Park Vista Care Homes Limited

Park Vista Care Home

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Park Vista Care Home provides accommodation for up to 59 people who require personal care or nursing care. The home provides support for older people, some of whom are living with dementia. Accommodation is provided over three floors. The home is a mix of new and old areas and there were many places where people can sit on their own, or sit with their visitors in private without going to their bedroom. There are some large communal areas such as a conservatory and sitting rooms that could accommodate larger groups. There were 45 people living in the home at the time of our inspection.

We carried out this unannounced inspection on 28 April 2015. We last inspected Park Vista Care Home in November 2014. At that inspection we found the service was meeting all the essential standards that we assessed.

There was no registered manager in post at the time of this inspection. 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.

Summary of findings

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Although there were systems and processes in place, mental capacity assessments and Deprivation of Liberty Safeguards had not been followed for everyone.

Although staff knew how to recognise abuse we found that the appropriate authorities had not always been informed of incidents that they should have been. People's records did not always identify their individual risks or how they could be minimised.

People were not always looked after by enough staff to support them with their individual needs. People were supported to take their medicines as prescribed but not all records of medicines administered were accurate.

People had access to a wide variety of health professionals who were requested appropriately by staff and who provided information for staff to follow to maintain people's health and wellbeing. People's individual health and nutritional needs were met as staff provided support where needed.

People were looked after by staff who were deemed suitable to work at the home because there was a system of pre-employment safety checks to ensure that they were of good character. Although staff felt supported, a system of regular supervisions and appraisals was not in place at the home.

People were supported by staff who were respectful, caring, and treated them with dignity.

People were able to make decisions about their daily lives, their interests and activities. However, their care plans did not always reflect those choices.

People and their relatives could be confident that any concerns would be investigated, although records needed to be written in line with the complaints procedure. Although accidents and incidents had been recorded, they had not been audited. This meant that any trends that might be in place had not been identified and that actions to reduce risk of reoccurrence had not been taken.

People's views had been requested, the monitoring of the quality of the service provided had been used to drive improvement.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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? The service was not always safe. There were not always enough staff to ensure people's needs could be met in a timely way. People's records did not always identify their risks or how they could be minimised. Although staff in the home knew how to recognise abuse, people were not protected because information about suspicions and allegations of abuse had not been recorded or forwarded to the appropriate authority by the manager. Most people were supported to take their medicines as prescribed but some details were not recorded in line with the provider's policy.	**Requires Improvement**
Is the service effective? The service was not always effective. People's rights were not protected because the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had not been followed for everyone. People could access a range of health professionals when they needed them. There was evidence of poor record keeping, which meant people's health and nutritional needs may not always be met.	**Requires Improvement**
Is the service caring? The service was caring. People were treated with respect and staff supported people to maintain their privacy and dignity. People were able to make decisions about their daily lives.	**Good**
Is the service responsive? The service was not always responsive. Peoples care plans did not always reflect their individual preferences and personal care needs. People were supported to take part in activities that were of interest to them and family and friends were encouraged to visit. People were aware of how to make a complaint but a record of complaints received and the outcome of these was not available in the home.	**Requires Improvement**
Is the service well-led? The service was not always well led.	**Requires Improvement**

Summary of findings

Processes to monitor the quality of the service were in place and improvements had been made to ensure the views of people were used to drive improvement.

Accidents and incidents were recorded. However, there were no investigations or audits to check trends or methods to reduce the risk of the events happening again.

Park Vista Care 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.

This inspection took place on 28 April 2015 and was unannounced. The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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. However, the provider did not return a PIR

and we took this into account when we made the judgements in this report.

As part of the inspection we spoke with the representative of the provider, the acting manager, two senior care workers, one care worker, the cook, one housekeeper, four relatives or friends and twelve people who lived at the service. We also spoke with two health professionals and a community physiotherapist.

We looked at the care plans for two people living at the home. We also looked at medicine administration records, staff training and management paperwork related to the running of the home and the 'providers continuous improvement' plan dated 15 April 2015.

Requires Improvement

Is the service safe?

