Runwood Homes Limited

Park View

Inspection report

Kings Chase
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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?	Outstanding

Summary of findings

Overall summary

Parkview is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Parkview accommodates 86 people across four separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia.

There was a registered manager in post. 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.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

People remained safe at the service. Checks were carried out on staff before they started work with people to assess their suitability to care for vulnerable people. Staff understood their role and responsibilities to keep people safe from harm.

Staff had a good understanding of risks associated with people's care needs and how to support them. Medicines were stored and administered safely, and people received their medicines as prescribed. Regular audits ensured medicines were managed in line with good practice guidelines.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The management and staff team understood the principles of the Mental Capacity Act 2005 (MCA) and
Deprivation of Liberty Safeguards (DoLS).

People were cared for and supported by staff that understood their needs and knew them well. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The care and support people received was individualised. They were offered a range of activities both at the service and in the local community.

There was a clear management structure in place. The manager and other senior staff were well liked and respected by people and staff.
There was a friendly, relaxed atmosphere and staff were kind and attentive in their approach. It was clear from the chatter and laughter at lunchtime that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food.

The registered manager sought feedback about the quality of the service provided to people and/or family members, staff and visiting health professionals. There was an on-going quality monitoring process in place to identify areas of improvement required within the service. Action was taken when an area for

improvement had been identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This remains good.	**Good**
Is the service effective? This remains good.	**Good**
Is the service caring? This remains good.	**Good**
Is the service responsive? This remains good.	**Good**
Is the service well-led? This remains outstanding.	**Outstanding** ☆

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 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.

This inspection took place on 6 February 2018 and was unannounced. One inspector and two experts by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we looked at other information we held about the service such as notifications and previous reports. A notification is information about important events, which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this during the inspection.

We observed the care and support provided to people who lived at the service. Some people had dementia and because of this, some people had limited verbal communication and were unable to tell us in any detail about the service they received. We spent time talking with staff and observing how they interacted with people.

We spoke with fourteen people, and eight relatives. We also spoke with the registered manager, the deputy manager, nine members of staff and one professional. We looked at the records of nine people who used the service and eight staff records. We also looked at rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, complaints and compliments, minutes from resident and staff meetings.

Good

Is the service safe?

Our findings

The service continued to provide safe care and people told us they felt safe with staff. One person said, "The staff are all nice people here, I think it's a nice home. I'm late up today, but they let me do as I want." Another person said, "I feel safe here." A relative explained, "I'm so happy with this home. I know [Name] is in a safe place and I can see how they are being looked after. The staff are very good and friendly."

The provider had a safeguarding policy and staff understood how to protect people from abuse and avoidable harm. Staff undertook training in how to recognise and report abuse and staff knew what action to take if they suspected people were being abused. Staff said they would have no hesitation in reporting any concerns to either the registered manager or external agencies, such as the local authority. One staff member told us, "It's important to understand what abuse is. If I suspected anything, I would report this straight to my manager and I know they would sort this out. If I was still concerned I would whistle blow." People at the service were supported to keep safe and safeguarding had been discussed in a format people could understand at residents' meetings.

People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed an induction that included the provider's policies and procedures, equality and diversity and human rights as part of this on going training. For example, staff respected people's individual way of communicating, their choices and preferences.

People had risk management plans in place and staff worked within this guidance. We observed support being delivered as described in people's support plans. Risk assessments were specific to each person. These promoted and protected people's safety in a positive way and included mobility, nutritional risk, skin integrity and emotional wellbeing. These explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. For example, some care plans included mobility risk assessments which described in detail the best way to support the person to move safely.

The service had a system to record, monitor and manage accidents and incidents and learn from these. The provider had an electronic system and all incidents were logged which enabled them to monitor actions, outcomes and learning from these incidents were completed.

There were a range of checks in place to ensure the environment and equipment in the home was safe. These included a fire risk assessment, the testing of the fire alarm system, personal emergency evacuation plans, water temperature checks and regular servicing and checks on equipment. A monthly health and safety check of equipment and premises was also in place and health and safety was an agenda item at all staff meetings.

The service followed the provider's policies and procedures in relation to the control and prevention of infection. Staff had been trained in infection control and food hygiene. Care plans included information required to manage infections that could affect people's health and wellbeing. We observed the use of

personal protective equipment such as gloves and aprons during our visit. This meant people were cared for in a clean, hygienic environment. Infection control audits were completed by the registered manager to make sure safe practice was being followed.

