

Jewelglen Limited

# Parkview Residential Home

## Inspection report

54 Chorley New Road  
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Tel: 01204363105

Date of inspection visit:  
08 January 2019  
09 January 2019  
10 January 2019

Date of publication:  
09 April 2019

### 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?

Good 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

About the service:

Parkview Residential Home provides residential care for up to 32 people and is located in Bolton. This includes providing care for people both under and over 65 years old. The home is situated on Chorley New Road and has good access routes to the town centre.

Rating at last inspection:

Our last inspection of Parkview Residential Home was in May 2018. The overall rating was Requires Improvement and this report was published in July 2018. At this last inspection we found regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding person centred care and good governance.

People's experience of using this service at this inspection:

We carried out this comprehensive inspection on 8,9 and 10 January 2019. At the time of the inspection there were 30 people living at the home.

We looked at how new staff had been recruited since our last inspection. We found staff were not always recruited in line with the home's recruitment policy and procedure. This was because two references from previous employers were not always obtained.

We looked at the systems regarding fire safety and the suitability of the premises. We found prompt actions had not been taken following the last fire risk assessment in 2018. A number of recommendations had been made and needed to be acted upon by the provider. We referred these concerns to Greater Manchester Fire Service after the inspection.

Where accidents and incidents had occurred such as falls, timely referrals were not always made to other health care professionals.

The principles of the MCA were not always being adhered to. This was because mental capacity assessments and best interest discussions had not always been held where people were unable to consent to their care and treatment.

Quality assurance systems needed to be improved to ensure the concerns from this inspection were identified and acted upon in a timely manner. The home has a poor inspection history and although improvements were noted during some of our previous inspections, these were not always being maintained.

The provider had not complied with the conditions of their CQC registration. This was because the home was only registered for 32 people, yet we were told the occupancy had gone beyond this in recent months. This was because an additional three beds had opened and were used to promote independent living. We are following up on this issue outside of the inspection process.

People living at the home said they felt safe. The visiting relatives we spoke with told us the home was a safe place for people to live.

There were enough staff to care for people safely and we saw people's needs being responded to in a timely way.

Staff received the necessary induction, training, supervision and appraisal to support them in their roles.

People received enough to eat and drink and received appropriate support at meal times. Where people needed modified diets, due to having swallowing difficulties, these were being provided.

People living at the home and visiting relatives made positive comments about the care provided at the home. The feedback we received from people we spoke with was that staff were kind and caring towards people.

People said they felt treated with dignity and respect and that staff promoted their independence as required.

Appropriate systems were in place regarding end of life care

Complaints were handled appropriately. Compliments were also maintained about the quality of service provided.

There were a range of activities available for people to participate in and we observed people taking part in activities during the inspection.

We received positive feedback from everybody we spoke with about management and leadership within the home. Staff said they felt supported and could approach the home manager with any concerns they had about their work.

More information is in detailed findings below. We identified four breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to consent, safe care and treatment, good governance and fit and proper persons employed. Details of action we have asked the provider to take can be found at the end of this report.

Why we inspected:

This inspection was carried out in response to information of concern we had received about the home since our last visit regarding management, medication, falls and falls prevention. Inspection timescales are based on the rating awarded at the last inspection and any information and intelligence received since we inspected.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure good quality is provided to people. We will return to re-inspect within six months of publication, however if any further information of concern is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

Not all aspects of the service were effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### 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 not well-led

Details are in our well-led findings below.

**Inadequate** ●

# Parkview 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection team consisted of one adult social care inspector and a pharmacist inspector on the first day. Our pharmacist inspector looked at how people's medication was managed. On the second day, the inspection team consisted of two adult social care inspectors and a specialist advisor (SPA) who was an occupational therapist and had expertise in falls management. The third day of the inspection was carried out by one adult social care inspector only.

Service and service type:

Parkview Residential Home 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.

The service had a manager at the time of the inspection, although they were not yet registered with the Care Quality Commission. An application had been submitted and was being processed by our registration team.

Notice of inspection:

The first day of the inspection was unannounced, however we informed the manager and provider we would be returning for a second day and third day to complete the inspection and announced this in advance.

## What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home.

During the inspection we spoke with four people living at the home and seven visiting relatives about their experiences of the care provided.

We also spoke with the home manager, the provider, deputy manager, kitchen staff and seven care staff (from both the day and night shift).

We reviewed eight care plans, four staff personnel files, six medicine administration records (MAR) and other records about the management of the home.

We asked the home manager to send us additional information after our inspection which was used as evidence for our ratings.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were not always safe and protected from avoidable harm. Legal requirements were not always met.

