

## Parkview Residential Home

# Parkview Residential Home

### Inspection report

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13 February 2019

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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

This announced comprehensive inspection took place on 15 January, 12 and 13 February 2019. When we arrived on the first day, the service had experienced a recent outbreak of influenza. Therefore, we could not continue with the inspection which was cancelled and rescheduled.

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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Parkview accommodates 22 people in a residential area of Ilfracombe, North Devon. People's bedrooms were on both floors and had en-suite facilities. There was a stair lift giving access to the upper floor.

At the time of the inspection, there were 21 people using the service with one vacancy. One person was on a short stay placement (respite) at the service.

We carried out a comprehensive inspection of this service on 21 and 27 November 2017 and rated the service as 'requires improvement' for the second consecutive inspection. At that inspection we found the provider had not met all the regulations. This was because:

- the premises were not always safe,
- risks to people had not always been identified, and
- the systems to monitor and improve the service were not fully established.

At that inspection, we asked the provider to take action to make improvements. They sent us an action plan, telling us what they were doing to meet the relevant requirements and the timescales for the actions to be completed.

At this inspection, we found all the legal requirements had been met and the service had improved to an overall 'good' rating.

People felt safe living at Parkview. They described staff as kind, caring and respectful.

The registered manager was passionate and motivated in their work. They worked alongside care staff and promoted an open and visible culture. Staff felt appreciated, valued and listened to. The registered manager led from the front and knew people and their families well. The provider and registered manager had worked together for many years and respected each other's opinions.

People were cared and supported by enough staff who were suitable for their roles. Staff were safely recruited, trained and supervised in their jobs. They all enjoyed working at Parkview and felt part of a team. Staff showed an understanding of what constituted abuse and what they needed to do if they wanted to

raise concerns.

People had assessments undertaken before they came to live at Parkview to ensure their needs could be met. This was except for emergency admissions. Each person had a care plan in place which was comprehensive and detailed. The plans showed each person's individualised care plan and included any assessments of risk identified. People were cared for and supported well at the end of their lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager had put in processes required by the Mental Capacity (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood their responsibilities in relation to the MCA and DoLS. They were aware of how these impacted on their approach and ensured people gave consent before any care was given.

People's experiences were sought through questionnaires and meetings. When ideas or concerns were raised, the registered manager acted on them. People were able to complain if necessary with all complaints fully investigated.

People received their medicines safely and on time. There were infection control policies and procedures in place, but staff had not always adhered to them. This was addressed by the registered manager and resolved.

People received a balanced and nutritious diet. People's views were taken into consideration when choosing meals to put in the menus. People's health needs were managed well and the service had good working relationships with the local GP's and community nurses.

People were able to undertake activities of their choice, both inside and outside of the service. The activities programme was being developed by a designated activities organiser who recognised people's individual interests, hobbies and abilities.

There were governance systems in place to monitor and improve the service. Policies and procedures were in place to support staff. There was an up to date service improvement plan in place. The registered manager had been supported by the local authority quality assurance and improvement team and a care home educator. The systems were continuing to grow and add all aspects of care delivery.

All equipment was serviced as per individual contracts and kept in good condition. All systems relating to health and safety were appropriately and safely managed and maintained.

## 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 had improved and was safe.

People lived in a safe environment and were protected from risks.

People felt safe and staff understood what constituted abuse and how to report any concerns.

There were sufficient staff on duty to meet people's needs fully.

People were protected by effective staff recruitment and selection processes in place.

People's medicines were safely managed.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service had improved and was well led.

The registered manager led the service in an open and inclusive way.

Staff felt valued, supported and listened to.

There were governance systems in place to monitor and improve the service.

People were regularly asked for their views and experienced of the service.

# Parkview 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 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 12 January, 12 and 13 February 2019 and was unannounced on the first visit. One adult social care inspection carried out the inspection.

Prior to the inspection, we reviewed information we held about the service and notifications we had received. A notification is information about important events, which the service is required by law to send us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give us some key information about the service, what the service does well and the improvements they plan to make.

