Park View Nursing Home Limited

Park View Care Home

Inspection report

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Date of inspection visit:
09 May 2019

Date of publication:
13 June 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Park View Care Home is a residential home that was providing personal care to 33 people over 65 at the time of the inspection. Some people who used the service were living with dementia.

People's experience of using this service:
People told us they received safe, caring support at the service. People received their medicines when they needed them, and there were systems in place to ensure people were protected against the risk of abuse. The premises were generally clean and there was good infection control practice in place. There was a friendly atmosphere at Park View Care Home, and we saw people looked well cared for.

There were sufficient staff to provide prompt care and support when people needed it. People told us, "I think they (staff) are kind and respectful. They talk to me and have a laugh." and "There is always someone around if I need help." When people needed support from healthcare professionals such as GPs, this was arranged promptly, and we saw staff followed advice they were given to ensure people's health was maintained. A community matron praised the way staff supported people with their healthcare needs. Staff were recruited safely and trained effectively, they had formal supervision and informal support whenever they needed it from the registered manager and deputy manager.

People's needs were assessed, and care was planned and delivered in a person-centred way, in line with legislation and guidance. There was little evidence of people having been involved in the care planning and review process, but this had been recognised and was being addressed by the registered manager. Staff knew people and their needs well, and we saw caring interventions and conversations throughout our inspection. People said they enjoyed their meals and their dietary needs and preferences were met.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make their own decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

The registered manager asked people, their relatives, staff and health professionals for feedback about the home, and conducted audits and checks to further ensure the quality of care and support provided to people. Complaints and concerns were well managed, and the registered manager took prompt action to address any minor issues we raised during the inspection.

Rating at last inspection: Requires Improvement (report published in May 2018). The service had improved at this inspection.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we are scheduled to

return. We inspect according to a schedule based on the current rating, however may inspect sooner if we receive information of concern.

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? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was Effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

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. 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:
This inspection was carried out by two adult social care inspectors 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.

Service and service type: Park View Care Home is a care home without nursing. This means it provides people with accommodation and personal care. People in care homes receive accommodation and nursing or personal care as 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: Our inspection was unannounced.

What we did:
Before the inspection we reviewed information we had received from the service including notifications about incidents in the home that the registered manager is required to make and the Provider Information Return (PIR). The PIR is a form we send to providers to ask about their service including how they plan to continually improve the care and support they provide. We also asked the local authority, safeguarding teams and other professionals who have contact with the home for any information they could share about the service. We did not receive any information of concern.

During the inspection we spoke with the registered manager, the deputy manager, five members of staff

including the cook, five people who used the service and three visiting relatives. We looked at four people's care records and other records including those connected with recruitment and training, premises maintenance, medicines administration and quality monitoring.

We observed staff providing support to people in the communal areas of the service. By observing we could judge whether people were comfortable and happy with the support they received.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm because staff had the skills and confidence to identify signs of potential abuse and report them either to the registered manager, the safeguarding team at the local authority or the CQC. The registered manager alerted safeguarding teams and the CQC as required when they became aware of any issues which may affect a person's safety.
- Everyone spoken with during the inspection felt people were safe. One person said, "The staff are very good they make you feel safe" and a relative told us they had full confidence in staff to maintain their family member's safety.

Assessing risk, safety monitoring and management

- People's safety was risk assessed but staff did not always complete the actions identified as required in the risk assessment to maintain the person's safety. For example, where people had been identified as being at nutritional risk and risk assessments said the person's intake needed to be recorded, this had not been completed. The registered manager assured us this would be addressed immediately.
- Certificates and records confirmed checks had been carried out to make sure equipment and the premises were safe.

Staffing and recruitment

- There were enough staff to provide safe care and support and people we spoke with confirmed this. One person said, "There is enough staff; I don't have to wait for help if I need it. No complaints, there is always staff around."
- When new staff were recruited, the provider followed safe recruitment practices. This included checking identity, asking for references and checking people's suitability to work with vulnerable people.

Using medicines safely

- Medicines were managed safely. Stocks of medicines matched records, and we saw these confirmed people received their medicines when they needed them. Protocols were in place for managing medicines prescribed on an 'as required' basis. We discussed with staff how these protocols could be improved by recording if the medicine was effective.

Preventing and controlling infection

- The service had experienced outbreaks of infectious conditions including a recent outbreak of the flu virus. We saw a letter from the director of public health for the local authority congratulating the registered manager and staff for their management of one of the outbreaks. A visiting community matron also told us how well the outbreaks had been managed.

●The home was generally clean and tidy.

Learning lessons when things go wrong

● The registered manager audited accidents, incidents and safeguarding issues to identify ways in which risk of reoccurrence could be reduced

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
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. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Assessments of people's mental capacity were completed, and the registered manager had effective systems in place to make sure DoLS applications were made as needed. Records showed process had been followed when decisions needed to be made in the best interests of people who lacked capacity.
● Records showed how people's consent had been sought and the involvement of the person. For example, one person had amended their consent for the use of bedrails to state "Only on the right side, left side to stay down."
● Where people were supported by such as an advocate, court of protection deputy or a person with lasting power of attorney, details of these people and their involvement with the person were clearly recorded.

Staff support: induction, training, skills and experience
● Systems were in place for staff to receive effective training and support. However, the training matrix indicated not all staff had up to date moving and handling training. The registered manager told us the maintenance man had recently completed training to enable them to deliver moving and handling training to all staff within the home. We saw this had been organised. Staff told us they were happy with the training they received and felt supported by the registered manager. They said they could go to the manager or deputy at any time for support and appreciated regular one to one supervision.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed the food at the home. One said, "Yes I like the food I get to choose what I like." Another person told us their family brought food in for them which was kept in the kitchen and staff would bring it for them when they wished.

