

Mrs Alison Stevenson

Parc Vro Residential Home

Inspection report

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Date of inspection visit:
03 September 2020
04 September 2020

Date of publication:
19 October 2020

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

Parc Vro Residential Home is a care home that provides personal care for up to 15 predominantly older people. On the day of our inspection 12 people were living at the service. The service is a detached two-story building with enclosed gardens that have been used to facilitate relatives visits during the Covid Pandemic.

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

Risks within the service, as a result of peoples' support needs, had had not been appropriately identified or mitigated. Where accidents and incidents had happened, necessary investigations had not been completed. This meant the service was unable to identify patterns or trends in incidents or take action to prevent reoccurrences.

The service was short staffed at the time of our inspection and the new manager had recently been regularly working as the service's cook. In addition, we found there were significant variations in staffing levels between weekdays and the weekends. The service's dependency tool was confusing, and the provider was unable to explain how current staffing arrangements met people's needs.

Necessary disclosure and barring service checks had been completed prior to the recruitment of staff. However, we have made a recommendation in relation to the service's systems for establishing people's previous employment histories.

People felt safe and well cared for and relatives were complimentary of the quality of care the service provided. Comments received included, "Oh yes I am safe here, and happy. That's why I am smiling. I have nothing to worry about", "I feel very spoilt living here. They look after me so well" and "I wouldn't change a thing. I've recommended the home to two people who have gone and viewed and agreed with me."

Medicines were managed safely, and premises were clean and well maintained. Infection control procedures had been updated in line with Covid-19 guidance to help protect people, visitors and staff, from the risk of infection.

Since our last inspection the provider had stepped back from their role in the day to day leadership to the service and a registered manager had been recruited.

At the time of our inspection the registered manager was absent from the service for an extended period and a new interim manager had been appointed. The new manager had received limited induction to their new role and did not fully understand the service's systems and procedures.

Quality assurance processes were ineffective as they had not identified that care documents did not provide staff with sufficient guidance on the management of risk.

The provider and new manager accepted the initial findings of the inspection and following feedback, immediately began to take action to resolve the issues identified. Risk management and incident

investigation processes were reviewed, and guidance sought from the local authority on current best practice.

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

Rating at the last inspection

This service was previously inspected on 3 October 2017 when it was found to be good in all areas.

Why we inspected

We undertook this focused inspection in response to information of concern we had received about staff practices, risk management and the leadership of the service. A decision was made for us to inspect and examine those risks.

Follow up

We will continue to monitor information we receive about the service until we return to check that the issues identified in this report have been resolved. 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?

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 ●

Parc Vro 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.

As part of this inspection we looked at the infection control and prevention measures in place.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Parc Vro Residential Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection

The inspection was announced. We announced the inspection two days before we visited to discuss the safety of people, staff and inspectors with reference to Covid-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information we had requested when the inspection was announced.

We had not requested the provider send us a provider information return as this inspection was completed in response to information of concern that the commission had received. We used all this information to plan our inspection.

During the inspection

We spoke with the new manager, three care staff and two people living at the service.

We also reviewed a range of records. This included five people's care records and a sample of medicine records. We looked at records in relation to staff recruitment and quality assurance. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the site visit

We spoke by telephone with two further care staff, the provider and seven people's relatives. We also used video conferencing technology to gather feedback from six people the service supported. We reviewed the additional documentation we requested from the new manager during the site visit.

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 as Good. At this inspection this key question has now changed to Requires Improvement as risks had not been appropriately assessed or managed. This meant some aspects of the service were not always safe and there was limited assurance about safety.

We reviewed this key question because concern had been reported about staff practices and how risks were managed within the service.

Assessing risk, safety monitoring and management

- Risks had not been identified or appropriately assessed. People's care plans did not provide staff with sufficient guidance on how specific risks, for example in relation to falls or weight loss, should be managed or mitigated.
- Some people needed additional support from staff if they became confused, upset or anxious. Staff had not been provided with guidance on how to support people to manage their emotions or details of events likely to cause people to become upset. This meant staff who did not know people well would not understand how to meet people's emotional needs.
- Some routine safety checks by external contractors had been paused or discontinued as an infection control measure during the early stages of the pandemic. Alternate arrangements had not been made for the completion of these necessary safety checks including in relation to legionella risks and the services emergency lighting.

Learning lessons when things go wrong

- There were no effective systems in place to ensure lessons were learned following accidents or incidents. Managers did maintain records of the numbers of accidents that had occurred, but no analysis had been completed to identify any trends or patterns in these incidents.
- During the site visit we were concerned by the high number of unwitnessed falls that had occurred within the service. We asked the new manager to complete an analysis of these falls to establish if any additional support was required or changes needed to prevent similar incidents from reoccurring. This analysis was subsequently completed, and the service was able to provide information and some explanations as to the causes of these incidents.

