people. People felt safe. Comments from people included, "I don't know what exactly it is that makes me feel safe, but I do. The doors are locked and that makes me feel safe" and "Yes, I feel safe, they are very good people here."
- People appeared relaxed in the company of staff on duty.
- Staff received training in safeguarding people from abuse and told us they would have no hesitation reporting any areas of concern.
- The provider had up to date safeguarding and whistle blowing policies and procedures in place.

### Learning lessons when things go wrong

- The nominated individual sent us an action plan and a communication plan after the inspection to show what they had done to address the issues raised during the inspection.
- Accidents and incidents were analysed for any additional learning. Staff reported some incidents were not always reported in line with the providers policy and best practice. The provider was asked to investigate this.

### Staffing and recruitment

- Robust recruitment checks were in place.
- There was enough staff to meet people's needs. Staff responded in a timely manner when people needed support.
- Due to the current staffing situation nationally, it was acknowledged that agency staff had to be used at

times. However, the provider had a robust recruitment drive in place to fill posts as quickly as possible and a range of incentives to attract potential staff.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# 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 our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the management of the service was inconsistent. Leaders and the culture they created did not always support the delivery of safe and high-quality care.

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

- A comprehensive range of audits and quality improvement checks were completed however they had not always identified the shortfalls we found during this inspection, including those in connection with medicines management.
- Where audits or checks had identified areas for improvement, issues continued to occur, for example the checks made on mattresses.
- Record keeping in relation to monitoring people's care, needed improved.

The failure to ensure an effective system was in place to monitor the quality and safety of the service was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff were clear about their roles. One relative said, "Staff are brilliant; really on the ball. They are great with people with dementia and know how to speak to people with dementia."
- People and their relatives thought the service was well run. Some people and their relatives commented they thought the registered manager was not always visible.

Continuous learning and improving care

- The provider continued to learn and wanted to improve care. Following our visits to the home the provider sent us documents which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection.
- Food menus on display did not reflect the meals produced. We discussed this with the registered manager, along with other suggestions to enhance mealtime experiences. The nominated individual told us suggestions had been acted on.
- Some people and their relatives commented on laundry procedures not being robust and items going missing. The provider had already taken action to improve procedures with further measures being implemented.
- People, relatives and staff commented that activities in the home could be better. We discussed this with the management team. They later sent us a plan and told us of additional activities planned and that a meeting with the staff team was in place to discuss this further.

We recommend the provider further reviews activities to ensure they meet the needs of every person in the

home in line with best practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had not always promoted a positive, open and inclusive culture. There were mixed views from staff, even though a staff survey in May had been positive. Many of the staff team described poor communication, lack of confidentiality and lack of support and trust. One staff member said, "Confidentiality is maintained amongst the residents by all staff but staff confidentiality, not so much". Another staff member said, "I used to trust management, but not so much now." A further staff member said, "We are all a good team who work well together, we have just lost our way a little."
- There were mixed views from staff on feeling being able to raise concerns because of not being listened to or what might happen as a result. One staff member said, "Sometimes you report something, and it feels like they just don't want to know, and nothing comes of it." However, another staff member said, "The management team is always approachable and accessible. I never have any issues which wasn't solved by them."
- People told us they liked living at the home. One person said, "It's lovely; very nice. I just feel cared for. If I'm worried about anything, they [staff] try to sort it out. The carers are smashing; kind and caring."
- The registered manager was able to explain duty of candour and the need to apologise if things went wrong.

The provider sent us a communication plan to address the issues raised by staff during the inspection.

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

- People and relatives were involved within the service. They were communicated with, including during visits to the home and via telephone to keep them up to date.
- Surveys were completed to gain feedback. This included with staff. The latest survey had been positive but did not reflect current staff feedback.
- Staff meetings had taken place and had become more regular after action by the provider.
- There were mixed views on how engaged and involved staff felt. Some staff felt supported and fully engaged in the running of the service. One staff member said, "I have had hardly any supervision since I started." However, another staff member said, "I feel supported in my job role." A third staff member said, "I occasionally feel supported." The registered manager had a supervision schedule in place to address this.

Working in partnership with others

- The staff team worked in partnership with health care professionals. A meeting was planned with the district nurse team to help further enhance working relationships.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not managed in a proper and safe way.</p> <p>There were failures to ensure risks to people were appropriately and accurately mitigated to ensure care was provided in a safe way.</p> <p>Regulation 12(1)(2)(a)(b)(d)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure they operated effective systems and processes to ensure compliance with regulations.</p> <p>There were failures to assess, monitor and improve the quality and safety of the service and failures to assess, monitor and mitigate risks relating to people's health, safety and welfare.</p> <p>17(1)(2)(a)(b)(c)</p>