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Parkview Residential Home

Inspection report

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Overall summary

We carried out an unannounced comprehensive inspection of Parkview Residential Home on 2 and 5 February 2015 and identified breaches of legal requirements.

We undertook a focused inspection on the 28 April 2015 to monitor the actions the provider had taken to improve the home. This report only covers our findings in relation to those requirements.

Parkview Residential Home provides care and accommodation for up to 26 people. On 28 April 2015 there were 19 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 saw the provider had introduced a new system to record and keep track of its stock of homely remedies (over-the-counter medicines). The system had only just been set up at the time of our inspection.

The provider had also introduced a new system to log that senior staff had completed essential medicines related actions.

We viewed the Medicines Administration Records (MARs) for all people using the service. We found these had been completed fully and accurately.

We found the provider had carried out refurbishments to the kitchen and laundry, repairs in a number of the bathrooms and bedrooms and the lounge had been decorated and a new carpet throughout.

We saw the kitchen had been refitted, the roof in the adjoining room next to the kitchen had been fixed and new fridges and freezers had been purchased. We found tiling had been replaced in the ensuite bathrooms and the pipework had been boxed in.

We observed an additional lock had been fitted to a fire exit on the first floor with a 'break glass' box to obtain the key next to the door. The registered manager also told us the fire exit had been connected to the nurse call buzzer system and if it was opened staff were alerted.

We viewed cleaning audit logs and found gaps in records. The IPC Champion advised they were presently looking at all areas of infection control and were planning to implement new systems.

Three people using the service were subject to lasting power of attorney. We viewed the care records for these three people and saw the relevant documentation was held in each person's care file.

Summary of findings

We found the care plans required further development to include specific personalised strategies relevant to each person.

We found that additional electrical safety work had been highlighted to be completed. These included boiler room earth bonding required replacing with 10mm earth cable (

6mm at moment), 1st floor fire escape bulkhead light required changing, 1st floor fire escape junction box required changing for weather proof junction box and extractor fans to be installed in bathrooms.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Parkview Residential Home' on our website at www.cqc.org.uk

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Extensive work had been carried out to improve the premises however work was still required to ensure people were safe.

An Infection Prevention Control Champion had recently been appointed and was in the process of reviewing current practices.

We viewed the Medicines Administration Records (MARs) for all people using the service. We found these had been completed fully and accurately.

Is the service effective?

We saw the provider ensured the relevant documentation was held in people's care plans in regard to being subject to lasting power of attorney.

We found the care plans required further development to include specific personalised strategies relevant to each person.

Parkview Residential 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.

We undertook an unannounced focused inspection of Parkview Residential Home on 28 April 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 2 and 5

February 2015. We inspected the service against two of the five questions we ask about services: is the service safe and is the service effective. This is because the service was not meeting some legal requirements.

The inspection was undertaken by two adult social care inspectors, an expert by experience and a specialist advisor who was a qualified electrician. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the visit to the home we spoke with twelve people who lived there, five visitors, the registered manager and five members of staff. We looked the medicines records for all people using the service and records relating to the management of the premises and infection control.

Is the service safe?

Our findings

During our comprehensive inspection on 2 and 5 February 2015 we found the service was not safe. This was because the provider had breached Regulations 12, 13 and 15. In particular, we found significant problems with the condition of the premises and the provider was failing to ensure that maintenance work is carried out in a timely manner. We found people's medicines were not managed or administered safely. We also found infection control was not conducted effectively therefore putting people who used the service, staff and other people at significant risk of acquiring or transferring infections.

We found the provider had introduced a new system to record and keep track of its stock of homely remedies (over-the-counter medicines). The system had only just been set up at the time of our inspection. The senior care worker told us that no medicines had been administered from the stock. Drugs liable to misuse (controlled drugs) were stored in a locked cabinet which had been attached securely to the wall inside a further locked cabinet.

We found the provider had also introduced a new system to log that senior staff had completed essential medicines related actions. The log was broken down into a four weekly cycle to mirror the medication cycle in the home. The actions recorded included the start and finish time of each medicines round, daily fridge and medicines room temperatures, controlled drugs check, ordering of prescriptions and medicines received checked into the home.

We viewed these records for the period following our last inspection to 26 April 2015. We saw that senior staff completed these records accurately and fully. The provider had also introduced a separate check to confirm when the medicines fridge had been defrosted and cleaned. From viewing the records we saw the fridge had been cleaned weekly since 17 March 2015.

We viewed the Medicines Administration Records (MARs) for all people using the service. We found these had been completed fully and accurately. Where a variable dose had been prescribed staff were recording the amount of medicine given during each medicine round. Any gaps in MARs had been identified during the newly implemented medicines audits. The provider had developed a weekly check of MARs and a more in-depth monthly medicines

audit. We viewed the records for previously completed audits and found these had been done consistently. Both the weekly and monthly checks had identified issues with medicines records and identified the action taken to prevent the issues happening again. For example, staff responsible for administering medicines had their competency re-assessed. However, when we viewed the competency assessments we saw that staff had not been observed carrying out the full range of medicines duties. The registered manager told this was because the person receiving the medicines may not require some types of medicine. The registered manager also told us further assessments would be undertaken.

Some people who used the service received 'when required' medicines. We found the provider had developed specific protocols for each person's as and when required medicines. These are required to ensure people received their medicines safely when they needed them. We viewed examples of completed protocols and found they contained general information about each person's needs. For example, 'pain in knees, legs, general aches and pains.' The protocol did not include any guidance for staff about how to identify that the medicines were required, particularly for people who may find it difficult to communicate their needs.

