

Planshore Limited

# Parkview Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 15 and 16 January 2019. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Parkview Nursing Home provides accommodation with nursing and personal care for up to 88 older people, some of whom have dementia. At the time of this inspection there were 77 people using this service. Accommodation is provided over three floors with two modern lifts enabling access around the building. There were large communal lounges on each floor and dining rooms that were also used to provide day care during the week. The garden was well maintained and accessible for people.

Staff knew how to keep people safe and demonstrated a good knowledge of how to recognise abuse. Risk assessments were developed to minimise the potential risk of harm to people during the delivery of their care while still encouraging people to be as independent as possible. There were systems in place for the safe storage, administration and recording of medicines. Staff were recruited safely with appropriate checks on their backgrounds completed. All staff completed an induction programme and on-going training was provided to ensure skills and knowledge were kept up to date. All areas of the service were clean and well maintained. Cleaning schedules were in place and staff had access to personal protective equipment when required.

People's needs were assessed and met by trained, supervised and appraised staff. People's mental capacity was assessed and supported. People ate well and staff supported them to access healthcare services as necessary.

People and relatives told us staff were caring and kind. Staff respected people's privacy and dignity and promoted their independence. People and staff shared positive relationships and visitors were made to feel welcome at the service.

Staff were responsive to people's changing needs. People's healthcare needs were detailed in their care plans. People engaged in a range of activities made available at the service. The provider managed complaints appropriately. Staff ensured that people were cared for compassionately at the end of their lives and in line with their preferences.

The service was committed to improving the robustness of its quality assurance processes so that action was taken where shortfalls were identified. Staff felt supported by the registered manager and encouraged to share their views regarding improvements to the service. The provider sought and responded to feedback from people and relatives and made information available to them. People benefitted from the provider's partnership working with external organisations.

## 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 remains 'good'.

### Is the service effective?

Requires Improvement ●

The service was not always effective because people's social care needs and choices were not consistently assessed.

Staff were supported to meet people's needs with training, supervision and appraisals.

People chose what they ate and received the support they required to meet their assessed dietary and nutritional needs. Where people required support to eat this was stated in care records and followed by staff.

Staff supported people to access the healthcare services they needed to maintain their health.

Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service remains 'good'.

### Is the service responsive?

Good ●

The service remains 'good'.

### Is the service well-led?

Good ●

The service remains 'good'.

# Parkview Nursing Home

## Detailed findings

### Background to this inspection

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

This was a comprehensive inspection which took place on 15 and 16 January 2019. The first day was unannounced. The second day was arranged by agreement. The inspection team consisted of one inspector. Prior to the inspection we reviewed information we held about the service and this included statutory notifications the provider had sent us about serious injuries and safeguarding and the Provider Information Return (PIR). Statutory notifications are information the provider must send to the CQC about certain significant events that occur whilst providing a service. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people who were living at the home and six relatives. We spoke with two members of care staff and one senior member of staff. We also spoke with two registered nurses, the quality assurance manager, the activities coordinator, the hairdresser, the registered manager, the training manager, the deputy manager and the business manager. In addition to this we spoke with six healthcare professionals and a visiting pastor. We reviewed five people's health and social care records and records relating to five staff. This included people's care plans and risk assessments, daily records, accident records and medicines records. We looked at records relating to the management of the home, including training records, staff supervision records, records of servicing and maintenance, policies and procedures and staff recruitment records. After the inspection we spoke with a further two health and social care professionals to gain their feedback about this service.

# Is the service safe?

## Our findings

People said they felt safe at Parkview Nursing Home and they were well supported by staff. Comments from people and relatives included, "The staff are fantastic, always very helpful. My [family member] is really well placed here. They are looked after well and they are safe" and "I don't have any worries I am pleased with the care I get here." A relative said they had never seen anything that concerned them and if they had any concerns they would raise them with either the nurses or one of the managers.