During our inspection, we observed there were enough staff available to respond to people's needs. Staff were meeting people's needs, supporting and spending time with them. One staff member told us, "There is enough staff; we all work well as a team and pull together when other staff members are off sick." The provider had safe and suitable recruitment processes in place for new staff. This included carrying out checks to make sure new staff was safe to work with vulnerable adults. A new staff member confirmed they were unable to start work until satisfactory checks and employment references had been obtained.

People received their medicines safely from staff that had completed appropriate medicine training. Medicine practices were good and clear records were kept to show when medicines had been administered. People were prescribed medicines on an 'as required' basis. There were clear protocols in place to instruct the staff when these medicines should be offered to them and when to offer additional support. For example, when further advice from the doctor was needed. Senior staff checked medicine records daily and monthly to ensure standards were being maintained. The provider had clear procedures for giving medicines covertly, in line with the Mental Capacity Act 2005. At the time of the inspection, no one required their medicines to be given to them covertly.

Good

Is the service effective?

Our findings

People continued to receive effective care and support. One person said, "I am lucky being here. The food is good and they do not stop me going out when I want to. I am happy here."

People's needs were assessed in order to develop individual care plans in consultation with people, relatives, professionals, keyworker's and through observation. Care plans reflected people's needs, choices and preferences. Staff and other health professionals supported people's health care and annual health checks were carried out by the community nurse or GP at the local surgery. Care was reviewed every six months or sooner if a change had occurred.

Staff had received training to meet people's individual needs. The registered manager made sure the staff team completed training courses so staff had the right skills and knowledge. Staff were complimentary of the training opportunities, telling us there was regular training offered. Training courses included, moving and handling, health and safety, mental capacity training, safeguarding awareness, palliative care, medication safety, food hygiene and the Care Certificate (which is a nationally recognised training course for staff new to care).

New staff received an induction prior to commencing their role, to introduce them to the provider's values and policy and procedures. Staff received supervision and team meetings to provide the staff with the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve.

Handovers took place between each shift and were used to inform staff about any changes or updates from the previous shift. Staff told us they worked as a team to support people effectively.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The service was working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. Where people lacked capacity, the appropriate best interest processes had been followed.

People were supported to have enough to eat and drink. Drinks were available and had been replenished

throughout the day. It was clear from the chatter and laughter at lunchtime that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. One person said," I do like the food, there is always a couple of choices, and you can have an omelette or something else if you don't like the main dinner. They feed you alright here."

Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and pictorial menus were in place. Some people chose to have an alcoholic drink before their meal. The registered manager explained, "This was part of that person's lifestyle before they moved in, so they should absolutely continue if this is what they want. Any way an aperitif before a meal can be good for the appetite." When this was needed, advice was received from the community dietician and speech and language therapists. Monthly weights were completed so staff could monitor any changes and liaise with appropriate healthcare professionals. We looked at people's weights and found they were stable.

People were supported to maintain good health. One person said, "The nurse here didn't like the redness of my legs and arranged some antibiotics and cream for my legs. They told me I need to keep my legs raised on this stool. They are very good, and they know me well. They spot when something is wrong with me." Later we observed a staff member kindly say, "I think you need to get those legs a little higher." They then went and came back with a pillow, which they positioned under the person's feet, and asked if that was comfortable.

Staff ensured people attended scheduled medical appointments and check-ups. People had a hospital 'grab bag' that included important information about how they communicated, what they liked and what they disliked.

There was a maintenance book specifically for people and their relatives to note anything that needed attending to in resident's rooms or around the home. There was good signage throughout the home, and the corridors were bright and airy with lots of photos, and other bits and pieces like old vinyl records on the walls. Doors were nicely personalised, some had a frame depicting some of their life history, and we heard that other resident's doors were in process of being similarly decorated.

Aids and adaptations were in place throughout the service and were in good condition. People had individual slings, kept in their rooms. When staff needed to use equipment to move people, pictorial guidance was available in the persons care plan. Bedrooms were decorated and furnished to meet the person's choice and preferences. People had easy access to a courtyard garden, and we saw people accessing this at various points throughout the day.

Good

Is the service caring?

Our findings

People continued to receive a caring service.

During our inspection staff treated people with respect and acted in a caring and kind way. We saw staff being friendly and engaging, it was a jolly atmosphere and we heard lots of laughter. Staff were friendly when providing support to people and had time to sit with them. We saw people looked relaxed, comfortable and at ease in the company of staff. We observed positive interactions and saw these supported people's wellbeing.

We observed staff using appropriate communication with people and staff helped people to maintain personal relationships. One relative said, "Families visit regularly." The registered manager told us people's relatives often visited together so they could chat and meet up while they visited. Families were invited to attend review meetings and any special events at the service.