### Assessing risk, safety monitoring and management

- Each person living at the home had their own risk assessment in place covering areas such as mobility, falls and nutrition. Where risks were identified, there were details about how risk needed to be mitigated. Personal emergency evacuation plans (PEEP) were completed for each person and provided details about people's needs in an emergency.
- Our inspection was supported by an occupational therapist who had expertise in falls management and they looked in detail at how falls were managed. It was noted that where people had fallen at the home, the investigation reports stated referrals would be made to other health professionals such as the independent living service (ILS) for further assessment. It was not clear within if these referrals had been made, although we contacted the service after the inspection and they confirmed this had not been completed by the home.
- We looked at how the premises were being maintained. Safety certificates were in place and up to date for gas and electricity, hoists, the lift, portable appliances (PAAT) and water checks. These had all been serviced within the required timescales, with certificates of work completed held in a central file.
- We looked at the systems in place regarding fire safety and reviewed the last fire risk assessment from 2018. This contained a number of recommendations, which needed to be actioned by the provider, although at the time of the inspection this work had not been completed in a timely manner. This included gaps under fire doors where smoke could access, a lack of signage for fire exits, breaches in fire separation because of holes in walls, rooms with no fire doors in place such as the staff room and fire doors not closing properly. Each recommendation had been assessed as high risk. We made a referral to Greater Manchester Fire Service following the inspection based on these concerns. Following our referral, the fire service issued an enforcement notice and confirmed remedial work needed to be completed by May 2019.

The concerns regarding falls management and fire safety meant there had been a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Safe Care and Treatment.

### Staffing levels and staff recruitment

- Enough staff had been deployed to safely meet people's needs. Staffing levels consisted of five care assistants, a senior carer and the deputy manager during the day. The home was staffed by a senior carer and three care assistants at night. The feedback we received from staff was that this was sufficient to meet people's care needs.
- People and relatives, we spoke with confirmed there was always a staff member available when they



needed one. We observed staff responding to people's requests and answering calls bells (used for people to summon assistance) in a timely manner.

- People's dependency levels had been calculated and this determined how many staff were required to assist them with their care.
- We looked at how staff had been recruited since our last inspection in May 2018 and reviewed four staff personnel files. We found appropriate references had not always been obtained from previous employers prior to staff commencing employment. The recruitment policy and procedure stated if these were not in place, an assessment needed to be completed to ensure no risks were presented to people living at the home. Two (of four) of the staff files we viewed did not have two references. However, the policy and procedure had not been followed and both staff had started work at the home. A reference for one of the members of staff was submitted on 11 January 2019, however the reference was not dated and was not on letter headed paper. A reference for the second member of staff was also sent, although this was dated after the inspection (11 January 2019) and was from a previous land lord, whereas the policy and procedure stated references should be from previous employers.

The concerns regarding staff recruitment meant there had been a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Fit and Proper Persons Employed.

#### Using medicines safely

- Our inspection was supported by a CQC pharmacist who looked at how people's medication was managed
- We found people's medication was administered, recorded and stored safely. Medicines were stored securely in a locked treatment room which could only be accessed by staff. Peoples MAR were completed accurately, with appropriate records maintained by staff. PRN (when required) protocols were in place, which provided staff with information about when certain medicines needed to be given.
- Staff had received training regarding medication and displayed a good understanding about how to ensure people received their medicines safely.

#### Systems and processes

- People and relatives we spoke with, told us they received safe care. One relative said, "We feel the home is safe and have never had any issues."
- Staff spoken with confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns.
- A log of all safeguarding concerns was maintained, along with any minutes from case conferences and strategy meetings that had taken place. We found referrals were made to the local safeguarding team where any allegations of abuse had occurred.

#### Preventing and controlling infection

- The home was clean and free from odours with robust infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. We observed domestic staff cleaning the home throughout the day and ensuring peoples bedrooms were fresh and tidy.

# Is the service effective?

## Our findings

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

People did not always receive effective care. Legal requirements were not always met.

- 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 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 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. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.
- Staff confirmed training had been provided in MCA and DoLS and spoke knowledgeably about both of these.
- DoLS applications had been submitted where required, such as if people had been assessed as lacking the capacity to consent to their care and treatment.
- We found mental capacity assessments/best interests discussions had not always been completed where people lacked capacity and were subject to potential restrictive practices such as the use of sensor mats in bedrooms. These are used to alert staff if people are at risk of falling and then alert staff if they attempt to walk. However, these restrict people's movements and consent needs to be sought for their use in advance.

Where people lacked capacity, appropriate consent had not always been sought to the use of restrictive practices. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Need for Consent.

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

- The care people needed to receive from staff had been captured as part of the admission process and was recorded within their care plan. These had been reviewed monthly to ensure information was still current.
- 'Past experiences' documents had been completed and provided information of importance about people from before they moved into the home.
- Care documentation explained people's choices and how they wished to be cared for and supported. People and relatives, we spoke with said they were consulted about people's care and felt involved.

