

# Acer Healthcare Operations Limited

# Parkview House

## Inspection report

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02 June 2023

21 June 2023

23 June 2023

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26 September 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Parkview House is a residential care home which provides accommodation for up to 53 older people who may be living with dementia. The service is provided in one building across two floors with a garden. At the time of inspection 47 people were using the service.

### People's experience of using this service

People were protected from the risks of harm and abuse. Staff were knowledgeable about the actions to take if they suspected somebody was being harmed or abused. People had risk assessments to minimise the risks of harm or abuse they may face. Staff were recruited safely and there were sufficient staff on duty to meet people's needs. People were protected from the risks associated with the spread of infection. Medicines were managed safely.

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. Staff understood their responsibilities under the Mental Capacity Act (2005).

People's care needs were assessed before they began to use the service. Staff were supported to carry out their role with training, supervision and appraisals. People were supported with their nutrition, hydration and health. People were supported to meet their healthcare needs.

People, relatives and staff spoke positively about the leadership in the service. Managers and staff understood their role and responsibilities. The provider held regular meetings for people, relatives and staff. The provider had a system of checking the quality of the service provided to identify areas for improvement. The provider worked in partnership with other agencies to improve outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 28 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. This inspection was carried out to also follow up on action we told the provider to take at the last inspection.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Parkview House

## 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.

#### Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Parkview House 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 House 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 the Care Quality Commission 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 31 May 2023 and ended on 23 June 2023.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people and 5 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, the deputy manager, the chef, the maintenance person and 4 care staff. We reviewed range of records. This included 4 people's care records including risk assessments. We looked at 3 staff recruitment records. A variety of records relating to the management of the service including staff training and quality assurance were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. 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.

- People's medicines were managed safely. Medicines including controlled drugs were stored and managed safely. Controlled drugs are medicines that are subject to strict legal controls to prevent their misuse or causing harm to people.
- Medicine administration records were completed correctly with no gaps and reasons for giving 'as needed' medicines were documented. This meant people received their medicines as prescribed.
- People who required 'as needed' medicines had guidelines in place for staff to know how and when to administer these.
- We carried out a stock check of boxed medicines for 11 medicines. The physical amount in the boxes tallied with stock count recorded.
- The temperature of the medicine storage room and medicine fridges were documented and within the recommended range. Medicines that were in use were labelled and dated with the opening date.
- The provider had a system of carrying out a weekly check of people's stock of medicines and a monthly check of the electronic medicine records, so any errors could be identified and rectified.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure people were kept safe from the risks associated with the spread of infection. 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.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. At our last inspection, staff did not know who else, other than the manager they could report concerns of abuse to. The provider had made improvements in this area.
- Staff explained what actions they would take if they suspected somebody was being abused. A staff member said, "I would explain to [person] because of the nature of the conversation I have to tell someone. I can go to a member of management, regional director, local authority, also go to CQC."
- People told us they felt safe with staff. A person told us, "I feel very safe living here." Relatives told us their relative was safe at the service. Comments included, "The staff are very attentive and always around" and "My [relative] is very safe here."
- The provider was aware of their responsibility to report concerns to the relevant authorities. There was a policy available which gave clear guidance to staff about what actions to take if they suspected abuse and staff received training in safeguarding adults.

#### Assessing risk, safety monitoring and management

- People were kept safe from the risks they may face. At our last inspection, sometimes risk assessments lacked detail and did not advise staff of what steps to take to reduce risks. The provider had made improvements and risk assessments were more thorough.
- Staff understood how to reduce the risks people may face. A staff member said, "It's on their care plan who is at risk, whether they are independent or if they need 1 carer or 2 carers to assist them and whether they use a walking aid."
- Risk assessments covered areas such as falls, use of mobility equipment, skin integrity and choking. For example, a person's care record stated, "[Person] is able to eat and drink independently but may need staff to cut up [their] food into smaller pieces so [they] can manage this better."
- People had a personal emergency evacuation plan which showed the support they would need in the event they needed to leave the building in an emergency.
- The maintenance person explained their schedule of carrying out regular checks such as water temperatures, call bells and fire safety. Staff recorded any jobs that needed to be done which the maintenance person checked daily and signed off when completed.
- The provider carried out regular building safety checks. For example, a gas safety check was done on 10 April 2023 and portable appliances were tested in November 2022. We noted fire equipment and the fire alarm system were serviced in March and April 2023.