Our findings

People were not always safe because although there were systems in place to report allegations of abuse and to notify the Care Quality Commission (CQC) these had not been followed. Staff told us, and records confirmed that they had recently received training to protect people from the risk of harm. We spoke with staff who were able to tell us how they would respond to allegations or incidents of abuse, and knew the lines of reporting in the organisation. One member of staff said, "I'd report straight away. There are numbers in the office. I also know about whistleblowing and there is information about how to do that in the office." However information in one person's chart about behaviour that challenges other people, showed they had stated they had been hit. There was no information to show this allegation had been raised as a safeguarding matter with the local authority or that CQC had been notified. This meant adequate measures were not in place to keep people safe.

People told us they felt safe in the home. One person we spoke with said, "I do feel safer than when I first came. I'm feeling more myself now." Another person said, "Oh yes, I feel safe," however they added that, "The girls (staff) come in quickly, they are very busy and have a lot to do. They don't stay and chat". One relative said, "The care for [family member] is absolutely fine I've no safety worries and [family member] is getting everything they need".

This was a breach of regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found that most people did not have appropriate health and safety risk assessments completed or reviewed. This meant staff did not have the information they needed to ensure the actions they took minimised the risks for people. For example, risk assessments for people developing a pressure sore or being at risk of malnutrition were not always up to date to reflect people's needs. Also information about the frequency for people who required position changes was not always recorded, which meant people could be at risk of their skin breaking down.

Risk assessments we looked at in relation to people's challenging behaviour, provided no information for staff on how they managed these situations. However, we saw that there were community psychiatric nurses involved in some cases so that any concerns could be raised by staff. Audits to verify any trends or patterns in behaviour had not been fully completed. Staff told us, and evidence in training records showed, they had received updated training in behaviour that challenges others and dementia.

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

People and their relatives told us that there were not always enough staff to meet the needs of the people living in the home and that staff were always 'very busy'. One person told us, "'I often have to wait a long time when I ring the bell. I've had constipation problems due to having to wait for staff." Another person said, "I have to go to the loo quite a lot. I need to ring the bell and have to wait for them to come; I'm in pain and discomfort and have been incontinent. I keep ringing and ringing." During the inspection we noted that individuals who requested assistance through the call bell system were answered within a few minutes. We saw that staff were aware when calls had not been answered quickly and left the task they were doing, where appropriate, to answer them. However there were not always enough staff available at busy times, like mealtimes, to provide the personal care people needed. One person said, "There's a pattern of behaviour for staff [and so] I don't call at busy times."

There was a system in place to check the dependency of people living in the home and the staffing levels required to meet those needs. On the day of the inspection there were 45 people living in the home and there were two nurses, two senior carers and seven care staff who provided care and met the support needs of people. One member of staff said, "Because we have new staff it's a bit difficult as we're not in a routine. Certain tasks would be left, like laundry, but definitely not the people." Another told us, "There are a lot of carers (care staff) on sickness." The provider said that people's care needs and the staffing levels had been reassessed and more staff recruited. They said people in the home had not 'felt a positive impact' as although the number of people living in the home had decreased staff still attended to people on all three floors of the home.

Accident and incident forms had been completed but were not available in the home at the time of our inspection as they had been sent to the head office of the organisation by the previous manager. This meant the analysis of the

Requires Improvement

Is the service safe?

accidents or incidents had not been investigated or reported in line with the provider's procedures. The acting manager was aware and in the process of auditing all the forms.

We looked at staff files and found that recruitment practices were in place and staff confirmed they were employed to work once all appropriate and required checks had satisfactorily been completed.

People told us they received the medicines they were prescribed and at a time that was appropriate. One person told us, "I've just had some pain relief; they don't leave me in pain." We heard one member of staff ask one person, "Can I give you your eye drops now?" On the day of inspection we saw that one senior carer was training a new member of staff in the administration of medicines. We confirmed that all staff who administered medicines received the necessary training. Records showed that the majority of people received their medications at the required times. However some of the records were not clear which meant that it was not possible for us to be sure that everyone had received their prescribed medications. Medicines were stored safely and records were kept of medicines received and disposed of in the home.

Requires Improvement

Is the service effective?