We found the provider had carried out refurbishments to the kitchen and laundry, repairs in a number of the bathrooms and bedrooms and the lounge had been decorated and a new carpet throughout.

We saw a new laundry room had been built with a wash basin and large area for storage. We found individual baskets for each person's washing. The registered manager showed an area where a sluice room was to be built however they did not have a date for when this work was to be carried out.

We saw the kitchen had been refitted, the roof in the adjoining room next to the kitchen had been fixed and new fridges and freezers had been purchased. We found tiling had been replaced in the ensuite bathrooms and the pipework had been boxed in.

We observed an additional lock had been fitted to a fire exit on the first floor with a 'break glass' box to obtain the key next to the door. The registered manager also told us the fire exit had been connected to the nurse call buzzer

Is the service safe?

system and if it was opened staff were alerted. They also told us they had purchased new Fire Brigade (FB1) padlocks for the external iron gates. FB1 padlocks and keys allow the Fire Brigade to gain emergency access if required.

Whilst the provider had completed a number of improvements we found some areas still need to be addressed.

In bedrooms we saw that the outside window frames were rotten and the paint was peeling off. We observed a crack in the glass of one window and the window latch was broken which meant the window did not fully close and there was a draught coming in.

We saw some windows had been sealed up with sealant and tape. We found the windows could not be opened which meant no fresh air could enter the room. We asked the registered manager when the window would be fixed. They told us the provider was waiting to replace the whole window units and did not have a date when this was to be completed.

Following concerns raised about the electrical safety in the home a site inspection was completed.

We asked to see certificates for all electrical work completed. The registered manager showed us paperwork dated 9 April 2015 reporting results of testing. This was printed on A4 letter headed paper and was not an electrical certificate. The registered manager told us they had not been provided with certificates for the electrical work.

We found that additional electrical safety work had been highlighted to be completed. These included boiler room earth bonding required replacing with 10mm earth cable (6mm at moment), 1st floor fire escape bulkhead light required changing, 1st floor fire escape junction box required changing for weather proof junction box and extractor fans to be installed in bathrooms

We inspected the fire alarm system and found the boiler room heat detector appeared to be disconnected and the laundry room smoke detector was not secured. We advised the registered manager of the issues and we were told at the end of our inspection that the work had been completed.

We asked staff how they cleaned continence equipment such as commode pots. Staff gave conflicting accounts, one staff member told us, "We clean them all in here [laundry]." Another staff member said, "I clean them in the nearest bathroom."

We asked the Infection Prevention Control (IPC) Champion to explain the process. They advised commode and urine bottles were cleaned daily and bleached weekly and this was carried out in one bathroom which is locked when the cleaning was taking place. We advised the IPC Champion of staff comments and they stated they would ensure that all staff were aware of cleaning protocols. We saw a notice had been placed in the laundry room advising staff of the correct procedure before we concluded our inspection.

In a bathroom, we saw on the base of the toilet frame a build-up of brown debris. We spoke to the registered manager about this issue, before the end of our inspection the registered manager showed us it had been cleaned

We viewed cleaning audit logs and found gaps in records. The IPC Champion advised they were presently looking at all areas of infection control and were planning to implement new systems. They showed us a hand hygiene checklist and audit forms created, however these had yet to be introduced. They also advised they were working with the local IPC team and staff training was taking place the following week.

Is the service effective?

Our findings

During our comprehensive inspection on 2 and 5 February 2015 we found the service was not effective. This was because the provider had breached Regulations 18. In particular, we found staff had limited understanding of the MCA and DoLS and how the principles of the legislation applied to people who used the service. We also found assessments of best interest decisions were not recorded.

Three people using the service were subject to lasting power of attorney. We viewed the care records for these three people and saw the relevant documentation was held in each person's care file. We also saw that for each person staff had completed a Deprivation of Liberty Safeguards (DoLS) assessment and application to the local authority. DoLS are part of the Mental Capacity Act 2005 (MCA). MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also

ensures unlawful restrictions are not placed on people in care homes and hospitals. We found that in each case confirmation of the DoLS authorisation had been received from the local authority.

Where there were doubts about a person's capacity to make decisions, mental health, diminished mental capacity and deprivation of liberty safeguards, care plans had been developed. These provided staff with general guidance about how to support people with making decisions. They also provided general guidance for staff about how to support people through periods of anxiety and low mood.

We found the care plans required further development to include specific personalised strategies relevant to each person. This was required so that staff had access to the appropriate information to ensure people received the care they needed to meet their individual needs. For example, one person's goal was for staff 'to act in [person's name] best interest when making decisions.' However, their care plan did not identify the person's communication needs and which strategies were most effective when supporting them to make everyday decisions and choices.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

You are failing to comply with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which states:

People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately.

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

You are failing to comply with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which states:

The provider did not have effective systems in place to protect people from the risks of exposure to a health care associated infection.

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

You are failing to comply with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which states:

This section is primarily information for the provider

Enforcement actions

People's rights against inappropriate restriction of liberty were not protected because appropriate measures were not in place to make the required assessments and applications, in line with MCA and DoLS legislation

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

You are failing to comply with Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which states:

People were not fully protected against the risks associated with unsafe or unsuitable premises.

The enforcement action we took:

We took enforcement action which resulted in the cancellation of the providers registration.