During the inspection, we spoke and spent time with 12 people who lived at the service, one relative and four visiting health care professionals. We spoke with the provider, registered manager, deputy manager, six care staff, the administration assistant and the activities organiser.

We looked at: three people's care and medicines records; two staff recruitment, training and supervision files; minutes of meetings; accident and incident reports; complaints and compliments; quality monitoring systems; quality feedback surveys, and policies and procedures.

Following the inspection, we sought feedback from the local authority safeguarding team, local authority quality assurance and improvement team, the care homes education team, and two other health and social care professionals. We received feedback from all of them.

## Is the service safe?

### Our findings

At the last inspection in November 2017 the service was rated as requires improvement. This was related to an unsafe environment and a lack of risk assessments. At this inspection the provider had met their legal requirements and the rating had improved to good.

People felt safe living at Parkview. They were comfortable, relaxed and at ease with the staff who supported and cared for them. From observations and discussions, it was clear trusting relationships had been built between them. When two people asked if they felt safe, they said, "I'm safe because I feel looked after" and "I don't have to worry about anything." Health care professionals told us they had no concerns over the safety of the people living at Parkview. One said, "We have no concerns here, it is considered one of the better homes."

People moved freely around the home and without any restrictions. Relatives and friends were encouraged to visit when they wished and chatted with people in their bedrooms or their communal areas. On the first day of inspection, we entered the service without any staff member being aware we were there. On the second day, staff had been reminded of the safety and security of the people who lived there and as a result no one could enter the service without being let in first by a member of staff.

People were kept safe as their individual risks had been identified and reduced as much as possible, such as those relating to safe moving and handling, nutrition and skin integrity. Any equipment necessary to support people was in place, for example pressure relieving cushions and hoists. Care records had detailed and up to date risk assessments within them which gave clear guidance to staff on how to manage the risks in the least restrictive way. The risk assessments had been regularly reviewed and updated.

People were protected by safe recruitment procedures to ensure people were supported by suitable staff. Appropriate checks had been carried out prior to them starting work. This included references and a Disclosure and Barring Service (DBS) check. The DBS ensures only people suitable to work with vulnerable people are employed. We discussed the recruitment process with the registered manager who had identified they wanted to update the paperwork to include a more comprehensive application form, better interview notes and interview scoring system. They were in the process of collating this information together which will provide a more robust and organised system for recruitment.

People were supported by enough staff on duty at any time. The registered manager used a dependency tool to ensure there was the right number of staff available to meet people's individual needs fully. People told us staff came quickly when requested. Observations showed the call bell was answered promptly to people in both their bedrooms and the communal areas when asking for help. The staff rota showed the numbers of staff on duty were correct. Two people said, "The staff come quickly if I need them" and "I am very well looked after, they come if I need help." Care staff were supported by housekeepers, a maintenance person, a cook and an administration assistant. The provider was currently cooking at the service until the newly appointed cook started work.

The registered manager said the service had sustained a staffing problem over the Christmas period. This had resulted in staff shortages which had caused some disruption in the staff team but had no impact on the people who lived there. Staff had picked up every shift and the registered manager had worked 'on the floor' to provide short term help. The staff team had now settled, new staff had been appointed and the registered manager said staff morale had improved. All staff spoken with told us how much they liked their jobs. One care worker said, "I am working but it doesn't feel like I am working, I love it here." Health care professionals said there was always enough staff on duty. One said, "You can always find someone to help."

People were protected by staff who had been trained in the protection of vulnerable adults and knew what to do if they suspected a person was at risk. The registered manager was aware of their responsibilities and the process they needed to follow. Following the inspection, the registered manager had sought to undertake further safeguarding training with the local authority to increase their knowledge further. The local authority safeguarding team had no recent concerns about the care provided by the service.

