

Mrs Alison Stevenson

Parc Vro Residential Home

Inspection report

Mawgan-in-Meneage
Mawgan
Helston
Cornwall
TR12 6AY

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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

The inspection visit took place on 3 October 2017 and was unannounced. The previous comprehensive inspection was carried out on 9 September 2015. At that time the service was meeting the requirements of regulations and rated Good.

Parc Vro is registered to provide residential care for up to 15 older people some of whom were living with dementia. At the time of the inspection there were 13 people living at the service.

The service is situated in a rural area close to the village of St Mawgan near Helston. Parc Vro is a converted house set over two floors. The upper floor was accessed by stairs or a passenger lift. The first floor had various split levels and a stair lift was available for people with mobility problems. There were a range of aids and adaptations suitable to support the needs of people using the service. There was also an external garden area suitable for people to use.

There is no condition for the service to have a registered manager in post. The registered provider had reduced the time they spent at the service, but was available to support the manager in post who had responsibility for the day to day operation of the home and to support staff and operational systems used by the service. 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. The manager was preparing to submit an application for registration with the Commission. People and relatives all described the management of the service as open and approachable.

People and family members all spoke positively about the service. They told us that they or their relative was safe living at the service and that staff were kind, friendly and treated people well. They told us that the manager was always available and approachable. Comments included, "[Relative] has a call alarm system in their room," and "Yes, I feel very safe living here. I get all the help I need."

On the day of the inspection visit there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People told us, "They [staff] are so kind and helpful and considerate" and "All the staff are very caring. It's a lovely place to live."

There were sufficient numbers of suitably qualified staff on duty to meet people's needs. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

The manager used effective systems to record and report on, accidents and incidents and take action when required.

Risk assessment were regularly updated and changes made as necessary so staff were responding to current risk levels.

Management and staff had a good understanding of the underlying principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The service was generally well maintained and clean. However a ground floor bathroom was cluttered with equipment and the radiator cover outside this room required painting. The manager agreed to address these issues raised at the time of the inspection.

There were no incontinence odours evident. People's bedrooms were personalised to give them a familiar feel. One person told us they loved the fact they had personal items around them including specific items of furniture and ornaments. Other comments included, "I have some pictures and photos "and "I like to have my things around me, it's important to me and not a problem at all."

The way medicines were managed was safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storage.

Staff were supported by a system of induction training and supervision. Staff felt well supported by the manager who saw all staff regularly. Staff received training relevant for their role and there were opportunities for on-going training and support and development. The training needs of all staff were being monitored by the manager so updates could be provided when necessary.

People and relatives spoke positively about the food provided by the service. There was sufficient choice and people received appropriate support where required. We observed regular drinks and snacks were offered throughout the day so people received adequate nutrition and hydration. People who lived at the service were all positive about the quality of meals provided. One person said, "I have a good appetite and I like the range and quality of the meals here. Very good."

People had good access to healthcare professionals and their healthcare needs were being met.

Care plans were well organised and contained accurate and up to date information. People appeared to be well cared for. Care planning was reviewed regularly and people's changing needs recorded.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

Peoples views were taken into account through quality assurance process's to drive improvement in the service. These included regular audits of the service, surveys and meetings to seek the views of people about the quality of care at the service. Resident meetings were not regularly held formally, although people told us they were often spoken with by the manager and staff members.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Parc Vro Residential 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 visit took place on 3 October 2017 and was unannounced.

The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before our inspection visit we reviewed the information we held on Parc Vro. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the service. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service

We spoke with a range of people about the service; this included six people who lived at Parc Vro, one relative, four staff members the manager and office manager.

We looked at care records of two people who lived at the service and the training and recruitment records of two staff members. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People told us they felt safe and supported by staff. Their comments included, "There are always more than enough members of staff during the daytime when we come to visit" and "More than happy with this home. I have everything I need."

Staff said they felt confident that people were always treated well and that they did everything to ensure their safety and wellbeing. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would identify and act on any concerns.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as emotional and behavioural, nutrition and hydration, skin, mobility and personal care. Where a risk had been identified, for example a falls risk, the assessment had looked at factors such as their medicine, design of their room and whether current mobility aids were suitable. This information supported staff to identify and act to protect people from any specific area of risk.

Incidents and accidents were recorded in the service. The records showed that appropriate action had been taken and where necessary additional guidance provided for staff to help minimise any risk.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Parc Vro. Staff responded quickly when people asked for support and appeared unrushed and patient in their approach. As well as care staff the provider employed domestic and kitchen staff, although at the time of the inspection the office manager was acting as cook during the chefs' absence.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of satisfactory references. There were sufficient numbers of staff deployed throughout the service to ensure safe and timely care.