People were protected from abuse and improper treatment. The service had safeguarding procedures in place and staff received on-going training around identifying signs of abuse and the actions they should take. Staff understood their role in protecting people from abuse and their duty to report any suspicions of abuse. Where safeguarding concerns were raised the provider acted promptly and decisively to protect people. This included making safeguarding referrals to the local authority, notifying CQC and taking action through its disciplinary procedures to ensure people's safety.

People were protected from avoidable harm or danger because risks for each person were identified and managed. Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's nutritional needs, hydration, moving and handling, pressure damage and falls. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs.

There were effective recruitment and selection processes to ensure staff were safe to work with vulnerable people. Staff completed application forms, interviews were carried out together with pre-employment checks which included references from previous employers. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Our observations and discussions with people, relatives and staff indicated there were sufficient staff on duty to meet people's needs and keep them safe. People, visitors and staff said there were adequate staffing levels to meet people's needs. The registered manager told us they did not use agency staff. They said they reviewed people's dependency levels and the staffing levels to ensure they were able to meet people's needs.

Only the registered nurses administered people's medicines and they received medicines training. We discussed with the registered manager how these staff were assessed in terms of their competencies to ensure they had the skills and knowledge required. We were told competency assessments had not been carried out because nurses were registered with the Nursing and Midwifery Council [NMC]. The registered manager did however say they would introduce annual competency assessments for all those staff who administered medicines to people. This will help ensure people's medicines are administered safely and as prescribed.

Medicines were kept safely in locked medicine cabinets. For medicines required to be kept in fridges, temperatures were recorded so staff could take appropriate action if outside of the required range. Where

people had medicines prescribed on an 'as required' basis protocols were in place about when they should be used. This meant that the nurses were aware of why and when they should administer these medicines to people. The pharmacist supplying medicines to the service had visited the home and undertaken a medicines review in August 2018 and found no concerns. We undertook a stock check of medicines held in the home and found for two people the stock of medicines held exceeded that recorded on their medical records. This was due to an error in recording the number of tablets received at the start of the medicines record. This did not present any risk to either person's safety as this was a recording error rather than an administration error and both people received their medicines as prescribed. We saw monthly records that showed audit procedures were in place for the home's auditing of medicines. However following the discussion we had with the registered manager about the error mentioned above they told us they would put in place new measures for two staff to check and sign the records indicating the quantity of medicines received.

Healthcare professionals told us that engagement with the provider was good. Communications were effective and regular and people's health benefitted from good working and co-ordinated relationships with them.

The home had effective infection control policies and procedures in place. There was a pleasant homely atmosphere with no unpleasant odours. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. The provider had an infection control policy in place that was in line with best practice guidance. The housekeeping staff used a cleaning schedule to ensure all areas of the home were kept clean.

Staff received food hygiene training and we saw food preparation was undertaken hygienically. The home's chef used coloured coded chopping boards for the preparation of different food types. People were protected from food poisoning by the safe food hygiene practices of staff. People and staff had information available to them in the kitchen about hand hygiene during food preparation.

Staff knew how to support people effectively in an emergency and regular fire drills were carried out. Records of fire evacuations included the date, time and how long it took to fully evacuate the building. Staff received fire safety training each year and the home's fire alarm was tested weekly. It was recommended to the registered manager they draw up personal emergency evacuation plans (PEEP) for people which detail the individual support people require from staff to respond safely in an emergency.

The service learned from mistakes and took action to improve people's safety. The registered manager reviewed accidents and incidents records. Accidents and incidents were analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. Where an issue arose appropriate action was taken to reduce the risk of reoccurrence. This evidenced the service learnt from incidents that arose.

## Is the service effective?

### Our findings

We reviewed people's care files and saw their healthcare and support needs were assessed and documented. We noted the assessment format used ensured there was comprehensive detail of people's healthcare needs, however for assessing people's social care needs the format was less detailed. People and their relatives said they were happy with the care and support they received. However, information to do with people's likes, dislikes, daily routines, their hobbies and interests was not consistently documented and there was no evidence to indicate how people or their relatives were involved in the process. Relatives told us they had not seen a care plan for their family members although they felt the care provided was very good and met their family member's needs. We discussed this with the registered manager and the quality assurance manager who told us they had already identified the need to review and update the assessment process to ensure assessments are comprehensive and holistic. They said the review and implementation of a revised process was underway. We will monitor the progress of these developments.