Staff knew people well. A keyworker system was in place so people had a named person that took responsibility for the person's care and support. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

We saw that whilst the staff were busy, they delivered care in a compassionate and personal way. We observed a number of positive interactions and saw how these contributed towards people's wellbeing. We observed a person dancing with a member of staff. One relative commented, "Its lovely seeing [Name] dance. They haven't danced like that in years. Look at their face, they love it."

Staff spoke to people in a calm and sensitive manner. One person's dementia made them ask repeatedly about how to pay the rent. Staff responded well to them by telling them not to worry it's all paid. This immediately resolved the persons worry and they spoke about other things.

Staff understood how to speak with people taking it at their pace. However, some staff did not have English as their first language and three people told us that they would speak in their native language when they were giving personal care. They told us that from time to time, not being able to understand what they were saying made them feel uncomfortable. We spoke with the registered manager regarding this feedback and they said they would look in to this matter.

The service operated a keyworker system, where a staff member was identified as having a key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were the keyworker for and ensure the needs of the person were met.

People were treated with dignity and respect. Staff knocked on people's doors and sought their permission before they entered their rooms. Staff told us what they did to make sure people's privacy and dignity was maintained. This included keeping people's doors closed whilst they received care, telling them what

personal care they were providing and explaining what they were doing throughout. Staff carefully and sensitively sought people's views.

People's care records included an assessment of their needs in relation to equality and diversity and the provider looked at ways to meet people's cultural and religious needs.

Staff said the care people received was good and, when asked, they said they would be happy for a relative of theirs to use the service. One staff member said, "Yes if it was my mum and dad I would have them here. Actually I would be happy to be here, because I know the care is good."

Good

Is the service responsive?

Our findings

The service continued to be responsive.

The service provided to people was flexible and responded to people's needs. Each person had detailed care plans in place that identified how their assessed needs were to be met. These also included information on their background, hobbies and interests and likes and dislikes.

Care plans included detailed assessments, and took into account people's physical, mental, emotional and social needs. These had been regularly reviewed on set dates or when people's needs changed. Relevant health and social care professionals were involved where required. Professionals told us their advice was listened to and acted upon by staff.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff was aware of any changes to people's care needs and to ensure a consistent approach. A handover meeting is where important information is shared between the staff during shift changeovers.

The service was not actively identifying the information and communication needs of people with a disability or sensory loss, and no one at the service had been trained in the accessible communication standards.

We recommend that the registered manager undertakes accessible communication standards training and looks at ways in which this can be applied across the service.

Meetings had been held with people and their relatives to seek their views regarding their care and support and these were used as a way of gathering feedback about the service, and looking at how improvements could be made.

People, and their relatives said they felt able to raise any concerns they had with registered managers or staff. When a complaint had been made this had been dealt with effectively by the registered manager. We noted there had been a number of compliments received about the service. One compliment said, "We took great comfort in the care [Name] was getting. Another said, "On coming to Parkview, you gave [relative] a renewed energy."

People were supported when making decisions about their preferences for end of life care. The service kept important information, which included advanced care plans and preferred priorities for care documents. Some people had information about decisions people had made on hospitalisation and where appropriate a DNACPR was in place. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse.

Outstanding ☆

Is the service well-led?

Our findings

The way the service was led continued to be outstanding. Without exception, people and their relatives, told us the service was well managed and well led. They told us the care provided was good and their needs were met.

There was a registered manager in post. 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.

Since our last inspection, there had been a change in the registered manager. Staff told us that the new registered manager had dealt with this transition well and that they led the team with passion for engagement and inclusion. Everybody without exception was positive about the registered manager and told us they demonstrated effective leadership skills within their role. A relative told us, "The manager. They have been so welcoming, and they are so easy to talk with. I feel so much better with [Name] being looked after here."

Staff told us that they felt motivated and were proud to work at Parkview. They said that they worked together with the registered manager and with each other to ensure people lived their lives to the full. The culture and atmosphere of the service was open and transparent. One staff member told us, "The registered manager is very approachable and we can talk to all the seniors if we have any issues." Another staff member said, "We can talk to them at any time, their doors are always open."

The registered manager knew the people they cared for well. We saw that people using the service and staff were very comfortable with the registered manager and spoke freely with them throughout our visits. They regularly spent time with people and staff and had carried out regular surveys to enable them to continually review the day to day culture in the service. One relative told us, "The manager is easy to talk with. They often come around while I am here. I have been coming every day, but now I am coming every other day. I can see [Name] is well looked after, and when I go, I know [Name] is safe."

