

St. Martin's Care Limited

Park View Care Home

Inspection report

Feetham Avenue Forest Hall Newcastle Upon Tyne Tyne and Wear NE12 9QN

Tel: 01914670014

Website: www.smcgroup.co.uk

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Ratings

Overall rating for this service	Good •
Is the service safe?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service

Park View Care Home provides accommodation and personal care for up to 65 people; some of who were living with a dementia related condition. There were 62 people living at the home at the time of our inspection.

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

There was a system in place to manage risk. However, there were several outstanding actions highlighted in the fire safety officer's report from 2017. The provider wrote to us after our inspection and confirmed that all necessary fire safety actions had been completed.

Action had been taken to improve in relation to infection prevent and control (IPC); however, further action was required to ensure best practice was followed. We have made a recommendation about this.

A system was in place to monitor the quality and safety of the service. We have made a recommendation that the provider reviews their monitoring system to ensure it effectively assesses and identifies risk in order that timely action is taken when any shortfalls are identified.

Systems were in place to manage medicines safely. A specific medicines incident occurred following our visit to the home. Lessons learned were identified and the provider told us action had been taken to help ensure there was no reoccurrence.

People's needs were met by the number of staff on duty. Safe recruitment procedures were followed.

Staff spoke positively about working at Park View Care Home and the people they supported. People also said they enjoyed living at the home. One person told us, "It's nay bother here. It's good - the food, staff, everything is good, we are looked after well. They are very pleasant."

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 12 February 2021). We carried out a focused inspection of this service on 15 December 2020. We identified two breaches of the regulations relating to safe care and treatment and good governance. We took enforcement action and imposed conditions relating to IPC upon the provider's registration.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, sufficient action had been taken to improve. The provider was no longer in breach of the regulations and we have removed the conditions relating to IPC from the provider's registration.

Why we inspected

We undertook this inspection to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

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.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Requires Improvement
The service was not always safe.	
Details are in our safe findings below.	
Is the service well-led?	Good •
Is the service well-led? The service was well-led.	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. 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 Care Act 2014.

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 undertaken by one inspector. We also sought advice from a CQC pharmacy inspector.

Service and service type

Park View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager 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

The 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 and professionals who work with the service. We also contacted 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 all of this information to plan our inspection. We did not request a provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with seven members of staff including the registered manager, care quality lead, care staff and a member of the housekeeping team. We also spoke with four people who lived at the home. We reviewed a range of records. This included information from three people's care records and medicines records. We looked at one staff file in relation to recruitment.

After the inspection

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also viewed a variety of records relating to health and safety and the management of the service which the registered manager and provider sent us. We continued to seek clarification from the provider to validate the evidence we found. We also spoke with a commissioning officer and fire safety officer for feedback.



Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Preventing and controlling infection

At our last inspection, an effective infection control system was not in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However, further improvements were required to ensure best practice was followed.

- We were somewhat assured that the provider was admitting people safely to the service. Records were not always maintained to show that actions taken following admission followed best practice guidelines in relation to infection control and COVID-19. The provider sent us records which would now be completed when people were admitted to Park View Care Home.
- We were somewhat assured that the provider was meeting shielding and social distancing guidance. The registered manager and provider explained the difficulties that were encountered with supporting people living with dementia with social distancing and the impact this had on their wellbeing. Following our inspection, a risk assessment was completed regarding social distancing which detailed the actions taken to mitigate this risk.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We identified shortfalls with the cleanliness in one of the medicines rooms. This was addressed by the registered manager.

We recommend the provider keeps infection control and corresponding records, under review to ensure best practice is followed and recorded.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, equipment and materials were not always stored appropriately to ensure effective infection control and fire safety. In addition, evidence that remedial work had been carried out to ensure the electrical installations was safe was not available. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of Regulation 12.

- There was a system in place to manage risk. However, there were several outstanding actions highlighted in the fire safety officer's report from 2017. The provider wrote to us after our inspection and confirmed that all necessary fire safety actions had been completed.
- Checks and tests on the building and equipment were carried out to ensure their safety. An electrical installations check had been carried out. This showed the electrical installations were satisfactory.
- Accidents and incidents were monitored to ascertain if there were any trends or themes so action could be taken to prevent or reduce the risk of any reoccurrence.

Using medicines safely

- Systems were in place to manage medicines safely.
- A specific medicines incident occurred following our visit to the home. Lessons learned were identified and the provider told us action had been taken to help ensure there was no reoccurrence.
- The provider was aware that the medicines storage rooms did not meet best practice guidelines. The temperature in the several of the medicines rooms sometimes exceeded the recommended temperature. This was being addressed.

Staffing and recruitment

- People's needs were met by the number of staff on duty.
- There was a safe recruitment system in place. Checks were carried out before staff started working at the home to help ensure they were suitable.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people and protect them from the risk of abuse.
- Staff raised no concerns about staff practices or the care and support people received. In addition, people told us they felt safe and spoke positively about the staff. One person told us, "You're really well looked after."



Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection, this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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; Working in partnership with others

At our last inspection, an effective system monitor the safety of the service was not fully in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, action had been taken to improve and the provider was no longer in breach of Regulation 17.

• A system was in place to monitor the quality and safety of the service. There were several shortfalls in relation to fire safety that had been outlined in a fire safety report which the provider told us following our inspection, had been addressed." In addition, there were several issues with infection control which the provider actioned.

We recommend the provider reviews their monitoring system to ensure it effectively assesses and identifies risk in order that timely action is taken when any shortfalls are identified.

- The home were working with the local authority and health and social care professionals to help ensure people's needs were met.
- The provider told us they were working with charities, schools, and other professional organisations in relation to recruitment and the promotion of care as a career.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about working at Park View Care Home and the people they supported. People also said they enjoyed living at the home. One person told us, "I have no complaints we are looked after beautifully."
- The provider told us of the work they had carried out to improve the culture, leadership and values at the home. This included training for management staff and senior care workers, membership of professional organisations and the implementation of new IT systems.

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

• Processes were in place to involve people and staff in the running of the home. Staff told us they felt supported and spoke positively about the registered manager. One staff member said, "She has been more than a manager - I can't fault her."