●We spoke with the cook who had information about people's dietary needs and knew how to meet them. Menus showed people had choices and received a varied and nutritious diet.
●Although staff were patient and attentive, we noticed they were not available to all of the people who needed support with their meals. We discussed with the registered manager how a review of staff deployment at mealtimes may be beneficial.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● Records showed how health and social care professionals such as district nurses, GP's, speech and language therapists and social workers were involved as needed in people's care and support.
●We spoke with a community matron who praised the service and said they worked very well with them. They said the management team were very caring and committed to improvement.
● People told us how staff arranged for chiropody, dental and medical care as they needed it.

Adapting service, design, decoration to meet people's needs
● Some areas of the home needed redecoration and refurbishment. This was included in the registered managers schedule of improvement. We discussed with the registered manager how some communal areas would benefit from reorganisation to provide people with a homelier environment. Following the inspection, the registered manager sent us photographs of improvements they had made in this regard.
● The garden needed some attention to provide people with a pleasant area to spend time outside.

Good

Is the service caring?

Our findings

Good:□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. Respecting and promoting people's privacy, dignity and independence

● People told us staff were respectful of their privacy and dignity and supported them in their choices. One person said "I tell them I don't want a male carer doing personal care. They respected this, and they look after my dignity. I don't let them close the curtains because I don't like them closed they respect this too." Another said "I think they are kind and respectful. They talk to me and have a laugh. They go through my wardrobe in a morning with me and ask me what I want to wear." A relative told us "They love (person), (their) face lights up when staff go to see (them)."

● Staff clearly knew people well and were kind, friendly and patient in their approach. They offered explanation and reassurance to people when providing support.

● One person for who it was important to be occupied and maintain some independence, performed small housekeeping tasks within the home. The person took pride in this and in the appreciation shown to them by staff.

● Records showed how people had been supported to maintain links with church groups. One person's care record included details about how they would not receive some medical interventions in accordance with their faith.

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

● People told us they and their families were involved in making decisions about and planning their care. One person said, "My (relative) is involved they do discuss my care plan with me." Another said, "I make decisions, if I need any help they will do it for me." However, none of the care plans we saw evidenced the involvement of the person or their representative.

Requires Improvement

Is the service responsive?

Our findings

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

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

● Care plans did not evidence the involvement of people in planning or reviewing their care and did not reflect a person-centred approach to care. Evidence was not available to demonstrate that people agreed with the content of their care plans or had been involved in reviews. The registered manager told us the electronic system for care documentation in use did not facilitate how they wanted to develop care plans. They said the system was restrictive in involving people and had therefore researched a better system which they were ready to introduce. They said the new system supported a much more person-centred approach.

● Care files included an 'About me' section which was used to record details of people's lives before they went to live at the care home. Completion of the 'About me' section varied with some providing good information and others very little. We saw a new more comprehensive format for recording details about people's histories, interests and preferences was being introduced.

●People were supported by a member of staff known as a 'Creative carer' to take part in activities of their choice. We saw people enjoying various craft activities and being supported to go out shopping. People had visited a local restaurant to celebrate the birthday of a person who lived at the home and were planning further celebrations within the home. Some people preferred to stay in their room and told us they had such as books and puzzles to keep them occupied. One person who stayed in their room told us they had a problem getting a signal to their television which meant they had missed watching sport which was important to them. This had not been prioritised for attention. We raised this with the registered manager who said they would look for a solution as a matter of priority.

Improving care quality in response to complaints or concerns

● There was a complaints procedure in place and details of this were available in the hallway. People told us they would be happy to raise any issues they had with staff or the registered manager and were confident they would be addressed. The registered manager kept a record of all concerns raised and completed a monthly audit to look for any common themes and to make sure concerns and complaints were managed in line with procedure.

End of life care and support

● Staff had received thanks and praise for the way they had supported people at the end of their lives. However, care plans did not evidence a robust approach to end of life care planning.

Good

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

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had contacted the CQC prior to the inspection to discuss some issues the service had experienced since the last inspection. This included changing the registration of the home so that nursing care was no longer provided, significant staff changes and serious outbreaks of infectious diseases.
- The registered manager had chosen to take on additional responsibilities from the provider to support an improved management approach. The registered manager was open and honest about the challenges they had managed and those still ahead. They told us they were aware of the need for improvements in a number of areas and had included these in their development plan.
- The registered manager had a development plan in place titled 'New beginnings' which detailed the plans for moving the service forward, copies of audits from the local authority and Clinical Commissioning Group (CCG) and action plans developed in response to these audits.
- The registered manager understood their responsibilities in notifying CQC about certain events that happened within the home.
- People and staff gave positive feedback about the leadership in the home. One person said, "The manager comes around every day to see if everyone is getting what they need." A relative told us "They are very committed always happy and smiling. To have people like that in this situation is comforting."
- Systems were in place to gain the views of people, their relatives, staff and professional visitors.

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

- The registered manager demonstrated a clear understanding of their responsibilities and explained how their role had recently changed to include more involvement in planning and budgeting for the development of the service.
- The registered manager was aware, through a robust system of auditing, of where improvements were needed to promote quality within the service and was open about this. They told us the provider was supportive of plans to develop and improve the service but had not been active in the audit process.

Continuous learning and improving care

- The registered manager demonstrated a commitment to continuous learning and research to improve care for people.

Working in partnership with others

● The registered manager had worked closely with the local authority and CCG to manage the change from nursing to residential care provision and in restructuring staffing arrangements. They demonstrated an openness to audit and inspection using the outcomes to inform their plan for improvement and development of the service. Healthcare professionals were complimentary of how the registered manager worked with them to promote the wellbeing of people living at the home.