Parkview Gloucester Ltd

Park View Gloucester

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 24, 25 October and the 2 November 2017 and was unannounced. This was the first inspection of the service.

Park View Gloucester is a care home for up to 102 people, at the time of our inspection there were 39 people staying there. Accommodation is on four floors, the second floor was not in use at the time of our inspection visits. The first floor provided accommodation for people living with dementia.

Park View Gloucester had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

It was evident through our conversations with the registered manager and director they were motivated to continually improve the service and took immediate action to address the shortfalls we found. A range of audits were carried out to monitor the quality and risks in the home. However; these had not identified the shortfalls we found in relation to staff recruitment and delays in assessing changes to people's risks prior to our inspection.

Safe recruitment procedures were not always followed before staff were appointed to work at Park View Gloucester. Changes to people's risks were not always promptly assessed to ensure their risk management would remain effective. Improvements were needed to ensure when the provider's nurses were undertaking wound treatments their wound management systems would be implemented to enable monitoring of treatment.

During this inspection we found the provider was taking action to ensure people living with dementia would always be supported effectively. This included completing the assessment of people's capacity to consent to care and support. Training and guidance were being provided to ensure staff could plan and implement appropriate support for people who could become agitated. The environment was being reviewed to ensure it met the needs of everyone in the home.

People were treated with respect and kindness. Their privacy and dignity was upheld and they were supported to maintain their independence. People received personalised care and had opportunities to take part in a variety of suitable activities. There were arrangements in place to respond to concerns or complaints from people using the service and their representatives. Care was provided for people at the end of their life.

People were protected from harm and abuse through the knowledge of staff and management. Sufficient staffing levels were maintained and staff were supported through training and meetings to maintain their skills and knowledge to care for people. The registered manager was accessible to people using the service

and their representatives. A survey had been completed to gain the views of people about the service provided.

We found breaches of The Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Safe recruitment procedures were not always followed before staff were appointed.

Changes to people's risks were not always promptly assessed to ensure their risk management plans would remain effective.

People were safeguarded from the risk of abuse because staff understood how to protect them.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Some improvements were needed to ensure people living with dementia would always be supported effectively

The provider was putting in place improvements to the assessment of people's capacity to consent to care and support.

People were consulted about meal preferences and supported to eat a varied diet.

People's health care needs were met through on-going support and liaison with healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness.

People's privacy and dignity was upheld and they were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support.

People were supported to take part in a variety of activities.

There were arrangements in place to respond to concerns or complaints from people using the service and their representatives.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems had not always identified all shortfalls in quality and risks in the service.

The registered manager was accessible to people using the service and staff.

Quality assurance systems included seeking the views of people using the service and their representatives.

Park View Gloucester

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 inspection took place on 24, 25 October and 2 November 2017 and was unannounced. This was the first inspection of the service.

The inspection was carried out by an inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

We spoke with 13 people using the service, the registered manager, the deputy manager, director, the activities coordinator, the cook, kitchen assistant, one agency nurse, one administrative, staff five members of care staff, three members of housekeeping staff and four relatives. We used the Short Observational Framework for Inspection (SOFI) for people living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also contacted five health and social care professionals linked to the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

Safe recruitment procedures were not always followed before staff were appointed to work at Park View Gloucester. We looked at recruitment files for four members of staff. Two files did not note the date when staff's full time education had ended and we could therefore not ascertain whether the provider had obtained their full employment history. References for two staff had been received after they had started working at the service. It would have been reasonable to expect the provider to take the information provided in these references into account prior to making the decision whether they were suitable for the role and of good character.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Checks were in place to ensure nurses held current registration with the Nursing and Midwifery Council (NMC). However these were checks of the public register and do not contain detailed information that may be useful to an employer. The NMC offers employers a verification service where more information can be obtained about the registration of nurses.