People received their medicines in a safe way. Medicines were stored correctly and in an organised way. Records of the air temperature were recorded to ensure medicines were kept at their required levels. People had their skin creams applied as prescribed. A body map highlighted the areas needed to be treated. Only senior staff gave out medicines and they had undertaken relevant training. Medication administration records (MAR) included photographs of the person so they could be visually recognised. MARs had been signed correctly and medicines given when prescribed. However, when medicines had been stopped, it was not always clear why and when as these had not been signed and dated by the staff member. We checked medicine which required extra checks in place. We found there to be a discrepancy in the amounts recorded and the amounts held in stock. We discussed the two issues we found, and the registered manager took immediate action to address this. They also contacted the local dispensing pharmacy to carry out their annual audit.

On the first day of inspection, staff were seen not to be following strict infection control procedures, particularly as there was an outbreak of influenza amongst people. This was discussed with the registered manager who addressed and resolved the concern immediately; they had not been on duty. They spoke with staff, organised further training and purchased new laundry collection trolleys for use on each floor. Staff followed correct procedures on our further visits.

People were protected from the risks of unsafe and unsuitable premises. Risk assessments had been carried out in each person's individual bedrooms and action taken to minimise the risk. Hot water was now controlled by thermostatic mixing valves (TMV's). Hot water was regularly checked by the housekeeper and recorded to ensure the temperature did not exceed the recommended 44°C.

The service had Legionella precautions in place. Records showed the system had been recently fully checked by a specialist organisation. The registered manager had checks in place for the need to purge any unused taps or showers.

The boiler had a TMV fitted to ensure the radiators did not get excessively hot. Where there was a risk identified, radiators had been fitted with a safety cover. Radiators in communal areas and corridors did not have covers fitted as the risk to people was very low.

Not all windows were restricted to prevent avoidable harm to people. Following the inspection, the registered manager confirmed window restrictors had been fitted to all windows on the upper floor and were in the process of completing them on the lower floor.

A recent environmental audit had been carried out which identified some areas of the service which needed attention and maintenance. These were placed on the service improvement plan and action taken to resolve them within set timescales. For example, a bathroom floor had been highlighted as a risk due to lifting in one area. This was scheduled for replaced at the end of February. The audit had also identified issues with the stair lift. As a result, a new stair lift was ordered, fitted and in place.

The outside areas of the service were also checked, and any areas considered a risk were actioned. For example, improved fencing in the garden to make the area more secure and safe.

## Is the service effective?

### Our findings

At the last inspection in November 2017 the service was rated good. At this inspection the service remained good.

Staff had received the appropriate training and had the experience, skills and personalities to support the people living at Parkview. People had trust in the staff who knew their needs well. Health care professionals had confidence in the skills and capabilities of the staff group. The registered manager had ensured staff were up to date with their training. Staff training was provided by a training provider and a nurse educator. Staff felt they had the sufficient training to do their jobs properly. Two said, "I feel well trained, I want to work my way up and increase my knowledge" and "I like training we have loads." A health care professional said staff were "well trained".

When new staff started work at Parkview they completed induction training. This induction required new members of staff to be supervised by more experienced staff (shadowing) to ensure they were competent and confident to carry out their roles before working alone. One recently appointed care worker said, "I shadowed when I first came here, it was very useful." For those staff who fit the criteria, they undertook the full Care Certificate (recognised as best practice induction training for staff new to care). They were supported by the registered manager to achieve the competencies and skills required.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and identify any future professional development opportunities. The new deputy manager had taken on the role of supervision for each member of staff and was in the process of organising competency and spot checks. The registered manager undertook regular observations of staff practice in the communal areas to identify any areas of improvement. For example, how they interacted with people socially and how they addressed people. All staff unanimously said they felt supported by the registered manager and were part of a team.

