

Parkview Residential Home

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Parkview Residential Home is a residential care home for 22 people. There are bedrooms on the ground and first floor. There is a communal lounge and dining area located on the ground floor. At the time of our inspection there were 21 people living at the service.

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

Following our last inspection, we imposed conditions on the provider's registration which required them to complete a selection of monthly audits and report their findings to CQC. This was because we identified breaches in relation to safe care and treatment, good governance, fit and proper persons employed, need for consent and failure to send statutory notifications to the CQC as required by law.

At this inspection, we identified improvements had been made and risks to people had been significantly reduced, however the systems and process to ensure staff were employed safely had not been consistently followed. We identified that improvements had been made in relation to the safe management of medicines but further improvements were still needed. We have made a recommendation about the use of some medicines and also around the disposal of medicines. Governance in the service had significantly improved but required further development to ensure recruitment was fully compliant with the regulations.

The provider had worked closely with the local authority and the registered manager had received support in relation to implementing a good governance framework. This had resulted in improvements around the management of people's care and support records and the service environment. The new arrangements were currently being embedded into the service to ensure they were fully effective.

People felt safe at the service and spoke positively about the staff that supported them. Staff were trained in safeguarding and knew how to identify and report concerns. There were sufficient staff on duty to support people. The service was clean with appropriate infection control policies in place.

The provider had ensured a training package was in place for staff and the registered manager was implementing a structure around supervision and appraisal. People were supported to eat and drink enough and where required, the service worked with other healthcare professionals.

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. Improvements had been made around Deprivation of Liberty Safeguards (DoLS) applications and compliance with the requirements of the Mental Capacity Act 2005.

People's care records were personalised and we received positive feedback from people in relation to the level of care they received. One person said, "I am very happy here, the staff are kind and caring." Improvements had been made in relation to end of life care and this was still being further developed.

There were new governance systems in operation to ensure the health, safety and welfare of people using the service and others. Auditing of care records, environmental risks and Mental Capacity Act 2005 documentation had been implemented and was being embedded into the service. The provider had notified CQC about any significant events at the service in line with regulatory requirements.

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

Rating at last inspection

The last rating for this service was Inadequate (published 13 January 2023). The provider sent us monthly reports in line with conditions imposed on their registration.

At our last inspection we recommended the service sought advice and guidance from an accredited source around the current systems in place for training and complying with the Accessible Information Standard. At this inspection we found improvements had been made in this area.

This service has been in Special Measures since 13 January 2023. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

The overall rating for the service has changed from Inadequate to Requires Improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified a continued breach in relation to fit and proper persons employed at this inspection. We have also made a recommendation about the management of medicines.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Parkview Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and a pharmacist from our medicines optimisation team.

Service and service type

Parkview Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Parkview Residential Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

We reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection

We spoke with four members of staff which included the registered manager and care staff. We spoke with 5 people who lived at the service and observed interactions between people and staff.

We reviewed a range of records, including peoples' care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Following our site visit we contacted three healthcare professionals to seek their views on the service but did not receive any response. We also spoke with a further 2 relatives and 2 members of staff. We also received further clarification and documentation from the service to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not yet completely safe.

Staffing and recruitment

At our last inspection we identified that inadequate recruitment processes presented a risk. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 19.

- The service had successfully recruited new staff since our last inspection. Whilst we identified improvements had been made to recruitment processes, full compliance with the relevant regulations had not been achieved.
- Not all new staff had been recruited safely. Relevant pre-employment checks had not been completed, which included getting required references when a staff member was previously employed working with vulnerable adults. A full employment history had also not been obtained as required.

Whilst we did not find significant impact to people, unsafe recruitment processes presented a risk. This was a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff on duty to meet people's needs.
- People were positive about staffing levels within the service and the observations we made showed people's needs were being met timely by staff.
- Staff spoke positively about the current staffing levels. No concerns were raised with us about the current staffing levels at the service.
- The service had recently significantly increased their occupancy. The registered manager told us staffing levels would remain under review to ensure sufficient staff were on duty to meet this increase.
- The registered manager told us the service currently used agency staff where required.

Using medicines safely

At our last inspection we identified the current system in operation for the management of medicines was unsafe and presented a risk to people at the service. Inaccurate records relating to the delivery of care presented a risk to people's safety. The failure to effectively monitor incidents and accidents and current safety management of some aspects of the service environment and building presented to a risk to people and staff. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Whilst there had been improvements to the way people's medicines were managed since our previous inspection, this work was still being completed and further improvements were needed.
- Records were kept when medicines were administered to people, and these showed that people received their medicines correctly as prescribed for them.
- When medicines were prescribed to be given 'when required', staff were knowledgeable about when these might be needed. However, there were no protocols for these medicines and details were not always recorded in people's care plans. This led to a risk that these medicines might not always be administered appropriately or in a consistent way. When a variable dose was prescribed, it was not always recorded how many had been given.
- There were suitable arrangements for the storage of medicines. This included those needing cold storage and extra security.
- Regular medicines audits were completed, and we saw that some areas for improvement had been identified and actions were recorded.
- Staff told us they had training in safe medicines handling. Some staff competency assessments had been completed to make sure they gave medicines safely. However, these had not been updated for all staff and the registered manager told us this work was still ongoing.
- We identified that improvements were needed in relation to the current storage arrangements and security of medicines awaiting return to the pharmacy.

