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Park View

Inspection report

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Date of inspection visit: 10 and 18 November 2014
Date of publication: 06/02/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection was unannounced and took place on 11 and 19 November 2014. On 11 November 2014 we met with the provider and on 19 November 2014 we met with people who used the service and the staff member supporting them.

The last inspection of Park View took place on 3 July 2013 when it was found to be meeting all the regulatory requirements. Park View is one of three small homes owned by the providers.

Park View is registered to provide accommodation for up to 6 people who have a learning disability and mental health needs and who require support with personal care. There were 6 people living at the home when we completed our 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 a legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There were two registered managers for the home who share this role, one of whom was a registered provider.

On 11 November we spent time with both the providers or owners. We talked with the providers about their plans to make improvements to all three services that they were responsible for and looked at maintenance, recruitment and other records relating to the running of them.

We returned unannounced to the home on 19 November 2014 and spent time talking with five people who used the service and a member of staff, looked around parts of the home and at two people's records with them.

We were made to feel welcome by both people who lived at the service and the staff supporting them throughout the inspection.

The relationships we saw between people who used the service and support workers were warm, frequent and friendly. The atmosphere was calm and relaxed. However people did tell us that in certain circumstances there could be tension between people. People told us that there had been an improvement in this situation recently.

People who used the service had the capacity to make decisions about what they did with their time. They chose which individual activities they wanted to be involved in and were able to take part in group activities if they wanted to, both in the home and in the community.

People who used the service had access to information about who they could contact if they had concerns that they had been harmed or were at risk of being harmed. We saw that safeguarding had been discussed with people at a resident's meeting.

Overall medication was well managed; however a number of improvements were needed to ensure that a person's medication record sheet matched the consultant's direction in relation to a prescribed eye ointment. Also clear direction on the amounts of prescribed thickening agent to be added to drinks to prevent people choking was needed for staff to follow.

We saw that the home was comfortable, homely, clean and tidy. The provider was aware that the home appeared tired in parts and we were told that plans were in place to have a new boiler and kitchen and fitted and the downstairs bathroom refurbished.

The staff member we spoke with had a good understanding of people's risks and preferences so that they could support people effectively.

We spent time looking at the care and support records with two people who used the service. They confirmed as far as they were able that the information about them was correct.

The staff member we spoke with had received a range of training to deliver effective care to people. They said the registered manager and the providers were very approachable and supportive should they need any assistance or guidance.

We saw that quality assurance questionnaires had been sent out to people living at the home in September 2014 asking for their views and opinions of the service. Some of the responses returned indicated that people did not feel safe at the home. However it was not clear what action had been taken to resolve the issues. Feedback from staff who worked at the home had been received.

Systems were in place to record and review complaints. People were encouraged to express their views about the service they received and discussion about how to make a complaint had been undertaken at recent resident's meetings. No complaints had been received at the home.

The provider was aware that they did not have all the systems they needed in place to regularly monitor and audit the quality of care provided at Park View. The provider was working with a local quality assurance officer and good progress had been made in addressing the outstanding issues.

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?

Requires Improvement

The service was not always safe.

People we spoke with told us they did not always feel safe at the home. This was confirmed in a quality assurance survey carried out in September 2014. Although people said that the situation had improved recently it was not clear what action had been taken by the provider to manage and monitor the situation and reassure other people who lived there.

Arrangements were not in place to ensure medicines were always safely administered. We found the direction for use of eye ointment for use to one eye did not match the direction of the consultant. If the eye ointment was not applied consistently to the correct eye, this could lead to cross infection. There needed to be clear direction to staff about how much prescribed thickener to use in drinks used to prevent people from choking.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

All the people who lived at the home had the capacity to freely express their views and opinions about the service they received and what they wanted to do in their day to day lives.

People were supported to maintain good physical and mental health through attendance at routine appointments for example with doctors, dentists, chiropodists and opticians. Where people required additional support this had been arranged, for example psychiatrist.

Staff received an induction, which included shadowing established staff to get to know people. They did not work alone with people until they felt safe and competent to do so. Staff told us they had received a range of training and told us they were well supported to effectively undertake their role.

People told us they were satisfied with the quality of food served in the home. Where appropriate people had the equipment they needed to maintain their independence to eat their meals.

Is the service caring?

Good

The service was caring.

The relationships we saw between people who used the service and support workers were warm, frequent and friendly. The atmosphere was calm and relaxed.

Summary of findings

People we talked with told us that they were able to make their own choices about daily activities and that they could choose what to do, where to spend their time and with whom.

