

Rymacare Limited

Parkview

Inspection report

159A
Burgess Road
Southampton
SO16 7AA

Date of inspection visit:
23 January 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Parkview is a residential care home providing accommodation and personal care to up to 6 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 6 people using the service, with 4 living in the main house, and 2 in an annexe.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The service supported people to have as much choice, control and independence as they could. Staff supported people to pursue their interests. The service supported people in a safe, clean, and well-maintained environment. People had choice about their living environment and were able to personalise their rooms.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough suitably skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, for instance using body language, sounds, sign language, pictures and symbols, could interact comfortably with staff because staff had the necessary skills to understand them.

Right Culture:

Staff knew and understood people, and were responsive in supporting people's needs. People received good quality care and support because trained staff could meet their needs and wishes. Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect, and inclusivity

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

Rating at last inspection

This service was registered with us on 10 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Parkview

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand how prepared the service was to prevent or manage an infection outbreak, and to identify good practice we could share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 January 2023 and ended on 30 January 2023. We visited the service on 23 January 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we had received about the service since its registration. We used all this information to plan our inspection.

During the inspection

We observed people's care and support in the shared areas of the home. We spoke with the registered manager, the nominated individual and 3 members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with family members of 5 people living at Parkview.

We reviewed records relating to people's care and the running of the service. These included care records for 3 people and 2 staff recruitment files.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do this. People's families were confident people were safe at Parkview.
- The provider had appropriate policies, procedures and practices to support people safely and respond to concerns. Staff were confident these would be followed correctly if needed.

Assessing risk, safety monitoring and management

- People lived safely and free from unwanted restrictions because the service assessed, monitored and managed risks to their safety. This included risks where people communicated their feelings in ways that might cause a danger to themselves, staff or others. Risks assessed and managed included medication, conditions such as epilepsy, activities in the community such as swimming, and nutritional needs. Risk assessments included information about triggers and signs, and guidance for staff to minimise and manage the risks. People had as much freedom, choice and control over their lives as possible.
- Staff managed the safety of the living environment and equipment in it through checks and actions to minimise risk. These included audits for fire, legionella and other health and safety risks. Where audits identified actions to improve safety, these were followed up and signed off. People had individual evacuation plans in the case of emergencies.

Staffing and recruitment

- The service had enough staff, including where people needed full time support from 1 or more care workers. The provider had a bank of staff they could call on to cover leave or sickness. The numbers and skills of staff matched the needs of people using the service. Staff knew how to take into account people's individual needs and wishes.
- Staff recruitment and induction training promoted safety. Staff files included the records providers are required to keep to show evidence of safe recruitment. These included Disclosure and Barring Service checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service ensured people were not controlled by excessive or inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles. The provider took steps to make sure people's prescriptions were appropriate.
- Staff followed effective processes to store medicines safely and to support people to take their medicines safely and in line with their preferences. This included assessing risks associated with people's medicines,

and enhanced protocols for controlled drugs which need additional security measures. Staff had the required training and competency checks. There were twice daily checks on medicines stored in the home. People were supported by staff who followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The service had arrangement to keep premises clean and hygienic.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider understood and complied with government guidance around visits from friends, families, and other advocates.

Learning lessons when things go wrong

- People received safe care because staff learned from incidents. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons to be learned from them. Monthly reviews of incidents arising from people's reactions included the provider's in-house clinical psychologist. Records from these showed a month on month reduction in these incidents.

Is the service effective?

Our findings

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

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

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

- People had support plans that were personalised, strength-based and reflected their needs and aspirations, including physical and mental health needs. Staff reviewed plans regularly. Support plans reflected a good understanding of people's needs, including assessments of their communication and sensory needs. Staff used a variety of techniques based on good practice guidance to support people's communication needs, such as signs and using objects and pictures as prompts. Staff took time to understand people's needs and behaviours.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training in supporting people with a learning disability and autistic people. Staff received training in positive behaviour support and deploying techniques to reduce the use of potentially restrictive practices.
- The provider checked staff's competency to ensure they understood and applied training and best practice. Staff received support in the form of supervision, appraisal and recognition of good practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. Staff supported people to be involved in preparing and cooking their meals, and people could eat in their rooms, in the dining area or other shared spaces as they wished. People with complex needs received support to eat and drink in a way that helped them attain and maintain a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to move between services in a way that maintained continuity of support, including when people were discharged from hospital. People's families were complimentary about the lengths staff took to understand people's needs and preferences when moving into Parkview.