Staff skills, knowledge and experience

- Staff completed regular training and supervision/appraisal sessions to ensure they had the knowledge,

skills and support to carry out their roles. These were records were available on the training matrix and in staff files.

- Staff training included an induction programme, covering training the provider considered to be mandatory, such as safeguarding, moving and handling, mental capacity, infection control and fire safety and included time spent shadowing experienced staff. The induction was based around the care certificate which staff are expected to complete if they have not worked in care previously.
- Staff spoke positively of the training provided. One told us, "The training is fine and we received both practical and computer based sessions."

#### Supporting people to eat and drink enough with choice in a balanced diet

- People and relatives we spoke with were complimentary about the meals provided. A relative said, "The food seems good and mum always eats anything that is put in front of her."
- Staff supported people to eat and drink at meal times as required. Other people were able to eat independently and this was something that was promoted by staff.
- We saw people received food and drink of the correct consistency such as fork mashable or pureed when they had been assessed as being at risk of choking and aspiration. Staff were aware which people were at risk and the recommendations they needed to follow.
- People's weight was frequently monitored. Where people had lost weight, we saw they were appropriately referred to other health care professionals, such as the dietician service for further advice.

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

- The home consists of both an upper and ground floor, as well and attic and cellar. People could access the upper floors either by staircase or passenger lift. A staff room was located in the attic and kitchen/laundry in the cellar.
- We saw some adaptations had been made to the environment to make it more 'Dementia friendly'. For example, there was signage around the corridors directing people towards the dining room and lounge area. Corridors and the lounge also contained pictures of the local Bolton area from the past which people could try and relate to from when they were younger.
- People's bedroom doors contained a picture of the person and their name/number which was in large print making it easier to read. There was also noticeboard near to the reception which provided an overview of all residents living at the home and staff who worked there.

#### Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of medical and healthcare services, with support to make and attend appointments provided by the home.
- Professionals, including GP's, district nurses, podiatrists and opticians regularly visited the home to assist people with their care and offer advice.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People and their relatives spoke positively about the standard of care provided. Staff were described as being kind, caring and considerate. One person living at the home said, "I like it here and they look after me well. It is the best thing I ever did coming here. I feel like I am receiving good care." A relative also added, "We are very happy with it here. Our family member is always clean, well presented, fed and is warm. We are very happy with the care at Parkview."
- One family told us about their recent experiences at the home prior to the passing of a loved one. We were told, "We found the care to be good and was the best we could ask for. Staff were always kind and caring. Some of the staff are attending the funeral and arrangements are being made to have the wake at the home afterwards which is nice."
- Staff documented all personal care support provided and we saw people had been supported to bath or shower, in line with their wishes. People had access to hairdressing facilities if they wished to.
- Staff were observed to be kind, caring and patient in their interaction with people, taking time to engage in conversation and share a laugh and a joke with people, which showed the positive relationships they had formed.
- We observed appropriate physical contact being provided by the staff, such as hand holding or placing their arm around someone whilst speaking with them, which was warmly received by the people they were supporting. Staff took the time to explain any care interventions to people, such as during when helping people to transfer into a comfy chair. This kept them calm and re-assured.
- At various points around the home, there were pictures of people who had lived at the home previously, so that they could be remembered by the staff team.

Supporting people to express their views and be involved in making decisions about their care:

- People received care in line with their wishes from staff who knew people well and what they wanted.
- Resident meetings were held so that people living at the home and their families could express their views about the care they received, although we were told previous meetings had not been well attended. Meetings had been used to update people on information relevant to the home and also to provide a forum for them to raise questions and queries.
- Annual questionnaires had been circulated to seek people's views and opinions.
- Reviews of people's care took place and we saw people living at the home were invited to be involved in these decisions where possible.

Respecting and promoting people's privacy, dignity and independence:

- During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing them behind them.
- People and relatives we spoke with, confirmed privacy and dignity were respected and maintained.
- Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance to people whilst completing tasks, such as eating independently and walking using mobility aids, rather than rely on staff pushing them in a wheelchair. People also had the opportunity to help themselves to drinks as they wished, with a drinks machine containing orange juice available in the lounge area. Some people were able to access the local community and told us this was something they enjoyed.

# Is the service responsive?

## Our findings

People's needs were met through good organisation and delivery.