Our findings

Staff told us they had regular supervisions and annual appraisals until the registered manager left in November 2014. The acting manager confirmed that they had been in post for three weeks and supervision had not yet taken place. Staff said they felt supported by the acting manager and provider. One member of staff said, "If I had a problem I would talk to AJ [provider's representative]."

Staff told us they had received an induction and the relevant training they needed to do their job. One member of staff told us their recent update in infection control training had been useful and it ensured people were protected against cross contamination. Another member of staff said their training helped when a person became agitated and they were able to talk with them and also knew what records had to be completed. We saw from the training records that most staff were up to date with training which included safeguarding, moving and handling and infection control. The provider's representative told us they had identified a member of staff to undertake observations so that on the job learning was provided for staff; and that a better level of personal care and communication would be promoted within the home. We spoke with the member of staff who told us the atmosphere in the home had improved and a change of attitude had taken place within the staff group. One member of staff confirmed this and said, "I've noticed good changes [in the home]."

Although staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), the system to assess people's capacity to make formal decisions about their care, support and consent required improvement. Assessments of people's capacity to make decisions about their care and support and applications for DoLS authorisations had not been completed for some people. The acting manager told us that they were aware of further DoLS applications that needed to be made for people and we saw this was under way. One member of staff told us, "With MCA and DoLS you have to be clear when people do not have capacity. You have to make sure you can provide choices and be specific." Most staff we spoke with however, were unaware what the impact of the MCA and DoLS meant for people in the home or the legal requirements of DoLS and what this meant for the people they supported. This meant that people's legal rights may not be protected.

We saw that staff encouraged people to drink throughout the day and juice and jugs of water were available in people's bedrooms, as well as hot drinks when people wanted them. Staff recorded people's fluid intake when they were at risk of dehydration, however it was unclear what the level of fluid for each person should be to maintain hydration. The records of fluid intake each day were not always totalled. This meant that a person could be at risk of dehydration because staff did not have the necessary information to ensure people were hydrated.

There were mixed views about the food in the home and some people were not aware that there were alternatives if they wanted something different to eat. People told us there was enough to eat and drink. One person said, "The food is alright usually. I feel we get a choice and plenty of drinks, they look after us very well." Another person said "The food is not bad. I like the sweets best. There's no choice if you don't eat the main [so] I make up on the puds [puddings]." However one person told us, "I can't see what I'm eating. I don't like carrots." We saw that the person had pureed food and they told us that the staff had not informed them what was on their plate nor had they checked if they liked carrots. One relative told us their family member was being monitored weekly for weight loss and a weight chart kept. They told us the kitchen staff had worked closely with them to provide food that took account of the person's likes and dislikes and was also blended as they needed to ensure the person could eat it safely.

The cook told us that they knew people's likes and dislikes and people were offered an alternative meal if they wanted. For example, the cook knew one person did not like the meal at lunchtime and had discussed that with the person who had chosen to have lamb; and we saw that this was provided for them. The cook told us there was no-one who had any food allergies and there were four people who required a diabetic diet. The cook was available in the dining room to ensure people were happy with their meal and served the size of meal people had requested. One

Requires Improvement

Is the service effective?

member of staff told us, and we saw that pictorial menus were used when asking people their meal choice for the following day, which was useful for those unable to understand the written menu.

People told us they could access a GP easily and that a GP visited the home regularly. One relative said, “The staff get the doctor when needed and we can visit when we want. [Family member] did have a sore bottom but is turned [position in bed is changed] frequently now and on a special bed and the sore has [pressure area] gone.” One person said, “I’ve not been too well and I can go to see the GP when I need to.” We saw that people had access to health professionals such as district nurses, speech and language therapists, chiropodists, community physiotherapists and community psychiatric nurses. Details of visits undertaken by healthcare professionals were recorded in people’s care files.

Good

Is the service caring?

Our findings

Most people spoken with that they were satisfied with the care provided for them at Park Vista Care Home. One person said, "The carers are very good. I was full of groans when I first came but it's better than I thought." One visitor said, "The staff are very friendly and helpful. Any queries and they sort us out." A relative said, "The care is absolutely fine and [family member] is getting everything they need. I can't praise the staff enough, especially the kitchen staff."