One professional commented, "I do know that staff at Park View have made a real difference with two individuals there who now have a secure and settled home in comparison with their previous life experiences."

Is the service responsive?

Good

The service was responsive.

We found people who used the service were encouraged to become as independent as possible with staff support arranged to meet their individual needs.

People were involved in a range of different activities both inside and outside the home depending on their individual needs and personal wishes. People had contact with their families and friends as appropriate.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems were not in place to regularly assess and monitor the service provided.

People who used the service and staff reported the registered manager and the providers were approachable and supportive.

Park View

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 and to provide a rating for the service under the Care Act 2014.

One inspector carried out this inspection. This inspection was unannounced.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us and the Provider Information Record (PIR) that they had completed. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We had contact with the local authority safeguarding team and the commissioners of the service to obtain their views about the service.

On 11 November we spent time with both the providers or owners. We talked with the providers about their plans to make improvements to all three services that they were responsible for and looked at maintenance, recruitment and other records relating to the running of them.

We returned to the home unannounced on 19 November 2014. During this inspection we spent time with five people who used the service and the staff member supporting them. This enabled us to observe how people's care and support was provided.

We also contacted six community based social care professionals who had connections with people who lived at the home for their views and opinions on the service people received. We received two responses from them.

Requires Improvement

Is the service safe?

Our findings

The people we spoke with told us that they got on well together and they felt safe at the home. People told us "I love it here" and "I feel safe." However people also told us that due to the challenging behaviour presented by a person who lived at the home there had been occasions they had not always felt safe. However they said they thought there had been an improvement in the situation recently.

The staff member told us about what action they would take to de-escalate the situation should it occur. The staff member told us they felt safe and comfortable to work at the home alone. They said "I like it here and I look forward to coming to work."

We saw that quality assurance questionnaires had been sent out to people living at the home in September 2014 asking for their views and opinions of the service. Some of the responses returned indicated that people did not feel safe at the home. However it was not clear what action had been taken to resolve the issues.

The term safeguarding is a term to describe the processes that are in place in each local authority that people can use to help ensure people are protected from abuse, neglect or exploitation. We saw that information about safeguarding was available on the notice board for people to view and had been discussed at a recent resident's meeting as had the importance of personal safety outside the home.

People we spoke with and the member of staff told us they could speak to the registered managers and/or providers about any concerns, worries or problems they had and were confident that the registered managers would take action to sort the issue out.

During the inspection we saw that the environment was clean and no malodours were detected. We saw that there were systems in place to prevent the spread of infection for example colour coded mops and buckets were used in different areas of the home such as the bathrooms and kitchen.

A test had been carried out on the water at the home to ensure that there was no Legionella present. A valid certificate had been in place to confirm this.

Where people needed support with personal care staff had access to disposable gloves and aprons to help prevent the risk of cross infection. There were systems in place to ensure that people's clothes and bedding were washed separately for each individual.

People told us that staff members supporting them were responsible for cooking and cleaning as well as supporting people with daily living skills. A staff member showed us the weekly cleaning rota that was completed by them. People told us that where they were able they people took responsibility for household tasks such as washing and drying up after meals and general cleaning. This helped to promote people's independence.

People showed us around the communal areas of the house. People told us that they liked the house and their bedrooms. We saw that whilst the house was comfortable and homely, it was tired in appearance in parts and in need of redecoration. We saw that the upstairs bathroom had recently been redecorated but the floor covering was badly torn and could not be cleaned properly.

Before our visit we received a Provider Information Request form which indicated that the providers were aware that improvements were needed to the home. When we met with the provider they told us that plans were in place to have a new boiler and kitchen fitted and the downstairs bathroom was to be refurbished.

We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

The kitchen was seen to be surface clean. Colour coded chopping boards were available for people to use to help prevent the spread of food related infections. Fridge and freezers temperatures were all checked and recorded kept to help ensure that food was kept at safe temperatures.

Staff were responsible for the administration of people's medicines we saw systems were in place to record what medication people had taken. People we spoke with told us that they never ran out of medication and always received it at the time they should. People said "I am glad they give me my medication as I worry that I might [unwittingly] overdose." We looked at the Medication Administration Record (MAR) sheets for people who used

Requires Improvement

Is the service safe?

the service and found these were fully completed. One person told us about a medication they took that had specific instructions as to how it was to be administered. The person confirmed that this always happened.

We found two concerns in relation to medication. For one person the direction on their MAR sheet did not matched the consultant's instruction letter in relation to a prescribed eye ointment for one eye. This put the person of cross infection if the ointment was used in both eyes. Also clearer direction for another person on the amount of prescribed thickening agent which was added to their drinks to prevent them choking was needed for staff to follow.