Personalised care:

- People's likes, dislikes and what was important to the person were recorded in their care plans. We saw examples of where this was followed by staff, such as providing people with their favourite foods and assisting them with their daily routines.
- Staff were responsive to people's requirements such as ensuring their personal care needs were met and assisting them with tasks that were clearly detailed in their care plan. For example, where people wanted to be clean shaven and look smart, we saw they presented this way during the inspection.
- People's care plans contained person-centred information about their life histories and included information regarding childhood, employment, school years, hobbies and interests and details about their family.
- Care plans contained information about people's communication and if they required the use of any equipment such as glasses and hearing aids. Where this was the case, we observed people to be wearing them during the inspection.
- There were different activities available for people to participate in if they wished. People we spoke with and their relatives confirmed this was the case and that a large variety of activities were always on offer. People told us they enjoyed the range of activities and we observed a 'Pom pom therapy' activity taking place during the inspection. Records of activities people had taken part in were maintained and photos were displayed on the wall where people had participated previously.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and information about how to make a complaint was displayed on the wall if people needed to raise any concerns.
- People and relatives knew how to make complaints should they need to. A central log of complaints was made and we noted responses had been provided whether these were formal or verbal. A range of compliments had also been made, where people had expressed their satisfaction about the service provided.

End of life care and support:

- At the time of the inspection, the home were caring for one person who was approaching end of life and we saw a statement of intent was in place and had been authorised by the GP. The home had been proactive in contacting the GP when this had been due to expire, as several had now been issued.
- End of life medication had been prescribed and was available to be administered if required. End of life care plans were also in place and took into account people's wishes and preferences.

# Is the service well-led?

## Our findings

The service was not well-led.

The service had a manager at the time of the inspection, although they were not yet registered with the Care Quality Commission. An application had been submitted and was being processed with our local registration team.

The provider had not complied with the conditions of their CQC registration. This was because the home was only registered for 32 people, yet we were told the occupancy had gone beyond this in recent months, up to 33 and 34. This was because an additional three beds had opened and were used to promote independent living. We are following up on this issue outside of the inspection process.

Continuous learning and improving care:

- A range of quality assurance audits had been completed on a monthly basis at the home by the manager. A 'CQC inspection ready' tool was also being utilised. This covers a range of areas such as person-centred care, consent, dignity and respect, safeguarding, nutrition, governance etc. Each area was assessed and rated, with action points logged. It was apparent the manager had been proactive in addressing any issues identified.
- The home also submitted data each month to the local authority as part of Bolton Care Home Excellence, covering staffing, admissions, quality indicators (quality of care), infection control and training.
- We found further improvements were required to overall governance systems due to the concerns we found during the inspection regarding fire safety, referrals to other health care professionals, fire safety and the MCA. If quality assurance systems were sufficiently robust, then these concerns could have been identified and acted upon prior to the inspection.
- The home has a poor inspection history and although improvements were noted during some of our previous inspections, these were not always being maintained to ensure regulatory requirements were being met.

This meant there had been a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- Staff spoke positively about the home manager. A staff member said, "Management is good at the minute. I feel supported and that the manager is approachable."
- A person's relative told us, "The management is absolutely fine and any problems get sorted out straight away."
- Where incidents had occurred the manager had submitted statutory notifications to CQC and also notified the local safeguarding team (if needed). This meant we could respond accordingly and respond as required

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

- People at all levels understood their roles and responsibilities and the manager was accountable for their staff and understood the importance of their roles.
- There was a programme of staff meetings for different roles in the home which ensured all staff roles had the opportunity to discuss issues related to their area of work.
- Staff received supervision and appraisal which provided an opportunity for the manager to support and guide staff and to monitor their performance and identify any performance issues.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed within the home and was available for all to see.

Engaging and involving people using the service, the public and staff:

- Four members of staff all told us they were happy with the current management and felt consulted about how the home was run. We were told, "Management is excellent and we all feel supported to do our work."
- People were given a copy of the service user guide and this provided them with information about what to do if they had any concerns about the service.
- Resident/relative meetings were scheduled, although had not been well attended. A schedule had also been produced for meetings in 2019.

Working in partnership with others:

- The home had developed several community links and worked in partnership with other organisations. The home is part of the Red Bag pathway which is designed to support improved transition between inpatient hospital settings, the community and care homes. Whenever a person living at the home required a transition to hospital or other service, the home ensured all required items were sent via a 'red bag'.
- The home had also introduced The Herbert protocol, a national scheme introduced by the police in partnership with other agencies which encourages staff to compile useful information which could be used in the event of a vulnerable person going missing.
- Other community links included local churches and schools. 'Pet therapy' was also available and this included a dog visiting the home to provide people with comfort and reminiscence if they had previously had pets of their own at home.



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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Appropriate systems were not in place to ensure consent was always sought regarding people's care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Appropriate systems were not in place to ensure people received safe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Systems and processes were not always followed when recruiting new members of staff.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Appropriate systems were not in place to ensure good governance.

### **The enforcement action we took:**

We issued a warning notice regarding this regulation.