We recommend that the provider reviews the arrangements for recording and administering of 'when required' medicines and the current arrangements for medicines awaiting disposal.

Assessing risk, safety monitoring and management

- Risk had been reduced to people through accurate care planning, record keeping and safety monitoring.
- Where required, people's records reflected their current risks and guidance for staff on how this risk could be reduced to keep people safe.
- Support plans specific to people's behaviours had been completed to reduce the risk of escalating behaviours through inappropriate care interventions.
- People had individual emergency evacuation plans in the event of a fire and these were now available for the emergency services to access. However, we identified that following a recent number of new admissions, 5 were missing from the folder and had not been completed. This was immediately highlighted to the registered manager.
- There was a current fire risk assessment in place. We identified that weekly extinguisher checks were not recorded as completed and no recent evacuation drills were recorded. The registered manager was aware this was required to be completed.
- Environmental safety monitoring was completed. There were now effective systems and processes to monitor the safety of the service environment. Certificates relating to electrical safety, gas safety, portable appliance testing and legionella were reviewed during the inspection.

Learning lessons when things go wrong

- There were now systems and processes in place to review falls and incidents to reduce the risk of reoccurrence. This was not in place at our last inspection and placed people at risk.
- Staff reported any incidents or accidents via the electronic care planning system and in paper record for the registered manager to review.
- We saw records that showed regular monitoring was completed and where necessary information was

highlighted to identify any patterns or trends.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse.
- There were policies in place for staff to follow and safeguarding reporting information was located in communal areas of the service for people, staff and visitors to see.
- People were positive about staff and we saw positive interactions. A relative told us, "Parkview is brilliant, really caring and they know each individual really well."
- Staff received training in safeguarding and were able to confirm they understood both internal and external reporting processes.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.
- There were currently no restrictions on people visiting the service.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, we identified there was a risk of people receiving unsafe or inappropriate care that was not aligned to best practice. There was also a risk people would be unlawfully deprived of their liberty. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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, and some hospitals, 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.

- We found the service was now working within the principles of the MCA and policies, systems and processes supported this.
- Applications to deprive people of their liberty had now been made. These applications were currently pending progression by the relevant local authority. This reduced the previous risk of people being unlawfully deprived of their liberty.
- The registered manager had a tracker to monitor DoLS applications, their progression and their outcomes.
- Where required, we found capacity assessments and best interest decision processes had been followed prior to the implementation of certain practices.
- Where people had an appointed Lasting Power of Attorney (LPA), appropriate documentation was in place and records reflected an LPA was in place.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider sought advice and guidance from an accredited source to ensure the training provision within the service was specific to the needs of people who live there. The provider had made improvements.

- The provider had increased training provision for staff at the service and this was monitored by the registered manager.
- Additional training was now provided to staff in dementia, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This will support staff more in their role and was training some staff felt was missing at the last inspection.
- Training was recorded on individual records and on an overall matrix. The registered manager used this to monitor completion and when updates were due.
- The provider ensured new staff received an induction. Staff new to care were able to obtain the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Supervision and appraisal was being completed. The registered manager was currently formalising the frequency and structure around this.

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

- People were assessed prior to moving into the service to ensure their needs could be met and that the environment was suitable for them. The registered manager worked in partnership with the local authority when required.
- The assessment process enabled a care plan to be completed on admission or shortly after that gave guidance for staff on how to meet people's needs.
- Nationally recognised tools in relation to skin integrity or identifying a risk of malnutrition were used within care plans.

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

- People had individual rooms with an en-suite toilet. People also had access to a communal bathroom and additional toilet facilities.
- Additional communal areas were available for people to use. The service benefitted from a large lounge and dining area. There were communal garden areas and internally some separate areas meant people could meet privately with visitors.
- There was a chair lift in operation to support people to access the upper floor for people that needed it.
- Communal areas such as the toilets had clear signage on them to aid people in navigating around. Handrails were fitted for people to support independence.
- The registered manager told us there were plans to refurbish some areas in the service.

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

- There were nutritional care plans in place for people to aid in meeting their nutritional and hydration needs.
- People's individual needs were met by the service and we saw during periods when people were dining they were well supported by staff.
- Records were maintained of food and drink people had consumed to allow staff to monitor food consumption and fluid intake as required.
- There was evidence within care records that appropriate professionals had been consulted in relation to nutritional support where required.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People had access to a variety of healthcare services and professionals according to their needs, which was confirmed by people living at the service.
- People were registered with a GP for appointments and advice as needed.
- Where required, people were supported by the local district nursing team. Records showed that escalation was completed where needed to other professionals such as the mental health team, occupational therapists and speech and language therapists.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- Care plans had been reviewed and were more person-centred that aided staff in delivering care in line with people's preferences.
- Every person at the service had a care plan. The care plans were now reflective of people's current needs and contained personalised detail.
- Care records now showed people's life histories, what and who was important to them, their dependency on staff and people's individual strengths and desired outcomes.
- People's preferred daily routines were recorded showing how they wished to be supported with daily living and care, this promoted person-centred care delivery.
- People's communication ability was recorded in their records. This also included information about their eyesight and hearing to aid staff in supporting people effectively.
- People told us care was centred around them. A relative we spoke with told us, "Mum told me that, 'they even wake me up with a cup of tea'."