Care staff understood people's risks and were quick to identify when people's risks changed and explained to us how they had adjusted their care to ensure people would remain safe. For example, two people's mobility had deteriorated and staff had used hoists to move them safely when they identified that they were not able to safely weight bear. Another person's swallowing had deteriorated and they were at an increased risk of choking. Staff increased their support to this person when eating and drinking and had asked the cook to ensure they had soft food to reduce their risk of choking. Another person was at risk of falling out of bed and required their bed and bedrails to be lowered. However, we found that these changes in people's risks had not been promptly assessed by the appropriate staff to ensure risks were minimised and people's risk management plans would remain appropriate and known to all staff. The agency nurse we spoke with was not aware that these people's needs had changed. A senior member of staff told us, "sometimes things are not reported" and therefore changes had not always been made to people's risk management plans in a timely manner.

The provider's systems in relation to wound care had not been implemented effectively. For example, one person's daily care records showed that their wound had been dressed regularly. However, regular wound assessments had not been recorded as having been completed. The register manager therefore did not have evidence to evaluate whether people's wounds were healing and to judge whether nurses were providing appropriate care to mitigate the risks to people's skin.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action to ensure people's risks were re-assessed and plans were put in place to keep people safe. They arranged emergency first aid training so all staff would know how to

respond if people were to choke. They also ensured the information was noted on the shift handover sheet so that all staff would know what people's up to date risk management plans were.

People were cared for in a safe and comfortable environment. They were protected from risks associated with legionella, fire and electrical systems and equipment. People had individual evacuation plans in place to ensure their safe evacuation if an emergency was to occur. We observed the environment of the care home was clean. People confirmed it was always clean and the housekeeping staff worked hard. An infection control and cleanliness audit had been completed in September 2017. Issues found were identified for action with the name of the staff member responsible such as the deep clean of an individual room. The latest inspection of food hygiene by the local authority in September 2017 had resulted in the highest score possible. Accidents and incidents were recorded and the electronic care plan system enabled these to be reviewed on a regular basis.

People's medicines were managed safely and they received their medicines as prescribed. Guidelines were in place for staff to follow to give people their medicines prescribed on an 'as required' basis. For example medicines to relieve anxiety and for pain relief. The suitability of giving people domestic medicines known as 'homely remedies' had been checked with their GPs to ensure they would be safe to use. People's medicines were stored securely in a temperature controlled environment which ensured medicines were stored correctly. We also found all bottles of liquid medicine had been dated on opening to indicate the expiry date. We saw a registered nurse make careful checks on people's identity before giving them their medicines. Assessments were undertaken to check if people were able and safe to administer their own medicines if they chose to.

A system was in place to respond to any errors with supporting people to take their medicines. Regular audits were completed on the management of people's medicines to ensure safe medicine systems remained effective. Whilst showing us how stock checks were made for medicines which needed additional security and to be administered by two staff, there was an anomaly in the amount recorded. The registered manager investigated this and measures were put in place to prevent this reoccurring. Staff responsible for giving people their medicines were given training and their ability assessed through competency checks.

Relatives said that when they left they were confident people would be safely looked after. Staff were aware of the procedures to keep people safe from the risk of abuse. Staff had attended training in safeguarding adults and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff told us, "I tell the senior if I had any concerns or go straight to the manager.'' Another member of staff said, "I have raised concerns and the manager took it very seriously'".

Sufficient staffing levels to support people were maintained. The manager explained how the staffing was arranged to meet the needs of people using the service. A registered nurse was always on duty in the care home. People told us there were enough staff, "No real long waits for help, of course there are times when they are busy I accept that but usually quickly if you need anything." and "Enough staff, working really hard all the time."

Requires Improvement

Is the service effective?

Our findings

During this inspection we found some improvements were needed to ensure people living with dementia would always be supported effectively. Staff had not all received training and guidance to ensure they understood how to support people living with dementia when they became anxious or agitated. Where people were thought to lack capacity to make certain decisions, assessments had not always been completed in line with the principles of the Mental Capacity Act 2005 (MCA). The environmental adjustments had not always been effective in supporting people living with dementia to find their way around the home. The provider had identified these areas that required improvement prior to our inspection and we saw action was being taken to make these improvements. However, more time was needed for the provider to complete their improvement plan before we could be assured that people living with dementia would always be supported effectively by all staff.

