

Aspects Care Homes Ltd

Parkview House

Inspection report

63 Middleborough Road
Coventry
CV1 4DD

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19 April 2022

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Ratings

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

Summary of findings

Overall summary

About the service

Parkview House is a care home providing care and accommodation for up to five female adults with mental ill health needs. At the time of our inspection four people lived at the home. The home is a converted residential property and consists of five small flats and a staff office.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection one person received support with their personal care needs from staff.

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

The service supported the person to achieve their goals and aspirations in a safe environment. Staff were recruited safely and were available to offer support and guidance when needed. Individual and environmental risks had been assessed and were well managed. However, the level of detail contained within some risk assessments was limited. Action was taken to address this. Medicines were managed in line with regulatory requirements and best practice guidelines.

The person's needs were assessed, and personalised care and support was provided by trained staff. Further training specific to the person's needs was scheduled to take place. The person was supported to have maximum choice and control of their life 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.

Staff practice focused on promoting independence and upholding rights. Staff were caring and thoughtful in their approach. Staff felt cared for, valued and supported by the provider and registered manager. Care plans were developed and updated in partnership with the person. The provider's complaints procedure was accessible to people.

The management team and staff shared a commitment to continuously learning and demonstrated their passion to provide good quality care. They worked in partnership with other professionals to achieve this. The service operated an open and inclusive culture underpinned with respect and recognising and supporting individuality. Systems were in place to monitor and improve the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 08 October 2020 and this is the first inspection

Why we inspected

This was a planned inspection

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 caring?

The service was caring.

Details are in our caring 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 ●

Parkview House

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 Health and Social Care Act 2008.

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 undertaken by one inspector.

Service and service type

Parkview House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Parkview House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC and sought feedback from the local authority and health care professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with one person about their experiences of the care provided. We spoke with four members of staff including the director of compliance, the registered manager, the deputy manager and a support worker. We reviewed one person's care and medication records and looked at two staff files in relation to recruitment and staff support. We also reviewed a range of records relating to the management of the service, including quality and safety audits and checks and some of the provider's policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person described feeling safe because staff were available to talk to them if they were beginning to feel unwell.
- Staff had attended safeguarding training and discussion with them confirmed they understood the different types of abuse a person could experience and their responsibilities to keep the person safe.
- The registered manager worked in line with the provider's safeguarding systems to keep people safe from harm. They understood their responsibility to share information with the local authority safeguarding team and to CQC to ensure allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with the person's care had been assessed. However, some risk assessments required further detail to ensure staff had the information they needed to manage and mitigate risk. The registered manager took immediate action to address this.
- Staff knew the actions they needed to take to keep the person safe and provide their care safely.
- The provider's emergency contingency plan contained up to date information but the plan nor the contact details for the on-call manager were easily accessible to staff during our visit. This meant staff could not easily access all the information they and the emergency service needed for example, in the event a fire. The registered manager addressed this during our visit.
- Accidents and incidents were documented. A monthly analysis of the information highlighted any patterns or trends. The registered manager used this information to identify if lesson could be learnt to reduce the risk of reoccurrence.

Staffing and recruitment

- One person said, "One of the great things here is the staff are there when I need them."
- Enough staff were employed and staff explained they covered each other's shifts when needed which meant people received their care and support from staff they knew and trusted.
- Staff were recruited safely in line with the provider's policy and procedures.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. On the day of our visit the thermometer used to check visitor's temperature was not working. This meant the inspectors temperature could not be checked in line with the provider's procedure prior to entering the home. Evidence of a negative lateral flow test was requested.

- 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.

Visiting in care homes

- The provider facilitated visits for people living in the home in accordance with current guidance.

Using medicines safely

- Prescribed medicines were stored, administered and disposed of safely.
- Medication administration records confirmed people's medicines had been administered as prescribed.
- Staff had completed medicines training and their competency was regularly reviewed to ensure they continue to manage medicines safely in line with the provider's procedure and best practice guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good: 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

- The person had been involved in an assessment of their needs to help them decide if they wanted to live at Parkview House and to ensure their needs could be met.
- Information gathered during assessments was used to develop care plans with an emphasis on promoting independence and delivering care and support in line with the person's lifestyle choices, preferences and needs.
- The registered manager and staff maintained contact with health and social care professionals to ensure the service provided met the person's needs, aspirations and protected their rights.

Staff support: induction, training, skills and experience

- New staff received an induction which included, completion of the Care Certificate and working alongside experienced staff. One staff member described their induction as 'really good' and explained how it had enabled them to learn about the different aspects of their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had completed training the provider considered essential. Training to support some of the person's specific needs had been arranged.

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

- People were supported to live healthy lives. A person said, "I'm learning how to cook new things." They explained how staff provided the level of support they needed to develop their meal planning and cooking skills.
- Records showed regular contact was maintained with all professionals involved in supporting the person to maintain their physical and mental health and well-being. Feedback from the person confirmed this.
- The registered manager said, "To deliver person centred care you have to involve all professionals. You have to keep communication going so we are all on the same page and providing continuity of care."