#### Learning lessons when things go wrong

- At the last inspection, the system of learning lessons when things went wrong was underdeveloped. The provider had made improvements and the system included root cause analysis to identify potential causes or themes when incidents occurred.
- Staff confirmed lessons from accidents and incidents were shared with them. A staff member said, "They are very useful. There is always a place for improvement."
- The registered manager told us, "If there has been an accident or incident, we have a meeting to discuss it and I do a lessons learnt." They gave an example of a person who stood up when the staff member turned



their back and fell. The lesson learnt was the staff member should not have turned their back as the person's mobility was unpredictable.

#### Staffing and recruitment

- Records confirmed there were enough staff on duty to meet people's needs. The rota allowed for extra staff to move between floors to provide additional help where needed.
- People told us there were enough staff on duty to meet their needs. Comments included, "When I want a staff member, they come very quickly when I push my buzzer" and "I am very lucky because the staff are wonderful and there are plenty of staff here."
- Relatives confirmed there were enough staff on duty. Comments included, "There are enough staff 24/7. I have no complaints this home is brilliant for my dad" and "There are enough staff now. 6 months ago, there were not enough staff especially at weekends."
- Staff told us there enough staff on duty to allow them to take breaks except occasionally when somebody called in sick at short notice. A staff member said, "If there is not enough staff we can always say to [registered manager], someone is not well and we need another staff."
- The provider carried out relevant recruitment checks before employing new staff. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were carried out for new staff and regular updates obtained for all staff. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

#### Visiting in care homes

The provider's approach to visiting was in line with government guidance and there were no restriction to visitors at the time of inspection. The registered manager told us, "We have protected mealtimes. If we were to have an outbreak, we will have restricted visiting again." They explained that family could visit at any time if their relative was at the end of their life.

# 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 the last inspection this key question was rated 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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

At our last inspection the provider failed to meet conditions on people's DoLS and restricted people's liberty without an up to date DoLS authorisation being in place. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper 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 13.

- The service was working within the principles of the MCA and any conditions relating to DoLS authorisations were being met. Records showed where new applications or renewals had been made, the provider followed up with the appropriate authority when they were delayed.
- People who had a power of attorney in place to make decisions about finances or health and welfare had the relevant documentation in their care records.
- The service carried out mental capacity assessments and best interest's decision-making for people where this was appropriate.
- People told us staff asked for their consent before giving them care. A person said, "[Staff] always knock and ask my permission before they give me any support." Relatives confirmed this was the case.
- Staff explained how they obtained consent from people before giving care. A staff member said, "I knock

on the door, say 'Good morning, would you like me to help you to have a wash?' If they say no then I leave them for half an hour and go back and ask again."

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

At our last inspection people were not being treated with dignity and respect during mealtimes. This was a breach of Regulation 10 (Dignity and respect) 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 10.

- People were supported to eat a nutritionally balanced diet and to stay hydrated. The menu was varied and nutritious. We observed at lunchtime the atmosphere in the dining room was mostly quiet, inviting and friendly.
- People told us they enjoyed the food and could choose a meal not on the menu. A person said, "I am very fussy about food. If I do not like anything on the menu the staff will make me a sandwich. I do not go hungry." People's preferences and support needs around nutrition and hydration was captured in care plans.
- Relatives confirmed their relative's nutritional needs were met. A relative told us, "My [relative] is very fussy and does not eat hardly anything. The home makes [relative] a special meal most days because they will not eat anything off the menu."
- Staff described how they ensured people ate and drank enough to meet their needs. A staff member said, "In my unit, once [a person has] finished their drink we give them another one. With eating enough, you have to be vigilant; it's all about how you encourage them and knowing what they like."
- We observed an afternoon tea activity consisting of tea, small sandwiches, cakes and scones being served. Staff created an inclusive and celebratory atmosphere. People appeared to thoroughly enjoy the activity by the chatter and facial expressions.
- The chef showed us the kitchen and food storage areas. We saw a variety of food and snacks stored appropriately and safely. Cultural differences were catered for and there was a choice of meat and vegetarian dishes offered daily.

