

Mrs Alison Stevenson

# Parc Vro Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Parc Vro provides accommodation with personal care for up to 15 people. There were 14 people using the service at the time of our inspection. The service is a detached two storey building with an enclosed garden.

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

At the previous inspection we found risks had not been appropriately assessed or managed which meant people were unnecessarily exposed to risk of harm and that some aspects of governance systems were not effective. At this inspection we found improvements had been made and risks were appropriately managed and new systems had been implemented to provide a better oversight of the service.

The provider and manager had implemented new electronic systems that covered areas such as care plans, risk assessments and governance systems. Care plans informed staff on how to support people, but further direction would be beneficial. For example, when stating staff would provide 'reassurance', it did not direct or guide staff how to provide this. This was discussed with the manager and care coordinator who stated they could see the benefit of expansion. This meant staff who did not know people well would not understand how to meet people's emotional needs. We made a recommendation about this in the report.

At the previous inspection a new provider and new manager had recently commenced.. They had now been in post for five months and had submitted their application to be registered with the Care Quality Commission.

People, relatives and staff were all positive about the new management team. Comments from relatives included "They are terrific, they keep me informed". People said they found the new managers approachable and had no concerns. Staff said, "I wouldn't be here if it wasn't for the managers."

People told us they were 'happy' living at Parc Vro and their care needs were met by caring and skilled staff. Comments included "It's fantastic here", "Staff are so good" and "It's a lovely home."

Relatives were complimentary about the care their family members received. Comments included "The staff are exemplary, they go above and beyond in all aspects of care for our family member" and "Our relative summed up her feelings for Parc Vro she told us " I know this is a care home but it feels like my home."

Safeguarding processes were in place to help safeguard people from abuse. Medicines were safely managed.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions.

There were enough staff to meet people's needs and ensure their safety. Appropriate recruitment

procedures ensured prospective staff were suitable to work in the service.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training, and this ensured all staff received the training and updates needed to provide safe consistent care.

Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by senior staff and the manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The manager had employed an activities coordinator. People were complimentary about the amount of activities on offer and how much they enjoyed them. People told us "There's enough to do here". People were supported to access activities within and outside the service. The service had developed positive relationships with the local primary-junior school who visited the service.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was requires improvement (published 19 October 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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. 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 carried out by one inspector.

#### Service and service type

Parc Vro 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The new provider and manager of Parc Vro had submitted an application to be registered with the Care Quality Commission.

#### Notice of inspection

This 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 relatives, the local authority and professionals who work with the service. We received five e-mails from relatives sharing their experience of the service with us.

We used the information the provider sent us in the 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. This information helps support our inspections. We used all this information to plan our inspection.

We used information gathered as part of monitoring activity that took place on 9 March 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with eight members of staff including the provider, manager, care staff, cook and housekeeper.

We reviewed a range of records. This included two people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a relative after the inspection visit and received an email from another relative. We received two emails from staff who shared their experiences of working at Parc Vro.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At the previous inspection we found risks had not been appropriately assessed or managed which meant people were unnecessarily exposed to risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- People's risks were managed safely. People's care plans had individual risk assessments which guided staff in providing safe care. Risk assessments were now in place for people in areas such as falls, weight management and nutrition.
- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. For example, where people's health had deteriorated, they had been referred to clinicians for diagnosis and guidance.
- Contingency plans were in place on how the service would support people when COVID-19 outbreaks occurred.
- There was a robust system in place to provide support for people who wished to have assistance with their finances.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

At the previous inspection we found the provider had failed to establish the staffing levels necessary to meet people's needs. This formed part of the breach of Regulation 17 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 17.

### Staffing and recruitment

- The provider and manager had reviewed staffing levels in the service. Due to this staffing had increased. For example, a new shift had been created from 4pm as it was identified that people needed more support over the teatime/early evening period. An activity coordinator had also been recruited and domestic hours had been increased. Staff felt the increase of staffing levels had impacted positively in how they supported people. This meant there were sufficient numbers of staff employed and on duty to meet people's current assessed needs.

- People and their relatives told us they felt there were enough staff on duty to meet people's needs.
- The service did not use agency staff. Staff absences were covered by existing staff and management. This meant people always received care and support from staff they knew and trusted.
- During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staffing levels could fluctuate due to staff sickness and due to the impact of the COVID-19 pandemic. However, staffing levels were kept at a consistent level.
- The provider's recruitment practices were robust and staff records confirmed appropriate checks were undertaken before they supported people in the service.