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

- One person described their home as 'lovely'. They added, "At first it looked bland but once I brought my own things it changed. I love it." The person explained the registered manager had transformed the dull garden area by filling it with 'flowers, bright things and lights'. The person added, "It's now a beautiful space."
- The environment was clean and welcoming. A system of checks ensured the environment was well

maintained and was a nice place for people to live.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- One person told us, "I make my own decisions. I talk to the staff and if I need, they help me."
- Staff received training in the Mental Capacity Act (2005) and understood how to apply the principles. For example, staff asked for the person's consent before providing assistance.
- The registered manager understood the requirements of the MCA. There were no DoLS applications or authorisations in place at the time of the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were treated well. One person said, "I can't fault the staff. They are respectful to me and they encourage me. They are genuine and want me to be happy." The person told us they worked in partnership with the registered manager and staff in making decisions about their care, including reviewing and agreeing their care plans. This happened during our visit.
- It was clear from the way staff spoke about, and with the person during our visit they had built a positive and caring relationship with a focus on promoting independence and upholding the person's rights.
- Staff felt valued and cared for. Comments included, "I absolutely feel valued. [registered manager] makes me feel that way. They [registered manager and provider] consider us and will be flexible," and, "We have very close working relationships. I never feel stressed because [registered manager] is always there to talk to or ask questions. It helps me learn. Nothing is too much trouble."
- The registered manager described how they had created an inclusive and respectful culture which incorporated a sense of family and valued individuality. They added, "I don't want it to feel like a placement or residential home. For as long as they [people] are here this is their home. Recognising very different needs, likes and dislikes and celebrating achievements is important."
- Staff told us they would be happy for someone they loved to live at Parkview House. One commented, "If the need arose then yes in a heartbeat. I know they would be in safe hands."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good: 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

- Care plans were personalised, reviewed and updated.
- Staff knew how to provide safe, individualised care. One staff member said, "Each day is different and depends on how [person] is feeling, what they want to do and what support they need."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood their responsibilities in line with AIS.
- The provider ensured information was available in a range of formats such as pictorial and large font.

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

- One person described the positive impact walking around the lake in the local park had on their mental and physical health. The person shared they had a love of art and had enjoyed a visit to a local art gallery with staff. A staff member said, "We encourage [name] to socialise and get out and will arrange activities if that's what's wanted. It's good to get out. I enjoy seeing [name] happy."

Improving care quality in response to complaints or concerns

- One person told us they felt comfortable to raise any concerns with staff and or the registered manager. The person was confident any issues would be addressed 'straight away'.
- The provider's complaints procedure was accessible and there was a system for recording and responding to any complaints or concerns raised. No complaints had been received.

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.

This is the first inspection for this newly registered service. This key question has been rated good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People achieved good outcomes and felt empowered. One person said, "In 10 years this is by far the best place for me." They added, "It's given me the perfect opportunity to progress to independence."
- A positive and person-centred culture where people mattered was embedded. Our discussions with the registered manager demonstrated their dedication and commitment to ensuring the service focused on supporting the person to reach their goals. Staff shared this view and worked together to achieve this. One staff member said, "We work as a team. We are a united team." Another staff member told us, "We put our heart and soul into our work for the service users [people]. I love seeing them happy."
- The registered manager understood their responsibility to be open and honest when things had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The director of compliance and registered manager completed a range of audits and checks to monitor the quality and safety of the service and to drive improvements. Overall audits were effective and prompt action was taken to add further information to some risk assessments following our feedback. The registered manager acknowledged our findings and said, "I will learn from this." This demonstrated a commitment to continuous learning.
- The registered manager ensured staff received the support and guidance they needed to fulfil their roles through observations of their practice, individual and team meetings.
- A person told us, "[Manager] is the hardest working manager I have ever come across. She invests all her time and effort into us guys and staff." Staff agreed with this view and without exception spoke positively about the registered manager and their leadership style.
- This was the registered manager's first home manager role. They were continuing to develop their knowledge of their regulatory responsibilities. They utilised meetings with other registered managers and attended webinars to share and learn about best practice ideas to achieve this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider invited the person, relatives and staff to share their views about the service through,

meetings and surveys. We reviewed positive feedback about the service, the way it was managed and the service provided.

- The registered manager and staff team worked in partnership with health and social care professionals. One health care professional described how the support provided by the team at Parkview House resulted in positive outcomes for a person by enabling them to maintain positive mental and physical health.
- Throughout our inspection the director of compliance, registered manager and staff were open and honest. They welcomed our inspection and feedback. The registered manager said, "I am really proud we do a good job. I have the best staff team who go out of their way to make service users happy. We are always striving to improve. I will take learning from this (inspection)... I want us to be the best."