People using the service were supported by staff who had received training suitable for their role. Records showed staff had received training in such subjects as fire safety, food hygiene, moving and handling and infection control. They also received training specific to the needs of people using the service such as diabetes and behaviours that may challenge the staff. However we found staff had not all received training and guidance which would give them the knowledge and skills to support people with dementia. The registered manager had identified this as an area of improvement in the service and was recruiting a dementia clinical lead to support staff to develop their skills in supporting people living with dementia.

We found most staff could identify when people living with dementia, whose behaviour could put themselves or others at risk, were becoming anxious. They described how they supported each person individually to manage their behaviour. However, they told us and we observed that at times it could become challenging for staff to complete all their tasks when people required ongoing emotional support. The service was working with the community mental health professionals to develop people's dementia support plans. This will enable all staff to better understand people's behaviour and to provide consistent support within the staffing allocation. One of these plans had been completed but staff we spoke with could not find the plan or describe the content. Time was needed for the provider to complete this training to ensure all staff would be confident in supporting people living with dementia effectively.

Staff had regular individual meetings called supervision sessions with the registered manager or a senior member of staff. These meetings covered such topics as concerns, timekeeping and personal development. The registered manager described how supervision sessions were behind schedule although this formed part of an action plan for the service. Residents and relatives told us that they felt care staff had been well trained, knew what they were doing and had confidence in them.

One person told us, "The staff are very good." Care staff were highly complementary of the support they received. Their comments included ''Training here is really good'', ''My induction was thorough and I get a lot of support from the other staff'' and ''I can always ask one of the senior staff if I need any support or have any concerns.'.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications for authorisation to deprive two people of their liberty had been made and approved. We checked the conditions in place with one of these approvals and they were being met which we evidenced from the person's care plan. The approval for the second person had only recently been received and the deputy manager was planning to incorporate the conditions in the person's care plan. There were sixteen applications still pending approval.

Staff had a basic knowledge of the Mental Capacity Act 2005 (MCA), which provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. We saw that people were asked for consent and permission before they were given support and care. Staff were aware of people with reduced understanding and ensured they still asked them for permission and listened to and respected their decisions. For example, one person needed a change of clothing. At first they refused. The care staff member left them and returned a short while later. This time the person agreed. We also saw people were asked for their consent before staff gave them their medicines.

Where people were thought to lack capacity to make certain decisions, assessments had not always been completed in line with the principles of the MCA. The registered manager had identified prior to our inspection that this was an area that required improvement and action was being taken to ensure assessments were completed. We saw a completed mental capacity assessment and best interest decision relating to personal care for one person. It was clear from these records when this person refused personal care, they were supported to ensure they had maximum control of their lives and staff supported them in the least restrictive way possible. Time was needed for the provider to complete their action plan in relation to people's mental capacity assessments.

The kitchen staff were responsive to peoples' individual likes and dislikes, offering alternatives and catering to meet specific requests. In the case of one person, relatives had provided the chef with recipes from the person's country of origin and a range of suitable meals had been provided. People said they enjoyed the food and had enough to eat and drink. We heard comments such as, "The food is good", "Lovely lunch, really enjoyed it today, just right," and "Food good. No complaints, ordered a cooked breakfast, excellent". We saw that snacks, fruit, biscuits, homemade cakes were available throughout the day. Lunchtime was a quiet and pleasant social occasion which took place in well-presented dining rooms, situated on each floor. We saw people could choose where they sat and who with and people were receiving their correct meals including pureed, finger food and soft fork mashable meals.

People's healthcare needs were met through healthcare appointments and liaison with healthcare professionals. We saw records of contact and appointments made with people's GPs and other health care professionals. People told us that they could see a doctor and had access to a dentist, chiropodist and optician.