Systems and processes to safeguard people from the risk of abuse;

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at regular staff meetings.
- People were empowered and encouraged to report any concerns they may have about their welfare to the registered manager or senior staff.
- Relatives told us they felt people were safe using the service. Comments included
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. People told us they were happy with the care they received and believed it was a safe environment to live in.

Using medicines safely

- People received their medicines as prescribed by their doctor. Staff were competent in the safe management and administration of medicines. Staff completed relevant records following good practice. This meant where people needed support with their medicines, the support they received was delivered safely.
- Staff had completed medicines training and felt confident to administer medicines.
- Some people were prescribed medicines to be taken when required. People's care plans included specific protocols detailing the circumstances in which these medicines should be used.
- Staff knew people well and administered these medicines safely and in a caring manner. We heard staff explaining to a person which each medicine was for. This was done in a way that the person responded to, for example the staff member explained that a medicine was for their ears 'so that you can hear my lovely voice' the person laughed in response.
- The provider had policies in place to guide and support staff with the management of medicines and a robust system in place to provide oversight of medicines management.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. Including testing and use of PPE.

Learning lessons when things go wrong

- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively.
- The need assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- People were complimentary about the food and drinks available. Comments included, "The food is really good" and "I like the food and have a choice, I don't like curry, so I'll have something else."
- Relatives were complimentary about the quality of food. Comments included, "The meals provided are excellent and much enjoyed by our relative. There have been occasions when a hospital visit has taken many hours resulting in her being late for the scheduled meal. The staff have always provided a good meal for her on her return."
- Some people had specific guidelines in place to support them in this area. The cook was aware of people's individual dietary needs and catered for them. Staff were able to describe the support people needed and understood why this was important.
- Peoples weight was regularly checked to ensure that their health needs were monitored. Hot and cold drinks were served regularly throughout the day to prevent dehydration.
- People were given choices of what to eat and drink. The food provided was well presented and kept warm. When a person declined their meal, staff were heard to offer other food options to encourage the person to eat. Some people chose to eat in their own rooms. Staff ensured those people received their meals, snacks and drinks throughout the day.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health conditions were well managed, and staff engaged with external healthcare professionals including GP's, district nurses, community psychiatric nurses and dementia liaison nurse.
- People told us that staff contacted relevant health professionals if they felt unwell. People said they also received emotional support from staff who would sit and talk with them about their health needs and treatments that were being considered.

- Relatives felt that the provider was quick to identify any health issues and act appropriately. Comments included "Only recently, they contacted medical services and her GP when they felt things were not right with [person]. At every stage, I was kept informed. They really do keep a close eye on [person], I can't thank them enough."
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration and risk of falls.
- People were given information and support to encourage them to adopt a healthy lifestyle. Staff supported people to continue to mobilise independently.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff.

#### Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff consistently told us they felt very supported by the management team and had access to a range of training to support them in their roles.
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them.
- Staff were provided with opportunities to discuss their individual work and development needs. Individual staff with the care coordinator meetings took place regularly, as well as group staff meetings, where staff could discuss any concerns and share ideas. Staff were extremely positive and enthusiastic about their training and management support. Comments included 'We have just done training in DOLs, fire, nutrition and are booked to go on oral care'. All confirmed they had completed medicine and safeguarding training.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

Adapting service, design, decoration to meet people's needs

- People were involved in the décor of "their home". People's bedrooms were personalised to reflect their individual preferences. People were consulted and chose the décor for the dining room. Current consultation with people and staff about how to redecorate the hall and lounge areas were in progress.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There was a pleasant garden which people could access and use safely.
- Access to the building was suitable for people with reduced mobility and wheelchairs. There was choice of access to the upper floor through stairs and passenger lift.
- The home had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- The provider had invested in the building. The exterior had been painted, new fire system installed, and furnishings updated.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since the last inspection the provider and manager implemented a new care record system. People's care plans now included information about their needs, routines and preferences. We discussed with the manager and care coordinator that the care plans were a good foundation in describing people's care needs. The care plans would benefit from providing additional information, direction and guidance to staff in how to meet a person's specific needs. For example, provide direction for staff in how to support a person when anxious. This was discussed with the manager and care coordinator who agreed to action this. This meant staff who did not know people well would not understand how to meet people's emotional needs.

We recommend the provider seek reputable advice on how care plans should direct, inform and guide staff so that consistent care would be provided to people.