We saw that staff knocked on people's bedroom doors and waited to be invited in before entering. People were spoken to in a pleasant and positive way. We heard one member of staff ask a person, "Would you like me to help you do your hair?" and another, "You seem cold, can I get you an extra cardigan?" During the inspection there was an incident when a person collapsed and an ambulance was called. Staff attended to the person and kept them calm, comforted them and reassured them. Staff ensured the person's dignity was maintained and that other people were kept occupied in the room, so that they did not have to pass the person who had collapsed. This demonstrated that people's dignity and respect was valued by staff.

Friend and families were able to visit the home at any time. One person told us, "I'm confined to bed but I'm happy watching my TV. Family can visit daily which is good and they [staff] give me a shave and cut my nails and things." One relative told us that they came most days to visit their family member and were always welcomed by staff. We saw several other family and friends come into the home to visit people. Staff were pleasant and friendly and recognised the visitors and the person they intended to visit.

People told us they made choices on a daily basis that were respected by staff. One person said, "I spend a fair time in my room. I can get up and go to bed when I'm ready and I've got a new comfy bed. I can ask for a bath or shower whichever I want. I just take life carefully and steady. I've even got an extra radiator I can put on and off when I want." At lunch time we observed the staff and noted that there were no menus on the table and we did not hear staff giving people a choice as to what they would like to eat. However people said they were asked the previous day about their menu choice for the following day. One person said, "The food is alright usually I feel we get a choice and plenty of drinks they look after us very well." The tables were appropriately set with white cloths, place mats, cutlery and napkins. People who required protection for their clothes were provided with it. The food looked and smelled appetising and fruit squash and water were provided to drink.

Most people we spoke with said they advocated on their own behalf or would ask their relative if necessary. However there was no information to show people how to access independent advocates to act on their behalf if they needed to. The acting manager showed us some information they intended to put on the noticeboard which gave details of advocates.

Some people had advanced care plans but the acting manager said that she was in the process of reviewing information on people's end of life care plans to see that they were completed and up to date.

Requires Improvement

Is the service responsive?

Our findings

People told us that staff ‘knew’ them and one person told us, “Staff know me and understand me.”

The acting manager confirmed that they had reviewed nine out of 45 people’s care plans since being in post three weeks ago. They were aware that improvements were required because not all of the care plans fully identified people’s care needs and did not contain current information on how care could be provided to meet those needs. We saw one person’s care plan that said they had short term memory loss. There was no indication about how that presented itself and what staff should do to help the person maintain their independence for longer. Information was not current as the last review of their needs was recorded in November 2014. Staff were not aware the person had short term memory loss but were able to explain how they supported the person to meet their needs.

We saw care plans that indicated that family members had agreed but not signed the plans. There was no evidence that the family member’s involved in making the decisions had the legal right to do so. People who had capacity had not signed to say they agreed with the care that was planned, although one person said, “Yes, I was involved”. This meant that there was no evidence that people had agreed their documented needs, wishes and preferences.

The home had new member of staff who provided individual activities both inside and outside the building. They were very enthusiastic and told us they intended to have specific things for people once they got to know them. We saw that there were a number of events planned in the home already, such as bell ringing, a movie morning and cheese and wine evening including a quiz. The staff member said that she was in the process of setting up a programme of daily activities and that funding had been made available for her to do this. The activities currently included armchair ball games, jigsaws, quizzes, and outings to a local garden centre and some day trips to local places of interest. On the day of our inspection the staff member was playing a soft ball game with a group of ten people in the sitting room, who all appeared to be enjoying themselves. There was lots of chatter and people were laughing as we walked past the room. The member of staff had also arranged to play cards and dominoes in the sitting room after lunch. When we spoke with some people who were sitting in their bedrooms, they told us they had chosen to be there. Most were watching TV and were happy with that. One person did not have a TV in their room, but told us that they enjoyed watching football on the TV in the lounge. The person said, “I just sit about every day. I like to watch sport on TV. I just have a very quiet life.” One relative told us that they felt their family member had already benefited from the input from the staff member who provided the activities.