The registered manager and staff knew how to respond to people's specific health and social care needs, such as recognising changes in a person's health. Staff spoke confidently about the care they delivered and involved care professionals where necessary, such as GP's, community nurses, occupational therapists, opticians, chiropodists and other specialists. People were taken to appointments in the service minibus and accompanied by staff. Health care professionals told us they were contacted appropriately and at the right time. They told us they had developed good working relationships with the registered manager and promoted joint working together. One said, "The staff work with you, they contact us for advice." Another said, "Care staff contact GP's and community nurses promptly as required on resident's behalf."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 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 found they were. Before people received any care and treatment, staff asked for their consent. People's individual choices and preferences were acted upon, such as how they wanted their personal care delivered. For example, when one person refused their personal care, they staff left them and approached them again later. Where people had Powers of Attorney acting on their behalf, these were clearly documented in the care records. Where best interest decisions had been made, the relevant people and professionals had been involved in the process. The service had submitted appropriate DoLS applications to the authorising body. Two of these had been authorised and one had been applied for.

People were supported to maintain a balanced and nutritious diet. Specialised diets were catered for, such as gluten free. A white board in the dining room advised people of the menu for the day. Dining tables were set with napkins, condiments and cruet sets. Most people chose to eat in the dining room, but some people had their food served in their bedrooms. People were offered one main meal choice, but alternatives were available if they did not like the option. Following earlier feedback, the service had increased the choices at breakfast to include pastries, fresh fruit and yoghourts.

People's comments were complimentary of the food and included, "The food is good" and "I like the food." Whilst there were sufficient numbers of staff on duty to support people to eat their lunchtime meal, they were not always present in the dining room. This had a slight impact on the people who needed encouragement to eat their meal, but this had not been noticed by staff. This was discussed with the registered manager who acted immediately and changed the way staff worked during the lunchtime meal.

The premises were adapted and accessible in all areas. The provider continued to decorate and update the premises. The rear conservatory had recently been decorated and now provided an extra meeting place for people and their visitors where they could make themselves drinks. The reception area and attached front conservatory attached to the entrance foyer was a popular and sunny place for people to sit, socialise and even chat to the resident parrot.

# Is the service caring?

## Our findings

At the last inspection in November 2017 the service was rated good. At this inspection the service remained good.

From discussions, observations and interactions staff treated people with kindness and had a caring attitude towards them. People's comments included, "Staff are always pleasant and I'm quite happy", "I love living here, staff are kind" and "I have banter with staff, it feels like home". A relative wrote, "The carers are really kind and caring." A health professional wrote, "Friendly, experienced staff, residents happy and content, continue the good work."

People were comfortable, contented and well looked after. There was an unhurried and calm atmosphere in the service. Staff had time to sit with people and chat with them. Banter and laughing took place. One person liked a sing song and one care worker sang with them. People chose to spend their day where they wished and there were supported by staff to do this.

Communication between people and staff were friendly and chatty. The registered manager and staff knew people and their relatives well. Some people had lived at Parkview for several years and most had lived in the surrounding areas of Ilfracombe. As a result, some of the residents had known others for many years which helped to make a homely, family atmosphere. One person told us that, before they came to live at Parkview, they had a lodger at their home. This person also lived at Parkview now. The person said, "We have known each other for years, haven't we (person's name) and now we live in the same place again."

Staff knew people's individual interests and hobbies. For example, one person had an interest in lifeboats and the activities organiser had taken them on a trip to the local lifeboat yard. Another person had worked as a dress designer in their past and their relatives had brought in copies of their artwork to show staff the person before they came to live at the home. One care worker told us how they cared for one resident who showed signs of depression. They said, "I help them to reminisce, we look at photos and identify places, they also like their nails doing. They can be 'teary', but I try my best to make them feel brighter ... they do like a nice cup of tea."

Healthcare professionals were complimentary of the staff and comments included, "It's always friendly here and by watching the girls, they (staff) know about people and always treat them with respect", "It's a homely, caring environment here, staff have a friendly approach to people and are helpful" and "I come in nearly every day, people always seem happy here with a good atmosphere."

Staff treated people with dignity and respect whilst helping them with personal tasks. People were well dressed, and attention was taken to putting on people's make up, jewellery and nail varnish for those that wanted it. People looked comfortable in their seats with their favourite blankets on their legs.