This was a breach of Regulation 13 Management of medicines.

We looked at the recruitment files held for two staff who were employed within the organisation. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations. Records we saw showed that a thorough interview took place to ensure the potential employee had the right qualities and motivation to work with vulnerable people. The provider told us that part of the interview included candidates spending time with people to check they were able to communicate effectively with them and also gave people who used the service an opportunity to comment on the candidate's performance. The member of staff on duty told us that this had been the case during their recruitment.

The rota's we saw confirmed that there was always one member of staff on duty to support people. Where people needed support outside the home for example hospital appointments additional staff came in to support people. People we spoke with confirmed this and no concerns were raised by people about the support they received.

Good

Is the service effective?

Our findings

All the people who lived at the home had the capacity to make their own decisions about their day to day lives. We talked with the provider about the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLs). They talked to us about the training they had undertaken via the local authority for managers. The training had been delivered by a barrister who specialised in this area. This information was said to be available for staff to refer to at each home. We saw records that showed that any new information relating to the MCA, DoLs and safeguarding was shared with staff at team meetings and they signed to say they had seen it.

We saw that visits to see health care professionals such as doctors, dentists and opticians for routine check-ups were recorded. People told us they were supported by staff to attend these appointments. People told us that an optician had visited the home recently and some people told us they had bought new glasses. Routine check ups with health care professionals promotes good physical and mental health.

We talked with the staff member about each individual person's preferences, health needs and risks. They were able to demonstrate a good understanding of the support people required.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of any ongoing issues so they could provide appropriate support to people.

The members of staff told us they had shadowed an existing member of staff for two weeks to help them to get to know people and their day to day routines before working alone with them. They said they were encouraged to tell the registered manager and the providers if they did not feel comfortable and safe to support people nor needed additional support.

People told us that no agency staff were used at the home. People said "We always know the staff who are on." And "I like the staff. We have to trust them don't we." If staffing was needed at the home this was provided by staff from one of the providers other two homes. This meant that people were always supported by people who knew them well and ensured good continuity of care.

We asked the staff member about the training they had received while they had been at the home. They showed us information that confirmed they had received basic training in first aid food hygiene, health and safety, infection control and medication. Most of the basic training had been completed through the local authority training partnership. The staff member told us they were in the process of completing a Qualification Credit Framework (QCF) Level 2 in care.

We spent time in the dining area, which was the 'hub of the home' with people who were home at the time of our visit. We saw people had homemade lasagne which both smelled and looked appetising. People told us that they liked the food they received. One person told us they could buy a takeaway if they felt like one instead of having the main meal.

We saw that there was plenty of food available to eat and people confirmed that was always the case. The staff member told us that food was ordered online and delivered to the home once a week. People told us they could go to the local shops if they ran out of anything.

There was a five week rotational menu in place. There was only one main meal identified however people we spoke with said they could have something different if they wanted to. Records were maintained about food and drink that people liked and disliked.

A jug of juice and bowl of fresh fruit was available for people to access at all times. We saw that where appropriate people used special cups and plates to help support them to eat independently. One person had a special diet and some foods had been restricted to help people manage their health needs.

One person told us that when they came to live at the home they had been overweight. They told us that by eating healthily and being more active they had managed to lose weight. They said they felt better for losing weight. We saw evidence that people's weight was checked from time to time.

Good

Is the service caring?

Our findings

We saw that the people who lived at Park View looked clean and well cared for. The atmosphere at the home was calm and relaxed. We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. People we spoke with told us they generally got on well together as a group.

One person told us that they had experienced living in many care homes. They said, "This is the best home I have ever been in. They know me very well."

People we talked with told us that they were able to make their own choices about daily activities and that they could choose what to do, where to spend their time and with whom.

We received two responses from community based professionals who supported people who had used the home. One professional commented, "I do know that staff at Park View have made a real difference with two individuals there who now have a secure and settled home in comparison with their previous life experiences."

They also commented that "When I visit, I often get a sense that the service offers a very homely environment, which is really positive, however I also feel that perhaps an area for further improvement is getting the right balance of "professionalism" and having that "personal touch", both of which I believe are important." This comment was supported by another community based professional.

We saw that personal information about people who lived at Park View was stored securely which meant that they could be sure that information about them was kept confidentially. People knew where their records were kept and confirmed that the cupboard was always kept locked.

Good

Is the service responsive?

Our findings

We found people who used the service were encouraged to become as independent as possible with staff support arranged to meet their individual needs. People were involved in different activities for example one person went out to do part time work and another person had retired and chose to spend time quietly at home and within the local area. One person went to an outreach service everyday. They indicated that they enjoyed this. They also went horse riding and playing pool.