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 (AIS). The AIS 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.

At our last inspection we recommend the service seeks advice and guidance from an accredited source to ensure the AIS is understood and embedded in the service where required.

- People's communication needs and abilities were now embedded into care plans to support staff and aid communication.
- There was published guidance on the AIS available for the registered manager and staff detailing their responsibilities.
- Guidance around the Mental Capacity Act 2005, advocacy services and consent was available in an easier to read and understand format.
- Policies and procedures were able to be printed in larger fonts and in another language if needed.

End of life care and support

- Care and planning to support people at the end of their lives has improved since our last inspection.

- The registered manager was aware some records still required further development to ensure they were fully personalised reflecting people's final wishes within the service and after they had passed away.
- At the time of our inspection, there were no people within the service currently assessed as nearing the final stages of their life.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. The policy and procedure detailed how complaints or concerns would be handled.
- There was information on how to make a complaint situated in the entrance foyer of the service for everyone to see.
- The registered manager told us no formal complaints had been received in a significant period of time. There were governance systems in place to monitor any complaints that may be received in the future.

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

- People had opportunities to be involved in activities. Staff were currently involved in activity provision for people which we observed when we inspected.
- People did not raise any concerns about how they spent their day. People were observed spending time together as a group in the communal areas of the service.
- Comments were positive, and a relative we spoke with told us, " Its lovely, all the activities they have. They really encourage people to do as much as possible to maintain their independence. It's amazing."
- The service had a vehicle that could be used to support people to attend the local community and wider area.
- People had visitors to support them to avoid being socially isolated, we observed visitors attending on the day of our inspection.

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.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. There was improvement in governance systems that were being embedded into the service. We identified some governance systems were still not fully effective in relation to recruitment.

At our last inspection we identified that inadequate and ineffective governance arrangements may present a risk people and staff at the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however more robust oversight was required in relation to recruitment processes.

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

- Improvements had been made in relation to governance to monitor the health, safety and welfare of people and staff at the service.
- The provider had complied with the conditions imposed on their registration at the last inspection. These conditions will remain in place for the immediate future.
- There were now governance systems in place to monitor the accuracy of people's care records. The registered manager had implemented a system to monitor falls, incidents and accidents.
- Whilst improvements were noted, governance systems had not identified that a recruitment file had not been completed in line with legislation. Whilst this was not consistent throughout all of the files we reviewed, it evidenced further oversight was needed at provider and registered manager level.
- The provider had ensured the service environment and associated equipment in use was safe for people to use. The new governance arrangements in operation for the environment reduced the risks to people and staff in the service.
- Performance ratings were displayed within the service and on the provider's website in line with their legal responsibilities.

At our last inspection we identified the provider had failed to notify CQC of deaths and a serious injury in line with requirements was a breach of Regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

- The provider had notified CQC in full about any notifiable events at the service in line with regulatory requirements. We use this information to monitor the service and ensure they respond appropriately to keep

people safe.

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 was aware of their responsibilities around duty of candour legislation. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

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

- It was clear the registered manager was committed to their role and had a dedicated staff team.
- Staff told us they had confidence in the leadership at the service. All of the feedback we received about the registered manager and deputy manager was positive. One staff member said, "Things have really improved in the last 6 months."
- Without exception, all of the feedback we received from people about their experiences of living at the service was positive. One person said, "It is excellent here, I am settled and have no complaints."
- We observed a positive working environment which reflected the comments and feedback we received from people and staff.

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

- There were systems to seek feedback from people, their families and healthcare professionals. Recent surveys completed showed overall positive feedback.
- There were no formal staff meetings, however staff we spoke with told us that communication was good and no concerns were raised with us.
- A staff survey had recently been completed which was overall positive about staff experiences working at the service. Some staff raised they would like more activities and carpet being replaced in some areas of the service. The registered manager told us this had been identified and was being addressed.

Continuous learning, improving care and working in partnership with others

- There was now a system to review incidents and accidents to reduce the chance of recurrence and learning was undertaken where needed.
- The registered manager told us there were currently no community links in place but this would form part of the service's future development.
- Staff worked with other professionals to ensure people's needs were met appropriately. The registered manager commented positively on their relationship working with other professionals. We contacted a number of healthcare professionals for their views of the service as part of the inspection process, however we did not receive any responses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured recruitment processes were consistently completed in accordance with regulations. Regulation 19(3)(a)