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

- People's care and support was provided in a safe, clean, well-maintained environment which met people's sensory and physical needs. The provider had redecorated and refurbished the home to meet people's needs. The environment was home-like and comfortable. There was sufficient safe for people to find a quiet area if they needed to.

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

- People were supported to attend annual health checks and primary care services when needed. Staff worked with other healthcare professionals, such as speech and language therapists and dentists, to

improve people's care and support. The service had worked with the local intensive support team for people with complex health and behaviour needs to identify methods of recognising signs people might be distressed or in discomfort.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people assessed as lacking mental capacity for certain decisions staff recorded assessments and any best interests decisions. Staff demonstrated good practice around assessing mental capacity, supporting decision-making and best interests decision-making.
- Where people were at risk of being deprived of their liberty, the provider applied for the necessary legal authorisation under the MCA.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used appropriate language and communication techniques that people responded to. Staff were patient and used appropriate styles of interaction with people. Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- People's families told us people developed good relationships with their support workers. Staff showed genuine interest in people's well-being and quality of life. Staff treated people as individuals and respected their diverse needs.

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

- Where people had complex communication needs, the provider engaged with their families and others who knew them well to take part in decision making, care planning and risk assessments. People's families told us they were involved in decision making, and that there was always timely and open communication with staff. The provider listened to feedback and acted on it.
- Staff took time to understand people's communication needs, and to develop a rapport with them. Staff respected people's choices and wherever possible accommodated their wishes, including those relevant to their protected characteristics. Staff supported people to maintain links with those who were important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to try new experiences, develop new skills and gain independence. People attended other services, such as college or a day service independent of the provider. Staff sought ways to support people safely with new leisure pursuits. People's families told us they had seen people become more independent with activities of daily living while living at Parkview.
- Staff knew when people needed their space and privacy, and they respected this. Staff visiting the annexe from the main house checked before entering that people living in the annexe were ready for a visit, without affecting their privacy or dignity.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people through recognised models of care and support for people with a learning disability and autistic people. Support focused on people's quality of life outcomes, and people's outcomes were regularly monitored and adapted as people and staff got to know each other better. Staff provided people with personalised, proactive and co-ordinated support in line with their communication and support plans. People's families confirmed support met people's needs and gave them as much choice and control as possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in social and leisure activities. Staff provided person-centred support with self-care and everyday living skills to people. People's families told us they were encouraged to take people on visits outside the home.

Meeting people's communication needs

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

- Staff ensured people had access to information in ways they could understand. There were a variety of methods in use to help people know what was likely to happen during the day and who would be supporting them. There were individualised support methods such as tailored visual schedules to support people's understanding.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available in an easy read format. People's families told us the provider was responsive to requests and feedback and there had been no need to use the formal complaints policy to get issues addressed.

End of life care and support

- Nobody using the service at the time of our inspection was receiving end of life care. The provider had started to discuss with families what people's preferences might be when they approached this stage of

their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- Management were visible in the service, approachable and took a genuine interest in people, and what families, staff and other professionals had to say. Senior management visited the home regularly and were accessible to staff. The provider promoted a positive, inclusive culture.
- Management and staff put people's needs at the heart of everything they did, and achieved good outcomes. The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. They had open communications with people's families and other advocates who were interested in their care and support.

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

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and oversight of the service. They communicated the provider's vision and values to staff who knew how to apply them in the day to day work of the team. There was a clear management structure in the home, and staff were clear about their roles and how to deliver a high quality service.
- Management understood and demonstrated compliance with regulatory and legislative requirements. There were internal audit systems to verify the service met the fundamental standards required by regulation. The provider notified CQC as required when certain events occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Senior staff worked closely with people so they could observe how people with complex communication needs responded to their care and support. Staff had understood people's preferences through observation of how they responded to different options and choices.
- The provider engaged with staff through regular supervisions and yearly appraisals.

Continuous learning and improving care

- The registered manager and provider had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. Improvement of people's care was based on regular reviews of people's care plans, risk assessments and positive behaviour support plans.

Working in partnership with others

- The service worked in partnership with other health and social care professionals. These included the learning disability specialist nurses, dentists, psychologists and psychiatrists, according to people's needs. Partnership working helped improve people's wellbeing.