- Staff stated that the care plans were a 'great improvement' and they followed the care plans to deliver care and support which was individualised to each person's needs.
- Care plans were reviewed and updated regularly with the involvement of the person and their relative. This meant staff had information which reflected people's current needs.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers. The service recorded daily logs to summarise the persons day. This supported staff to have current and updated information about the persons' needs and how they spent their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.
- Hospital passports had been developed for each person, to share with hospital staff, to help ensure their communication needs would be known if they needed to go to hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since the previous inspection the manager had employed an activities coordinator. People were complimentary about the amount of activities on offer and how much they enjoyed them. People told us "There's enough to do here" and showed us a tree with decorations that they had made hanging on it. Another person told me that staff buy her magazines so that she can do crosswords and puzzles. People told us of how they had celebrated recent events, such as valentine's day and St Patricks day and how they had enjoyed them.
- People were supported to access activities within and outside the service. People had restarted some activities following the lifting of lockdown restrictions. For example, the local church was now visiting and providing services to those who wished to attend, a choir was also visiting the service, and during lockdown the children's choir sang to people from the garden. A person who loved the theatre recently attended the pantomime,
- The service had developed a positive relationship with the local primary-junior school. Staff and people told us of events they have shared together. For example, when the children had a creative competition, they asked people at the home to judge it, pen pal relationships had developed between people and the children, and the home participated in the food bank collection with the school. One story was reported in the media of a person in his 90s and a pupil from the school who had a farming background, sharing their experience of farming and the different farming techniques that were used.
- People had photographs showing what activities they had been involved in and a record kept of how they responded to the activity. They also had a 'No place like home' photo book which showed all the activities they had been involved with.
- Staff supported people to maintain relationships with their family and friends. Relatives told us they were welcomed to the home and had access to the home's relative website, that they could log in to so that they could see on a day to day bases what people had been up to.
- Support plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale. The complaints procedure was also presented in easy read format so that they were accessible to all.
- People had the opportunity to raise concerns during their care plan reviews and house meetings.
- Relatives told us they would be confident to speak to the management or a member of staff if they were unhappy.

#### End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- When people were receiving end of life treatment an advanced care plan was developed to ensure that the persons preferences and wishes would be respected
- Relatives were highly complementary of the support their loved one, and they received from staff. A relative told us the manager, who had finished her day shift, returned to the service to sit with their family member all night which enabled them to have a break. The relative was appreciative of the support and care that all the staff displayed.
- There were positive links with external professionals, such as GPs and community nurses to support care at this time.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the previous inspection we found some aspects of governance systems were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the previous inspection there has been a new provider and new manager in post. This new management structure at the service provided clear lines of responsibility and accountability across the staff team. The manager was supported by the provider. There was good oversight of the governance systems for the service in place.
- People, relatives and staff were all positive about the new management team. Comments from relatives included "They are terrific, they keep me informed". People said they found the new managers approachable and had no concerns. Staff said, "I wouldn't be here if it wasn't for the managers".
- Staff were very motivated by and proud of the service. They told us they felt valued and were well supported.
- There were robust quality assurance and auditing systems in place designed to drive improvements in the service's performance. Where any issues were identified appropriate action was taken to ensure they were addressed, and the service's performance improved.

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.

- The management team promoted the ethos of honesty, learned from mistakes and acknowledged when things had gone wrong.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.
- Any learning identified following incidents or complaints was shared with the staff team through the system of meetings and supervision sessions.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance.

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

outcomes for people

- There was a positive culture within the staff team and staff told us they felt supported by the management team. Comments included, "Things have changed so much - everything is now official and in place. We know what we are doing now", "[Managers name] is responsive to any suggestions we make" and "She [the manager] cares, she has changed it into their home".
- Staff told us they were a close and supportive team who worked well together with the aim of helping the people to live their best possible life.
- People told us they were 'happy' living at Parc Vro and their care needs were met by caring and skilled staff. Comments included "It's fantastic here", "staff are so good" and "It's a lovey home."
- Relatives had confidence in the service leadership. Comments included "The staff are exemplary, they go above and beyond in all aspects of care for our family member" and " our relative summed up her feelings for Parc Vro she told us " I know this is a care home but it feels like my home."

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

- Staff meetings were held and were an opportunity to share ideas about how to develop and improve people's experiences. Staff said they could talk to management at any time, feeling any concerns would be acted on promptly.
- People, and relatives were asked for their views of the service through resident's meetings, questionnaires and informal conversations with the manager and staff
- The service had managed effective communication during the pandemic by use of technology and holding interactive meetings and following government guidance on meeting safely in the service.
- A formal quality assurance and gaining the views of stakeholders was in progress. Staff and people using the service told us the managers regularly engaged with them and involved them in decision making.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care; Working in partnership with others

- The manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.
- The service worked effectively and in partnership with health and social care professionals. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.
- The staff and manager were open and transparent throughout our inspection demonstrating a commitment to provide person-centred and high-quality care. The manager acted on feedback given throughout the inspection.