There were no restrictions of visiting times and relatives visited any time of the day. Visitors were regularly offered refreshments and meals.

People's bedrooms were individual and homely. They were personalised with sentimental possessions. Some of the bedrooms required redecoration and modernisation. The registered manager and provider were aware of this and had an improvement plan in place. Two bedrooms had recently been redecorated with the person choosing their individual paint colours and style.

People were looked after by staff who enjoyed coming to work and supporting the people who lived at Parkview. One new staff member said, "I love it here, I made a bond very quickly ... by doing something so little it makes their (people's) day and it makes me feel good about myself then which is something I have never felt before." Another care worker said, "I love working here, I love all the people I look after, and I love my job."

## Is the service responsive?

### Our findings

At the last inspection in November 2017 the service was rated good. At this inspection the service remained good.

People received care which was assessed and planned on their individual needs. The registered manager carried out assessments on people before they came to live at Parkview. However, this was not always possible as they accepted people from the Rapid Response Team which meant they did not have the time available to do an assessment visit. These people usually came to live at Parkview on a short-term placement as an emergency admission. The service was provided with a care plan and summary of people's needs to ensure they could meet these.

People had care plans in place. The care plans were informative and contained up to date information. They were comprehensive and included any risks identified and the correct measures to be taken. The care plans gave staff clear guidance on how to care and support people. They included details about people's family, history and interests. Personalised care plans reflected people's wishes, choices and preferences. They included information on how they wished to communicate with staff. People had Treatment Escalation Plans (TEP's) in place which recorded people's wishes regarding future healthcare in the event of a crisis or collapse. These were accessible for staff to find quickly.

At the time of our visit, one person was receiving 'end of life' care and was comfortably looked after in bed. Their choices and preferences for their care were considered by staff who worked in close liaison with the community nursing team and the local GP.

People were cared for in an equal and inclusive way. Their needs were protected as part of the planning process and provisions made where appropriate. People's religious beliefs and preferences were respected.

The service complied with the accessible information standard. People's individual communication needs were recorded, and staff spoke to people in their preferred way. Staff paid attention to ensuring people's spectacles were clean and hearing aids were always working.

People were supported to undertake social activities. Since the last inspection a designated activities organiser provided three days of activities from 9.30am to 4.30pm; although these hours were variable dependent upon what people wanted to do. They had started to plan social activities for the home, but these were still 'work in progress'. The activities organiser planned and facilitated individual and communal activities for people to be "what they (people) actually want to do". For example, one person liked to go to a supermarket to do some shopping for themselves and another person liked to go to a local pub.

The service had its own minibus which was wheelchair friendly. A weekly bus trip took place and recent visits had been undertaken to local beauty spots, the seafront and garden centres. One person told the activities organiser they liked fish and chips, so a future trip had been planned to have this food out of old-fashioned newspaper. One person who liked lifeboats had a personal trip to the local lifeboat yard and spent an

enjoyable time sitting on the seafront.

Various activities took place inside the home. These included pamper days, art and crafts, exercises, games and quizzes. A 'world tour' was planned when the activities organiser planned to choose different countries and talk about them and their culture. Film nights took place with snacks and nibbles. Outside entertainers also visited, such as singers and the local Church representative. One person particularly liked to play competitive games such as snakes and ladders and draughts. They spent time with the activity's organiser in the reception area in a friendly battle to win the game.

Staff spent time sitting and chatting with people. One care worker said, "I like to sing and dance with people – we all like to have a laugh." Another care worker said, "When people come back with a smile on their face you know it has made a difference to them."

People had a complaints procedure in place for them to use. They also had the opportunity to put forward suggestions into the 'suggestion box'. The registered manager took complaints seriously and took the appropriate action. We received no complaints at the inspection. Feedback from the suggestions box included, "It's great to know that our (relative) is being looked after so well, they are so obviously happy", "Excellent home from home. Lovely staff, nothing too much trouble" and "I love to see my (relative) because it's great fun here."