The service had recently changed the way medicines were dispensed. They had moved from administering from a mobile medicines cabinet, to a system whereby each person's medicines were taken to them individually and then dispensed. A staff member told us, "This is the way we used to do it and it's much more personal. We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. Medicines had been checked on receipt into the service, administered as prescribed and stored and disposed of correctly. The medicine administration records for two people had been accurately recorded as seen following the morning administration round. This meant people had received their medicine as prescribed and at the right time."

Safe storage facilities were in place where people may be prescribed medicines that required stricter controls by law. There were no people living at the service who required these medicines. However the member of staff told us they were aware of the requirements regarding storage and recording of such

medicines. Regular audits of all aspects of medicines management were carried out to check medicines were managed safely.

The building was free from offensive odours. We observed staff making appropriate use of personal protective equipment including disposable gloves and paper towels.

There was documentation to record maintenance and service of equipment as required. For example records confirmed gas and oil supply. The services current hard wire electrical certificate was not available to view on inspection. The manager informed us that a copy would be requested from the company who issued it.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People using the service and a relative told us they were confident that staff knew them well and understood how to meet their needs. One person told us, "I have every confidence in the staff. They seem to me to know how to care for me and what I need" and "They [staff] come quickly if I use the call alarm."

Staff told us and records showed that they felt supported with the level of training and support for their development needs. Staff said training supported them to provide the necessary support and care to people. They received regular support and advice from the manager and attended meetings. One staff member told us, "The manager really supports us. It helps me if I am not sure about anything, but we work as a team and I can go to the senior staff as well. It's a good system." The manager told us they were continuing to develop systems to support staff, including passing some of the responsibilities to senior staff. Staff had regular access to the manager or senior staff if they needed additional support in a less formal way. A staff member said, "The manager is always around if you need her. I will get the support I need."

All the staff we observed worked professionally and effectively in their roles, following care plans, administering medicines safely and speaking with people and each other in a positive, professional, friendly manner.

Where necessary new staff without previous care experience completed the care certificate. The care certificate is a training scheme for staff in social care which it is recommended that all staff new to care complete. There were no staff completing the care certificate at the time of the inspection.

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 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. 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. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. Some people were subject to DoLS authorisations and one person had conditions attached to this. The registered manager explained what steps they were taking to ensure these conditions were met. They displayed an understanding of the need to adhere to the conditions and the importance of this legal requirement.

Applications for DoLS authorisations were made appropriately. Not everyone living at Parc Vro had an application in process. This demonstrated the service took people's individual needs into account when

considering the need for applications to be made.

Throughout the morning period people were getting up and moving into various lounges and the dining area within the service. One staff member said, "Everybody has their own routine and some like to eat early which is fine but some like to eat later. It's not a problem."

We observed the lunchtime meal being served. It was a relaxed approach with most people being served lunch in a bright and well-designed dining room. People were engaging with each other throughout lunch. Some people chose to eat meals in their rooms. This was acknowledged by staff. Snacks and drinks were always available to people outside of mealtimes. Comments included, "All the meals are good, I can smell it upstairs," "I've never had anything that I don't like," "They [staff] know what we like" and "They [staff] are very obliging, I can always ask for a cup of tea if I want one."

A family member told us that their relative enjoyed the food, as did they. They told us staff were happy for them to eat a meal with their relative. The staff listed the meals on a board each day so people knew what was available. One person told us, "If I don't fancy what's on I ask for something else and they always oblige." Relatives commented,, "Its food of their generation with fresh ingredients being used." and "We thought we'd need to buy [Person's name] some bigger trousers, because they enjoy the food so much."

People had access to a range of healthcare professionals including GP's, opticians and chiropodists. There was access to specialist professionals including a community psychiatric nurse, to ensure those specific needs were being met and to provide staff with any advice and guidance. This helped them to deliver effective care and support. Care records contained details of any multi-disciplinary notes. District nurses who visited documented when they had seen a person and when they would return. People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. This meant people's health was being effectively managed.

A ground floor bathroom was cluttered as it was being used to house sit down weighing scales and a bath seat. It was a small room and the equipment would need to be removed when people were using this bathroom. A radiator cover in the corridor required painting. The manager agreed to address these issues following the inspection.

The homes environment was comfortable with every effort made to personalise the lounge and dining areas. People and their relatives had been encouraged and supported to personalise their rooms with personal items. There was a garden area with seating available to use.

Is the service caring?