With their agreement, we looked at the care records of two people with them. We saw that the people's support plans were personalised and reflected their individual preferences. There was a one page plan on the records of one person which gave a lot of information about their likes and dislikes. The person agreed that this was a true reflection of them. One was fully completed and gave clear and detailed information about the support they needed and areas of risk. The second record was in the process of being updated; however the original information was still available for staff to read. People were able to indicate that their records were correct.

We saw on one care records we looked at there were copies of a community care assessment and care plan that had been undertaken by health and social care professionals. This information looks at how people manage day to day activities and identifies were additional support is needed.

We saw that, where a person's needs had changed the provider had applied for and received additional funding for them so that their needs could still be met by the home.

We saw that one person liked to have a 'lie in' from time to time and it was recorded on their records that this happened. We saw people reading books and completing wordsearch puzzles.

Most people had contact with either their families and/or friends. They told us about the activities they took part in with them, for example going on holiday and meeting for lunch in local cafes. Some people told us about a coach trip they had recently been on to see Blackpool Illuminations.

We saw that regular residents meetings were held. Residents from all three homes gathered together to meet at one of the homes to hold the meetings. We saw that at recent meetings people had talked about the arrangements for food, activities, personal safety and safeguarding and how to make a complaint. One person said about these meetings, "You can say what you think."

The provider had recently developed a compliments, comments and complaints file which was accessible to both people who used the service and members of staff. The file contained forms that covered these areas and also a quality assurance form and a staff feedback form. Envelopes were provided for people to use if they wanted to provide anonymous feedback. This showed that people were encouraged to raise any issues of concern that they had.

No complaints had been raised by people who lived at the home.

Requires Improvement

Is the service well-led?

Our findings

The role of registered manager was shared between two people one of whom was one of the providers [owner] of the home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Services which are registered are required to notify the Care Quality Commission of any safeguarding incidents that arise. We checked our records and saw that the registered managers for this service had done this appropriately when required.

The provider told us about the training they had undertaken recently to ensure their continued professional development. This included attending a fire awareness training session for registered providers, which was held at the local Fire Station. The training covered provider's responsibilities under the Fire Regulations and Personal Emergency Evacuation Plans (PEEPs) for people who used the service. They had also undertaken medication audit training and Mental Capacity Act and Deprivation of Liberty training.

They registered provider told us they were involved in attending local partnership meetings. This help them to keep up to date with changing legislation and guidance for example ensuring that home cooked food was allergen free and changes to the Control of Substances Hazardous to Health (COSHH) such as cleaning materials.

The provider told us that this was information was shared with staff at team meetings and people who used the service at resident's meetings.

The provider was clear about the need to ensure the service was run in a way that supported people's individual needs and promoted their right to lead their own life as much as possible. People were supported to maintain links with family and friends within the wider community. We saw that people were able to speak openly and freely with the registered manager and the providers in order to express their views and opinions.

People who used the service and staff told us the registered manager and both owners were approachable and supportive. Support workers told us they were encouraged to raise any concerns they had with the registered manager and the providers. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Prior to our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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 in the next twelve months.

The provider was open with us both on the PIR and during our discussion with them that improvements were needed to the environment and to ensure that effective quality assurance systems were always in place at Park View. The provider told us they were working hard to make sure that the necessary improvements were in place as soon as possible. This included consideration of purchasing an electronic system to help support them to manage the homes within the group with person centred planning, policy and procedures, auditing and quality assurance.

Monitoring of the standard of care provided to people funded by the local authority was also undertaken by the local contract and the quality assurance teams. This was an external monitoring process to ensure the service met its contractual obligations to the council. We were informed by the local authority before our visit that they had carried out a quality assurance monitoring visit and shortfalls had been found, particularly around the lack of policies and procedures.

Before our visit we received a copy of the local authority action plan that was in the process of being completed by the provider. We discussed the action plan with the provider and found that around 50% of the action plan had been completed and further progress was on-going. Outstanding action areas included for example, the development of audits for control of infection as well as the need for policies and procedures to be put in place to cover data protection and confidentiality.

This was a breach of Regulation 10

Requires Improvement

Is the service well-led?

The provider told us they met regularly with the quality assurance officer and they had been very supportive in helping them to make improvements to their auditing tools and paperwork and meeting regularly to monitor progress and developing systems.

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 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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who used the service were not protected against the risks associated with the unsafe use and management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Systems were not in place to regularly assess and monitor the service provided.