The building was designed to support people living with dementia. Pastel walls, individually coloured room doors, marked with peoples' names, differently coloured carpets in each room, clear signage and good natural daylight helped people to locate their rooms and shared facilities. However, we found for some people these adaptions were not sufficient to find their way around their floor independently. We had to ask staff on several occasions to assist people who had become disorientated and confused to find their way. The registered manager had identified prior to our inspection that the environment of the first floor for people living with dementia needed review to ensure it would always meet people's needs. This was to be assessed by the clinical lead for dementia care when appointed.

The garden area was safe and well maintained. It was accessible to people living with dementia and those living with physical impairments.

Good

Is the service caring?

Our findings

People had developed positive caring relationships with staff. People living in Park View told us they felt they were cared for. People told us staff were very kind and cared for them well. We heard comments such as, "Everyone [Staff] smiley and happy, a blessing because you don't need miserable people around if you are not feeling well-enough.", "Very pleasant staff" and "Staff kind and good at what they do." People's relatives had confidence in the care staff and referred to them as kind and professional. People's relatives told us, "Incredibly caring people, like friends to Mum" and "Staff amazing, can't do enough for people."

Throughout the inspection we observed staff communicating with people in a respectful and caring way and responding to people's requests and needs. When staff saw one person living with dementia had become confused and anxious they spend time to reassure them and distract them with something they enjoyed. Staff knew people well and we saw people responded positively to these interactions, were reassured and relaxed after spending time with staff.

People were supported to make day to day decisions about their care and support. We saw staff supporting people to make their meal choices and decide what they wanted to do. When people found it difficult to make these decisions we saw staff knew them well and could make suggestions to aid their decision making. We heard one staff member say to a person who had become confused, ''You always like eggs and sausages for breakfast, would you like the same again today?''. We saw the person relaxed immediately, laughed and nodded their head in agreement.

People's privacy and dignity was respected. We observed staff were treating people in a dignified way, calling people by their name, taking time to listen to what they wanted and being discreet when asking if they needed personal care. We also saw how staff respected peoples' privacy by knocking on doors and waiting to be invited in. One person told us, "Staff are always careful to knock on my door. Very respectful of my privacy." Another person said, "The staff are very respectful. They knock on my door and call me by my name." There was an awareness of people's preference for the gender of staff they received personal care from. One person commented, "They have asked me if I want male or female carer; doesn't matter to me, either." People's care plans reflected the approach we saw to respecting people's privacy and dignity.

People's independence was promoted wherever possible. We observed one person who needed help with moving and repositioning being supported by staff who were keen to encourage the person to be as independent as possible, involving them in making decisions and ensuring that their dignity was maintained throughout. We also saw how walking aids were positioned within reach of people in their rooms, communal areas and in dining rooms.

People's decisions relating to the end of their life were recorded. The Provider Information Return (PIR) stated "We ensure that residents and their families and friends receive appropriate emotional support, and that all staff are able to provide this following end of life training". Positive comments had been received from the family of a person who had received care at the end of their life.

Good

Is the service responsive?

Our findings

People's needs were assessed before they came to live at Park View Gloucester to ensure those needs could be met. These assessments were used to create a plan of care which included people's preferences and choices. Staff we spoke with knew people well and could describe how they ensured people's wishes were met. They knew what people liked to do, their meal preferences, information about their family members and occupations they held.

People were supported to maintain their independence. One care staff member told us ''We always focus on what people can do for themselves so that they do not lose that skill''. Throughout our inspection we observed staff providing people with direction, prompts and explanations to support them to understand care tasks and do as much for themselves as possible. For example, when one person became confused in the hallway we saw a member of staff reminding them where they were. They prompted the person to start walking towards them. We saw this relaxed the person and they made their way independently to the dining room by following the staff member's instructions.

The service was working to improve and evidence people and their relative's involvement in the care planning process. We spoke with the deputy manager who was in the process of setting up care plan reviews with people's relatives where appropriate. A 'resident of the day' review had been introduced in October 2017. This was to ensure people's needs and care plans were reviewed on a regular basis with input from people that knew them well.