Staff remained confident about approaching the registered manager and the deputy and felt supported. We saw that the registered manager had an open door policy and was a visible presence around the service. During the inspection, people and visitors wandered in and out, when they wanted to speak to the registered manager, and they dealt effectively with any queries that were made. One person wanted to be more involved, and they had been wearing a name badge and told us they gave out the post at 10 and helped to deliver the newspapers. From time to time, they came into the office and thought they were assisting with the inspection. We saw this gave this person meaning and purpose, and the registered manager supported this person with skill, compassion and patience.

The registered manager said, "As a person I open my eyes, listen, and take on board everyone's opinion and I want the best for people. I want my staff to be proud that they work for Parkview and will tell people that."

Without exception, staff told us they were proud to work at the service and enjoyed their job.

Staff told us, and the records confirmed that they had regular supervision, appraisals and staff meetings. These meetings were viewed as meaningful and included staff's opinions and ways to continually improve the service for people. Staff felt valued by management. One staff member explained, "Honestly [the registered manager] is wonderful, they are so lovely. They are supportive. Nothing is too much effort. Another staff member said, "They really listen."

The registered manager explained that they worked hard to retain staff. They said, "Care can be a thank less job and people need to feel valued otherwise you won't retain them. I have a proactive management style and I like my staff to help me manage. What I do really well is communicate and listen to what people have to say and I respond. I make sure they know what action I have taken in response to them. We support people to be themselves and support people to be the best they can possibly be."

During our inspection, we saw the registered manager working to this ethos. A member of staff said, "The registered manager was always available, and was very approachable." One staff member described the service as a, "Warm, kind, caring, and homely environment." Another staff member explained that they were, "Always striving to make the service better and asked for staff views about how to do this."

The registered manager explained how they had used champions to encourage staff to lead on key areas of service development. Champions roles in the areas of dignity, health and safety, call bells, infection control, dementia, and medicines were used to provide opportunities for staff to develop their understanding and contribute to making improvements to the service. The registered manager explained, "You name it we have a champion for it. These lead roles, directly feed into the head of department and staff meetings. Their role is to identify areas that we can improve on and we review these recommendations and make changes at these meetings."

The service had clear aims and objectives that were in line with the provider's values and aims. These were understood by staff and put into practice; they understood their role and knew what was expected of them. The registered manager said, that their mission was to provide high quality affordable care and staff told us that the companies values were to put people at the heart of what they did.

People were involved in decisions and changes regarding the running of the home. The service gathered people's views through a variety of different ways, such as resident meetings and key worker sessions. Relatives also met informally at the service and at formal meetings and reviews. We noted a Dementia Information Afternoon had been arranged to help develop the communities understanding of dementia and its effects on people.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. All incidents, accidents, complaints were logged onto an electronic system and shared with the provider who monitored actions taken, investigations and outcomes. The service and staff understood the need to share information relating to any incidents, accidents with all relevant parties. The service had an openness and willingness to learn from incidents, investigations and complaints in order to improve the quality of the service.

Records showed CQC had been informed of incidents when the provider was legally obliged to do so. This showed us the registered manager was aware of their responsibilities in reporting events to CQC when required.

External audits were carried out and any resulting actions were recorded on an improvement plan for the registered manager. We saw where the registered manager had completed actions and updated the plan.

The registered manager attended regular meetings with other managers to discuss best practice. They used these events to share any good ideas or concerns related to their own service. The provider used training, meetings and emails to update services in relation to new initiatives, innovative practices or any updates that might be required.

The registered provider worked in partnership with other organisations and had taken part in several good practice initiatives designed to further develop the service, including Dementia Friends and Promoting safer provision of care for elderly residents (PROSPER.) This initiative is a collaboration between care homes, Essex County Council, the health sector, UCLPartners and Anglia Ruskin Health Partnership. This programme aims to improve safety and reduce harm to people living in care homes.

The new registered manger had extensive management experience and a proactive style of leadership, which people appreciated and responded to. Following a change to the management of the service, the provider worked closely with the registered manager and on a regular basis with the staff team to support this transition. The previous registered manager had been promoted and was still involved in the oversight of the service. They provided on going support to the new registered manager and continued to operate the quality assurance systems that they had helped to implement. One staff member said, "[The previous registered manager] hasn't left they pop in from time to time." Another staff member said, "When [the new registered manager] joined this was handled well. They are very good, really open and supportive."

As well as acting as a motivator to guide staff, the registered manager helped them reflect on and learn from methods that had not worked as well as they hoped. Through the registered managers encouragement and motivation staff had sustained practice and consideration was given to how improvements could be made over time.

The culture of the service was one of openness and learning when things had gone wrong. In a compliment to the service, one relative said, "You never wavered. This home is outstanding from my point of view and you are above that."