The providers failure to appropriate assess and mitigate risks in combination with their failure to analyse incidents and accidents that occurred, meant people were unnecessarily exposed to risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following verbal feedback at the end of the site visit and our request for further analysis the provider and new manager reviewed and updated the service's systems for recording and investigating incidents. An

additional auditing tool was introduced to help ensure that in future all incidents and accidents would be fully investigated, and any patterns identified.

Staffing and recruitment

- The service was short staffed at the time of our inspection as there were vacancies for a member of night staff and a cook. In addition, the staff member employed to support people with washing and bathing was on annual leave at the time of our inspection. The new manager had been covering cooking shifts, but no additional staffing had been arranged to cover for the absence of the staff member who supported people with washing. The provider was actively advertising these vacancies and interviews for additional staff were planned for the week following our inspection.
- The new manager recognised that staff were busy particularly in the morning while supporting people to get up. They told us, "I think there is enough staff. The girls cope very well with the workload. It is busy in the morning with all the personal care but in the afternoons and evenings there is time for sitting to chat or do an activity with them."
- People and relatives had mixed views of staffing levels within the service but recognised that the service was currently experiencing some staffing issues. Their comments included, "I think there is enough staff. At least, I have never noticed a shortage of staff when I was visiting regularly", "There was always staff about when we visited and they didn't appear rushed", "Sometimes I think there isn't enough staff. I do like to have a chat with them" and "I don't know for sure, but they may be struggling without the cook at the moment."
- Prior to the COVID-19 pandemic the service had been supported by an external activities coordinator who had visited regularly to support people to engage with activities within the home. This support had been discontinued in response to the pandemic as an infection control measure.
- At the time of our inspection 12 people were using the service. Rotas showed significant variation in the level of support provided between weekdays and at the weekend. During the week people were supported by two care staff, the service's new manager, a part time cleaner and a part time cook (on most weekdays). Only two care staff were on duty at the weekend and this in combination with current infection control measures meant people's relatives were unable to visit on these days.
- We reviewed the service's dependency tool to gain an understanding of how these differing staffing arrangements had been identified. These records were confusing and neither the new manager or the provider were able to explain how this tool worked or how current staffing levels, particularly at the weekend reflected people's needs and preferences.

The provider had failed to appropriately use the available dependency tool establish the staffing levels necessary to meet people's needs. This forms part of the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and is discussed further in the well led section of this report. .

- Necessary Disclosure and Barring Service checks had been completed before new staff began work.
- Staff application forms did not always include full employment histories and there was limited evidence available to demonstrate employment gaps had been addressed during interview processes.

The commission recommends the provider seeks guidance on current best practice in the recruitment of staff to the care sector.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives were confident the service was providing safe care that met people's needs.

Their comments included, "Oh yes I am safe here, and happy. That's why I am smiling. I have nothing to worry about", "I feel very spoilt living here. They look after me so well", "I do feel safe" and "The staff are caring and respectful always and I think she can't be safer anywhere else. Staff know her well and she sleeps well which means she feels safe."

- The consistent staff team knew people well and were confident they had the skills necessary to meet people's individual support needs. People told us, "I am really safe here because I've got all of the lovely staff about me. They are all lovely and I don't have to ask because they know me so well". While relatives said, "Last visit I could see the staff knew her well, all her little quirks they understood and were good at placating her."
- Staff and the new manager understood local safeguarding procedures and knew how to report any concerns about people's safety and wellbeing. Staff told us, "People are safe and well looked after. If they were not, I would raise the concern myself" and "I treat everyone here as if they were my mum."

Medicines

- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. People's care plans did not include specific protocols detailing the circumstances in which these medicines should be used.
- People received their medicines safely and on time. Staff were trained in medicines management and their competency in this area had been assessed. However, at the time of inspection there were no systems in place to regularly review staff medicines competency to ensure ongoing safe practice.
- There were safe systems in place for the storage, ordering, administering, and disposal of medicines. This included appropriate arrangement for medicines that required stricter controls.
- Medicines records had been regularly audited.