People had the choice to take part in a range of activities which were organised and led by a full time coordinator supported by another member of staff. Activities included, quizzes, reminiscence chat, craft sessions, memory games, skittles game, cinema, listening to music and movement and music. Outside entertainers also visited. People commented, "Lots of things happening to keep you entertained." and "Enough to do. If there is something on I take part in it." Members from the local evangelical church had started a 'knit and natter' group. We heard examples of how activities had enhanced peoples' quality of life and their wellbeing. For example, staff had struggled to identify engagement which met the needs or preferences of one person. They had tried several activities then found the person responded well to a cake making activity organised by the chef. This resulted in more social contact with the person spending more time out of their room and taking part in other activities. Activities were detailed in the monthly care home newsletter.

Links had been established with the local community, for example support workers from a local family support group regularly brought young children to the care home to visit people. It was reported both groups benefited from this contact. Local schools also visited to entertain people and pupils from one school took part in activities as part of an award scheme. Peoples' spiritual needs were met through a number of religious groups visiting people in the care home.

There were arrangements to listen to and respond to any concerns, complaints or feedback. Records showed, complaints were recorded, investigated, meetings held with complainants and responses provided.

Relevant remedial action had been taken as a result of a complaint or concern. For example adjustments to the temperature of an individual room, changes to times medicines were given and more variety of cakes provided.

A post box was available in the reception area for people using the service and their representatives to give feedback about the service. During our inspection the registered manager described how they were going to respond to some recent feedback received through the post box. We also spoke with one person who was unhappy with some aspects of the service provided. We spoke with the registered manager who later dealt with the person's concerns through the complaints procedure. People told us they would feel confident talking to staff if they had any concerns. Regular meetings were held with people and their relatives to discuss general issues about the care home such as meals, housekeeping, activities and maintenance issues.

Requires Improvement

Is the service well-led?

Our findings

Park View Gloucester had a registered manager in post who had been registered as manager since August 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We heard positive views about the approachability of management at Park View. One person told us, "I've seen the manager." They don't come round very often but are very sociable." A relative told us, "The Management are always around. Directors pop in from time to time and chat to us, ask us about the place." Regular meetings ensured staff were informed about developments with the service and the expectations of the management.

We discussed the value base of the home with the registered manager and staff. Staff we spoke with were highly motivated to provide individualised person centred care and told us the registered manager had developed a culture were all staff wanted to ensure people had a good day. Staff spoke positively about the registered manager and senior staff and felt they offered good leadership and were a positive role model for the staff.

Staff demonstrated an awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

It was evident through our conversations with the registered manager and director they were motivated to continually improve the service and were keen to take action to ensure good care was provided to people. They had identified areas that required improvement for example, mental capacity assessments and reviewing the environment and support provided to people living with dementia in accordance with current best practice guidelines.

A range of audits were carried out on accidents and incidents, pressure area care, use of antibiotics, care plans and admissions to hospital. A clinical audit by the deputy manager included areas such as staffing levels, following up on accidents from the previous day, professional visits and checks on air mattresses. Issues raised were followed up by the registered manager. A managers' report was produced on a monthly basis by the registered manager and sent to the provider. The report covered an overview of such areas as occupancy, staff issues, health and safety and clinical information. A survey had been carried out to gain the views of people using the service and their representatives. The results had been collected and were undergoing analyses pending an action plan at the time of our inspection visit.

However, we found the provider's quality assurance systems had not always identified all shortfalls in quality and risks in the service. We identified breaches of legislation during this inspection that had not been identified by the provider's own internal management systems. The provider had not identified that their

staff recruitment policy had not always been operated effectively. Checks on staff recruitment files had been completed but these had not identified the shortfalls we found. The provider had not identified that their system for reporting and assessing people's changing risks had not been effective in ensuring prompt reassessing of people's changing risks. This had placed people at risk of receiving unsafe care and treatment. The provider had also not identified that their systems in relation to wound care management had not been operated effectively. This made it difficult for the registered manager to monitor whether people's wounds had been managed in accordance with current best practice.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People using the service were not sufficiently protected against the risks associated with receiving care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not always identified shortfalls in quality and risks to people using the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People using the service were not protected by the operation of safe staff recruitment procedures.