Staff had the skills, knowledge and experience to deliver effective care and support. People told us they thought staff at the service were all well trained. All the staff said they had received good training that enabled them to provide effective care and support. We met the training manager who told us staff training included mandatory training such as safeguarding vulnerable adults, health and safety; first aid; fire awareness; manual handling; food hygiene and infection control. They said regular refresher courses were provided to staff to ensure staff knowledge was updated in-line with best practice. When additional specialist training was required, the training manager ensured this was provided. An example of this was for dementia care and dealing with behaviours that challenge.

People were supported to eat and drink enough to maintain a balanced diet. We observed people having their lunch and people told us they enjoyed the food they were provided with. They said the service catered for their cultural and dietary needs. Comments included, "The food is pretty good", "I love it and we get good portions"; "You can have a choice of two at lunchtime." One person told us how much they appreciated the provision of food that met their cultural choices. We spoke with their relatives and they said, "It's very authentic and [family member] really enjoys it." We saw there were two choices people could make for lunch and staff told us they asked people for their choices in the mornings.

Staff were aware of the dietary needs and preferences of people they cared for and care records confirmed a suitably balanced diet was provided to promote people's health and well-being. Care records included risk assessments to identify if people were at risk of malnutrition. Meals and fluid charts were maintained to ensure people were receiving sufficient amounts. Care plans included a section on nutrition and hydration. Where people presented with nutritional needs they were referred to appropriate professionals such as the GP, dietician, and speech and language therapist.

People, their relatives and community healthcare professionals told us people were well served by appropriate healthcare services. People's care records contained the outcomes of visits undertaken by a range of professionals including GPs, occupational therapists, pharmacists, podiatrists and dietitians together with information regarding attendances at hospital outpatient appointments.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that the registered manager submitted a number of DoLS applications to the local authority to place restrictions upon people to keep them safe. Care records detailed the assessment and decision-making processes along with the restrictions to be put in place. Where the responsibility for people's finances and property lay with relatives or solicitors this was stated in care records along with copies of the supporting legal documentation.



## Is the service caring?

### Our findings

People continued to receive kind and caring support. They told us they were happy with the care and support they received from staff. One person told us, "I have been here for over a year, it's good and the staff are kind." Another person told us staff were very kind and went at their pace to help them. We observed staff supporting people in a kind and caring way throughout our inspection. People appeared to be relaxed and comfortable with staff. We saw people were supported to be as independent as they could be. We saw frequent and positive interactions between people and staff. We found the atmosphere was relaxed between staff and people. All the relatives we spoke with were complimentary about the quality of care provided for their family members. One relative said, "We have had experience of other homes and this is the best in our opinion." Another relative said, "It's a good nursing home and the staff are caring and kind."

Staff told us each person was allocated a member of staff as their own key worker. A keyworker is a member of staff who has the lead role for the care of that person and involving them in the development of their care plan. This will help to ensure people remain central to and involved with their care planning. Relatives told us they were kept well informed about their family members' support and care and when changes in people's needs happened.

All of the care files we looked at included a "My Life" section on personal histories. This recorded the person's preferred name, hobbies and interests and the jobs they used to do. They were written respectfully and staff said that they read them and worked with people including relatives and health care professionals to deliver good care. All staff told us they recorded the care delivered in the daily log and we saw good examples of the recording of daily care in the records that we saw.

People's privacy, dignity and independence was respected and promoted. Staff told us how they always asked people what they wanted and respected their wishes. We observed staff knock on people's doors before entering and closing people's doors while giving care. People were asked if they were ready for personal care or if they wanted staff to come back later, what clothes they wanted to wear and where they wanted to go. The registered manager told us all staff had recently completed training on respecting people's dignity and their wishes and preferences.