Preventing and controlling infection

- There were clear protocols in place to prevent visitors and staff from catching and spreading infections. Regular Covid testing has been introduced in accordance with current guidelines and there were appropriate procedures in place to manage infection control risks when people moved into the service.
- Following support from the commission current infection control guidance was now fully understood and PPE was being used correctly. Clear guidance and procedures had been developed on the use of this equipment and additional training had been provided. The service had developed a Covid-19 policy which included links to current government advice and guidance.
- Appropriate procedures had been developed to enable visits by relatives while respecting social distancing measures and protecting people from infection control risks. One relative had visited recently told us, "I had to wear all the gear, gloves, mask, shoe covers, apron."
- The premises looked clean and hygienic. Relatives told us, "The home's always clean and tidy" and "Most of the staff are regular staff, no agency staff and I think that was why no Covid got into the home thankfully." The service employed a part time cleaner and a number of additional cleaning tasks were completed by the service night staff.

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 as good. At this inspection this key question has now changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We reviewed this key question because concerns had been raised about the management and oversight of the service.

Managers and staff being clear about their roles

- Since our last inspection the provider has stepped back from their role in the day to day management and oversight of the service. As a result, the service is now required to have a registered manager and a registered manager has been recruited.
- The service's registered manager was on a period of planned absence at the time of our inspection and the appropriate notification of this absence had been submitted to the commission. A new manager had been appointed to provide leadership to the staff team five weeks prior to this inspection.
- There was little evidence to demonstrate there had been an appropriate hand over of responsibilities to the new manager who did not fully understand the service's systems and procedures. The new manager had received only a limited induction to their new role and staff rotas showed that in recent weeks they had spent the majority of their time covering gaps in the service's rota.
- People, relatives and staff were complimentary of the new manager's approach and told us, "[The new manager] is very approachable."

Continuous learning and improving care, understanding quality performance, risks and regulatory requirements

- The provider had failed to effectively monitor the service's performance to ensure people received consistent, high-quality care.
- Since the provider had stepped back from day to day leadership of the service people's care plans had been reviewed and updated. The updated care plans were considerably shorter than preceding versions and lacked necessary information for staff. This included details of people's preferences for end of life care, mental capacity assessments and guidance on how staff should protect people from known risks.
- Care plan audits had been completed but were ineffective as they had not identified that current care plans did not provided staff with enough guidance to enable them to meet people's support needs. Staff recognised that the service's record keeping systems were insufficiently detailed, and their comments included, "I think all the paperwork needs a big shake up" and "The provider was assuming the work was done but they didn't check the files".
- As detailed in the safe section of the report the service operated at significantly lower staffing levels at the weekend than those provided during the week. The service's systems for establishing the levels of support

people required each day were confusing. The provider was unable to explain how these tools worked or demonstrate that weekend staffing levels were sufficient to meet people's support needs.

Systems in place to; identify necessary staffing levels, ensure compliance with the regulations and monitor the service's performance, were ineffective. This meant the service is in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following feedback at the end of the inspection site visit the provider and new manager completed a review of the service's care planning records. They recognised current documentation did not provide staff with appropriate guidance and immediately began taking action to resolve these issues.

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

- People looked well cared for and consistently told us they were happy living at the service. Their comments included, "They look after me really well, excellent I would say", "The staff were very caring" and "I wouldn't change anything here."
- Relatives were highly complimentary of the service and the quality of care it provides. They told us, "I wouldn't change a thing. I've recommended the home to two people who have gone and viewed and agreed with me", "I am very pleased and happy with the home", "I would recommend the home" and "The staff are caring and respectful always and I think she can't be safer anywhere else. Staff know her well and she sleeps well which means she feels safe."
- Staff were committed to their roles and spoke warmly of the people they supported.

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

- Responsibilities under the duty of candour were well understood. Relatives told us they had been kept well informed of any changes in people's needs and had received regular updates during the Covid pandemic. One relative expressed their gratitude for the support the new manager had provided them in planning for their relative's future needs.
- Both the provider and the new manager took an open and honest approach to the inspection process. They recognised and accepted the issues raised during feedback at the end of the site visits. They immediately began to review systems and gather advice and guidance from professionals and other providers to address and resolve the issues identified during the inspection.

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

- Feedback on the service's performance was valued and requested regularly. Any issues raised were acted on promptly and resolved. Relatives told us, "We get a questionnaire each year and that asks for our opinions" and "I feel fully involved with the home and know [my relative] is well looked after."
- Surveys had been completed during the lockdown period and responses received had been constantly complimentary. One relative had stated, "Mum always says she is well looked after. During this difficult time the home and staff have done extremely well."
- Equality and diversity issues were understood, and staff acted to ensure people were protected from all forms of discrimination.

Working in partnership with others

- The service has worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.

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>The providers failure to appropriately assess and mitigate risks and failure to investigate incident and accidents that occurred exposed people to unnecessary risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 had failed to ensure there were appropriate system in place to monitor the service's performance and ensure compliance with the regulations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>