Our findings

People told us they felt they received a good level of care and support living at Parc Vro. A family member and four people told us that they were well cared for and that there was not anything they would like to change about the care they received. They told us staff were caring, respectful and friendly; and respected their dignity and privacy. Comments included,

"They [staff] are so kind and helpful and considerate," "Oh yes, there isn't a person who moans,"

"Wonderful, it couldn't be better" and "Excellent, I couldn't ask for better care; I couldn't ask for a better place for my relative to live."

Throughout the day we observed staff engaged with people in a caring and sensitive way. For example, they spoke with people in soft tones and with a smile on their face. We observed staff using appropriate touch and humour when spending time with people. It was clear staff knew people well and what their interests were. For example one person liked quizzes and puzzles. Two staff members were seen engaging with the person at different points in the day with light conversation about puzzle clues. It generated a lot of laughter and banter which included people around them. This helped staff to engage with people and use an interest as a talking point. One relative told us they felt the staff were very caring and supportive. For example they said, "When we leave one of the carers will walk [Person's name] down to the front door with us, so that they have someone with them when we leave." The observations we made confirmed people who lived at Parc Vro were supported in a compassionate and inclusive way.

People's privacy was respected. Staff always knocked on bedroom doors and waited for a response before entering. When supporting people with personal care we observed staff made sure the door was shut for privacy. Staff took their time when caring for people who required more support. Staff asked for consent and explained what they were going to do before doing it. They constantly asked the person if they were comfortable and alright. It confirmed people had built relationships with the staff and staff knew people well and supported them in a respectful and dignified way. One person told us, "They [staff] always knock first. Always patient and courteous."

People were able to make choices about their daily lives such as what time they got up in the morning and went to bed at night. People were able to choose where to spend their time, either in the lounge area or in their own rooms. Some people chose to spend most of their time in their rooms. Staff regularly visited these people to have a chat with them and check if they needed anything. This ensured people were not at risk of social isolation. A staff member told us, "Its important residents have the choice to spend time in their room, all day if they want, but we [staff] make sure they are checked on regularly, just to have a chat or make sure they are OK."

Staff told us visitors were always welcome. Family members arrived to visit their relative during the inspection. They told us there were never any restrictions as to when they called and staff always made them feel welcome. They told us, "We can see [Person's name] wherever we/they want us to. There are no restrictions."

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of what support people required while living at Parc Vro. Staff spoke knowledgeably about how people liked to be supported and what was important to them. A staff member said, "We have all the time we need to respond to residents," People and their visitors told us staff knew how to care for them. Comments included, "They [staff] are very obliging. I can always ask for a cup of tea if I want one, and they get me one."

Care plans gave details about each person's needs. Regular reviews took place and were more frequent where changes had occurred. For example when a person's health had deteriorated additional welfare checks had been put in place. There was limited information about some people's life histories. A staff member told us it could be difficult getting some historical information either because people chose not to share it or they had limited family involvement. This kind of information can help staff to engage meaningfully with people. Care plans provided staff with information that gave staff clear guidance.

There was evidence some people were aware they had a care plan and that staff spoke with them about it, although others could not recall having been involved in developing it. A family member told us that, as their relative's Power of Attorney, they were involved with the development of their care plan. They told us that they had met with the home manager and a carer, the consultant psychiatrist, GP and the community psychiatric nurse, with regards to discussing their relative's condition and a review of their medication. They said they were included in everything.

Responsibility for updating and reviewing care plans was a shared responsibility between the manager and senior staff. Staff told us they took time to familiarise themselves with care plans so they were able to effectively respond to people's individual needs. We observed two staff members during the afternoon updating information in care plans. They told us they did this daily. This showed staff understood the importance of ensuring information was current.

The manager and staff had a clear understanding of people's individual needs. The service's assessment profile formed the foundations from which individual care planning documents were developed. The information relating to individual management of a person's care needs included a focus on risk and how it would be managed. For example, where a person's moods and behaviour began to fluctuate and the level of risk had changed, staff had engaged with specific health professionals to arrange a visit to the person in the service. This had helped staff to understand and respond to the person's needs and manage the person's needs more effectively. This showed the service was observant and responsive in the best interest of the person. A staff member told us, "We (staff) are a small home really and we know how important it is to take note of any changes and feed it back to the manager."

People's health and welfare was being monitored and health checks were in place including visits from opticians, chiropodist and dental checks where necessary. People had their weight checked regularly. Staff liaised closely with people's GP's, and the district nursing team for any support and guidance as required.

Handovers took place between shifts to help keep staff informed if people's needs changed. Staff kept daily records detailing the care and support provided each day and how people had spent their time. These were completed consistently at various points throughout the day and were detailed, providing an overview of people's health and emotional well-being. Staff told us the daily records were informative and gave them the guidance they needed to respond to people's needs. A staff member said, "We have the time and information we need to give the care residents need."