People's records were kept securely within the home so that their confidential personal information was protected.

## Is the service responsive?

### Our findings

People continued to receive care and support which was responsive to their needs. People told us they enjoyed living at the home and were satisfied with the quality of care they received. They commented, "I'm Ok here", "I've lived here for a while now and if I am unable to go home, then here is a good option."

Relatives echoed these views and were equally positive in their comments. One relative told us, "My [family member] is happy there. They have everything they need." The service assessed and met people's communication needs as well as meeting the requirements of the Accessible Information Standard. For example, where appropriate menu choices were provided for people in pictorial form to enable them to make informed choices.

Staff knew people well and people received person-centred care. For example, staff told us that it was important for some people to see the hairdresser regularly. This was arranged for them. We met and spoke with some people while they were having their hair done and they confirmed how important this was for them.

The provider had arrangements in place which enabled people to engage in an activities programme that included weekly exercise sessions led by an activities co-ordinator. We spoke with the activities co-ordinator who told us people were offered choices and were encouraged to participate in the activities to help maintain good physical and mental health. The activities programme also included quizzes, craft work, bingo and sing-a-longs.

The provider had not received any formal complaints since our last inspection in 2017. People knew how to make a complaint. They told us they would speak to staff or the registered manager if they had any worries or concerns. Staff were aware of the complaints procedure and knew how to record and escalate concerns and complaints.

People were supported with compassion when they required end of life care. Staff had received training in end of life care and people received dignified and pain-free care as they approached the end of their life. People's choices for their care were recorded and this information was communicated to all staff involved in their care. Where people did not want to discuss end of life care this was stated in care records and respected by staff. The service liaised with healthcare professionals to ensure that people were comfortable and good practice was followed in supporting people receiving end of life care.

## Is the service well-led?

### Our findings

People and relatives told us they were very happy with the way the home was led by the registered manager and the staff group. One relative said, "They are really committed to providing good quality care. My [family member] receives the best care she could. I'd be happy to be cared for here myself if it was necessary." Another relative said, "I am impressed with the provision of care here, it's very good indeed." One of the health and social care professionals said, "It's run well and the staff and the manager are really on the ball." Other relatives and visiting professionals we spoke with said similarly positive things about the service.

Staff told us they had a supportive management team, and they were able to raise any concerns they had. They told us there were frequent informal occasions where things could be discussed. Staff said the management team was "helpful and supportive" and they felt there was a good team spirit that made working in the home a positive experience for them. One member of staff said, "I have worked elsewhere before working here. I have been here now for more than five years and that's because this is the best place I have worked in." Another member of staff said, "I don't want to work anywhere else." New staff members who we spoke with told us they were very well supported in their new roles by the manager and also by their colleagues. They said this had been particularly helpful to get to know the roles and responsibilities effectively early on in their jobs. Other staff felt the management team included them in discussions about the service and they felt involved in service progression and development.

All of the health and social care professionals said they were satisfied with the quality of care provided and the service maintained very good liaison with them regarding the progress of people. They said that the registered manager was helpful and provided them with prompt feedback. The registered manager told us of the importance of working in partnership with social and healthcare professionals so people received appropriate support from them. We saw evidence in the care records of communication with healthcare professionals regarding the planning of care and treatment provided for people. Daily handover meetings helped to ensure staff were always aware of upcoming events, meetings and reviews that were due and this helped to ensure continuity in the service.

Regular audits and checks were carried out by the registered manager in many areas of the home's operations, such as for medicines, maintenance of the premises, infection control, care of people and care documentation, health and safety. The registered manager showed us how issues identified in the auditing process were addressed and we saw evidence of this in the recent health and safety audit carried out in November 2018.

All the paperwork and the files we inspected were in good order with the information we needed easy to find. The manager ensured that statutory notifications to do with incidents that required notification to the CQC were sent, and was clear about what was required to be reported.