## Is the service well-led?

### Our findings

At the last inspection in November 2017 the service was rated as requires improvement. This related to a lack of effective governance being in place and a lack of health and safety audit monitoring. At this inspection the provider had met their legal requirements and the rating had improved to good.

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.

People spoke highly of the registered manager who led the service with a visible and open culture. They had worked for the service in different roles for over 20 years and had been the registered manager since 2017. They were motivated and passionate about their job and strived to make Parkview a quality home for people to live in. Since the last inspection, they told us they had worked hard to meet the regulations but intended to keep up the improvement. They told us, "I am really happy things are working well, things have improved in the last three to four months and care has now improved – I know this from the positive feedback we have received from people, staff, relatives and professionals."

Since the last inspection, the local quality assurance and improvement team (QAIT) and the care homes education team had worked with the registered manager to improve practices. They commented, "(Registered manager) is responsive to issues raised and very open to support and input" and "(Registered manager) has gone from strength to strength over the last year ... she has asserted herself as the service leader and has made some significant headway with building her relationship with staff, residents and their relatives ... I am confident that service users are both safe and well cared for."

The registered manager was supported by an experienced and knowledgeable 'buddy' manager from an outstanding care service. They received coaching and support to develop their leadership skills further. The buddy manager said, "(Registered manager) strives to improve and I believe them to be extremely dedicated and focussed on improving their service ... extremely enthusiastic and receptive to ideas and advice."

The registered manager had continued to develop their managerial skills and presently undertook the whole management of the service with little delegation. This had the potential for a negative impact of the leadership of the service if, for any reason, the registered manager was not at work. As a result, people could experience negative outcomes on their care and support. This was discussed with the registered manager who was aware of the potential problem. They had planned for certain tasks to be delegated in the near future. They had recently appointed a new deputy manager who would be sharing the leadership of the service and this was something they were both looking forward to. The deputy manager said, "I'm looking forward to it and supporting (registered manager)."

There was a range of quality monitoring systems in place which were used to continually review and improve the service. These covered all areas of the service, such as care plans, medicines, environment and

infection control. A care professional said, "(Registered manager) continues to establish systems to monitor the effectiveness of the service." There was a comprehensive service improvement plan in place which identified areas for action with timescales included. Staff were supported and guided by up to date policies and procedures which were in place.

People's experiences of the service were welcomed, and regular feedback requested, such as through meetings and questionnaires. A resident and relative's meeting was held in January 2019. Where suggestions were highlighted these were acted upon. For example, following a questionnaire on the food served, a change of menu was organised and more of people's favourite foods included in the food choices.

There was good communication between the staff team and the staff handover ensured staff knew about people before they started their shift. Staff worked well as a team with both old and new staff working together. Staff felt valued and supported in their roles. Staff felt able to approach the registered manager about anything and were able to discuss any concerns. Long standing members of staff said they felt Parkview was the best it had ever been which was mainly due to the registered manager's leadership. Two commented, "It is so much better now, we are valued and supported in our work and things are looking better", "I feel valued and registered manager is easy to talk to if you have concerns" and "I feel great working here, I am valued which boosts my confidence."

At the time of inspection, the provider was working at the service cooking lunches. This was short term until the newly appointed cook started work. The provider and the registered manager had worked together for a long time and respected each other's ideas and concerns. The provider lived next door to the service and visited or spoke with the registered manager each day.

Accidents and incidents were reviewed by the registered manager to look for trends or patterns, such as the number of falls and when they happened. This helped to mitigate the risks to people.

All checks relating to the health and safety of the premises and gardens were regularly carried out. All equipment was maintained in line with their individual service contracts. Fire appliances and testing were undertaken regularly.

The registered manager complied with the requirements of their registration. They had notified the Care Quality Commission (CQC) of any notifiable or serious concerns. The last inspection CQC rating was displayed at the service.

Following the inspection, the registered manager informed us of the work they had undertaken to improve systems at Parkview. This included revised documentation and records relating to the running of the service.