Some people were aware that the provider had a formal procedure for receiving and handling complaints. There was information about this on display in the main foyer of the home. One visitor told us they were not aware of the complaints process but they had no issues about the home. People told us they would speak to staff and one person said, “I would complain directly [to staff]. They do listen,” and continued to explain what had changed for them. They confirmed they had not raised the issue as a formal complaint. Staff knew what they would do if a person in the home or their relative wanted to make a complaint. They were aware of the provider’s complaints procedure. As the result of recent concerns raised by people and their relatives, that staff were not answering people’s call bells in a timely way, the provider showed us evidence that a different call bell system was being installed. This would provide instant up to date information about the length of time people were waiting when they called for assistance. On the day of inspection the installer was in the home to check details prior to commencing the input of the system. This meant people were listened to and action was taken as a result.

Requires Improvement

Is the service well-led?

Our findings

At the time of the visit Park Vista Care Home did not have a registered manager in post. An acting manager was in place to manage the home on a day to day basis, supported by a senior care supervisor and representatives of the provider.

People told us there had been lots of changes and they were unsure who was in charge of the home, although one person told us, "The boss [provider] sometimes comes in." One health professional told us, "[The provider and their representatives] are trying to get the best quality of care and will do all they can to get it right." Two staff told us they had moved from another home in the same group and said how much they enjoyed being at Park Vista Care Home and hoped to stay there .They said that they felt that things were improving. We spoke with one visiting health professional who said, "The [acting manager] is very good. The atmosphere has changed. The previous manager did not seem part of the team".

Staff told us that they understood how to provide care and keep people safe. Staff said they enjoyed looking after people and were supported by their supervisors to do their job. A staff member told us, "I am supported by my supervisors. Whatever I need or whenever I need it we are supported." Staff told us that they knew of the lines of managerial responsibility and who they were to report to. One member of staff said they were very settled in the job and felt that standards of care were good with staffing levels provided according to the needs of the people in the home at the time.

People were encouraged to be part of the local community by visiting local places as well as having religious services brought into the home. There were also activities put on by staff, which encouraged local people to visit the home.

Staff said there had been a staff meeting the previous day but that not everyone had been able to attend as they were providing care to the people in the home. They said there were many different opportunities to discuss their views, but the minutes from the previous meeting (20 February 2015) did not show that staff were able to share their views and make suggestions. There was no information to show if issues raised at the previous meeting had been addressed therefore there was no way to monitor improvements in the service. The provider's representative agreed this had not been recorded but would ensure, in future, that this was done so that improvements were recognised.

One relative told us they had had a telephone survey earlier in the year asking about the quality of care and they were also frequently asked about satisfaction with care when visiting. A telephone survey had been carried out in March 2015 to obtain the views of ten relatives' of people living in the home. An internal survey of nine people in the home had taken place in December 2014. The provider's representative said that individual issues were addressed. One example was where one call bell was often found unplugged or missing. According to the providers representative this had been investigated immediately and dealt with. However, there was no documented evidence to show what had been done as a result of this concern, or when it had been resolved. Where there had been general comments, such as three comments about items of clothing missing from the laundry, the providers' representative said it would be part of the next quality assessment of the service.

Although accidents and incidents were recorded, the acting manager and provider's representative confirmed, there was no evidence that these had been analysed or monitored for trends. This meant they were not used as a way of identifying areas of improvement in the home.

The last quarterly audit on 2 March 2015 noted that the manager had not recorded complaints. This meant there was no documented method of the provider ensuring complaints had been resolved to people's satisfaction or addressed to improve the service for people.

There had been internal audits on medication in March 2015 where no issues had been found. An internal monitoring visit had been completed in April 2015, which showed actions were required (to be completed by 30 April 2015) to ensure compliance. Our information and observations found other issues about medicines and medicine administration recording needed to be addressed.

People could be assured that the health and safety and maintenance audits had been completed as required. Where issues had been identified any work required was dated and the date of completion recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People who use services were not protected because assessments to manage and minimise risk were not always completed.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **People who use services were not protected against the risks associated with concerns about abuse because effective systems of reporting were not being used.**