People were able to take part in activities of their choice. Two people still had their own cars and one told us they liked to take it in turns each day to go to the local newsagents to get papers for themselves and other people. The manager supported them to keep up with regular health checks to ensure they still met the criteria for the Driver Vehicle Licencing Authority [DVLA]. The staff had spoken with people to find out what kind of activities they were interested in. There was a large selection of well-kept books available and various board games in the lounge. An exercise session was taking place on the day of the inspection. This happened weekly and was well received. Two people said that they enjoyed the weekly fitness session. One person told us, "I look forward to this every week." We observed the class and it was clear people were enjoying the exercise which was suitable for people who had limited mobility. The person delivering the fitness session told us they had been visiting the service to deliver the class for some time and found people were very responsive. Three people told us that they have continued with some of their hobbies and interests since living at the home. Comments made included, "I enjoy the activities, they are nice people," "Staff bring me magazines," "I like doing crosswords and reading my paper" and "I knit 'squares' for blankets."

A family member told us their relative had always been a private person and would not be expected to participate with the activities, however, to their surprise, they discovered that the person had joined in, occasionally. They said, "They [the service] held a Christmas Party at the home and invited the residents' friends and family too; they took the residents out for a pre-Christmas meal and also staff took them to see the Christmas lights and they had 'fish and chips' afterwards." This showed the service was providing a range of activities to suit people's diverse needs.

People and their families were given information about how to complain and there was an appropriate complaints policy in place. People told us they knew how to raise a concern and they would be comfortable doing so. There were no complaints on-going at the time of the inspection. People told us that they had never had to make a complaint; that if they needed to, or had any concerns at all, they would feel comfortable approaching staff. One person said, "I'm sure I'd find a way, staff are very good."

Is the service well-led?

Our findings

The registered provider was handing the operational management responsibility to a manager. The manager was being supported on a day to day basis and was preparing to submit an application for registration with the Care Quality Commission [CQC]. The service certificate did not include a condition for a registered manager. However, as the registered provider was reducing their working hours at the service, they had recognised the need to ensure a manager was registered with the Commission. 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.

People told us they had confidence in the way the service was managed. The main office was situated in a separate building at the rear of the service. Staff told us this was not an obstacle and that the manager was "Always in and out of the home." People and staff told us the manager was visible in the service on a daily basis. One person said, [Manager's name] is very nice and pleasant." A staff member said, "We are here for each other. It's a lovely place to work."

There were clear lines of accountability and responsibility. The manager was supported by an office manager and senior care staff. The management team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses and a range of healthcare professionals who were associated and familiar with the needs of people using the service.

Quality assurance systems were used to measure the effectiveness of the service. They included audits in areas such as care plans, medicines, accidents and incidents.

People and their relatives were asked for their views of the service annually by means of a questionnaire. A recent survey was positive and comments included, "Parc Vro is a wonderful care home," "Staff obviously love the residents and treat them with a great deal of care." The results were still being collated to give the provider an overview and identify any areas where improvements could be made. Previous suggestions had been acted upon including making a garden area more suitable for people to use.

In addition to surveys the manager sought the views and experiences of the people living at the service at residents meetings and through daily communication with people. Most people told us they were not aware of any formal meetings taking place involving them. However, a family member told us they believed staff did hold 'Residents Meetings' as they had seen the 'notes' in their relative's room. When we looked at records and spoke with the manager they told us they were behind and there had been no formal meeting for several months. The manager told us that they spoke daily with people using the service and gained people's views that way. Meetings with people using the service were a way of discussing and sharing people's views and thoughts about various topics. The manager stated they were aware of the need to address this issue with a meeting being planned to take place in the next few months. At the last meeting subjects such as menus and meals were discussed. People confirmed to us that the manager and staff members regularly spoke with them. They said, "I talk with them [manager and staff] when I need to, it's

more friendly that way" and ""Yes, every now and again, I think they're worthwhile [meetings]."

There were systems in place to support all staff. Staff meetings took place and all staff were encouraged to attend. These were an opportunity to keep staff informed of any operational changes or working practices. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The maintenance of the building was being kept under review. General decoration and upgrading of the service was reviewed as part of the business plan to focus on areas which required more immediate attention. Where a person had been admitted to the service whose room was situated on a split level part of the service, a stair lift had been added to support them. Following recommendations in a fire service report an external fire escape had been replaced to meet fire regulations. Any defects were reported and addressed where required by individual contractors.