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

At our last inspection, we recommended the provider seek and follow best practice guidance about ensuring needs assessments were personalised to people's individual needs. The provider had made improvements.

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- Assessments included physical and mental health support needs, mobility, communication, social, cultural and spiritual care. People's preferences were documented including food, drink, sleeping and activities.
- Care records included a section on what life was like for the person before they began to use the service and important relationships to the person.

Staff support: induction, training, skills and experience

- People were supported by suitable qualified and experienced staff. At our last inspection, staff training

was not always effective as staff practice fell short of expectations. Records showed the provider had made improvements.

- People and relatives told us staff had the skills needed to provide them with care. A person said, "We have carers and senior carers [who] are all well trained and qualified." We observed staff putting their training into use such as for safe moving and handling.
- Staff told us they had regular opportunities for training. A staff member said, "Very much [useful]. I like to be up to date." Records confirmed staff were either up to date with their training or had planned dates for training in the coming weeks.
- Records confirmed new staff received induction training. The registered manager said, "The company has introduced a full day induction at head office with the quality team." They told us they were introducing a buddy system where new staff would be allocated an experienced staff member to guide them.
- Staff confirmed they received regular supervision and found this useful. A staff member said, "We have our supervisions and if we feel weak in an area we ask if we can have some further training in that." Records confirmed this.
- Records confirmed staff had an annual appraisal. Staff told us, "[Appraisals are about] my future development, what are my expectations from the company, what is my input into the company and my understanding of the job role."

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

- People's healthcare needs were met. At our last inspection, records of people's healthcare did not clearly document if appropriate actions were taken in a timely manner. The provider had made improvements and records documented clearly the outcome of health professional involvement.
- People confirmed they could see a medical professional if needed. A person said, "I can see the doctor whenever I want to. The doctor comes to my room."
- Relatives were satisfied with the access their relative had to healthcare. A relative told us, "[Relative] can see a doctor or dentist whenever required." Another relative said staff called the rapid response nurses if their relative was unwell and depending on how that went, their relative would see the doctor within a few days.
- Staff explained how they helped people to maintain their health. A staff member said, "[We are focused on] prevention, in terms of safety and mobility, personal care, eating and drinking, monitoring, liaising with the family, healthcare professional input."

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

- The service was provided in a purpose built building. At our last inspection we found some bedrooms had ensuite bathrooms with a shower and these all had a raised step into them. The provider had made improvements and the step into each shower had been removed to make access safer.
- People were able to decorate and personalise their rooms to suit their taste. People were able to access all areas of the home should they wish including the communal garden.

# 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 the last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider failed to identify and address issues with the quality and safety of the service which meant people were at risk of harm. 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.

- Staff and managers were clear about their roles and knew the people they supported well. Staff described how they were kept updated on people's wellbeing. A staff member said, "I will always ask and say, 'How is everyone? Is there anything I should know about because I haven't been here?' We go room to room in handover."
- The provider had various quality assurance processes in place so improvements could be identified and actioned. The service had an improvement plan with clear identified actions which managers added to and indicated when action had been taken.
- Examples of quality audits included daily managerial walk arounds, unannounced spot checks of night staff working, a daily meeting with senior staff which included appointments on the day and falls, a monthly clinical analysis which included skin integrity and nutrition and a quarterly infection control check.
- Since the last inspection, the provider had carried out monthly meal experience checks. We saw the audit carried out for May 2023 included checking if people were treated with dignity and respect and how staff communicated with people. Overall, people's experience was positive with small areas of improvement discussed with staff.
- The regional director inspected the service monthly. We noted from the report done in April 2023 the service scored 100 per cent for most areas except for 87.5 per cent for the environment. This was due to a few areas in the home needing extra attention from the domestic team. We noted this had been completed and no concerns were found at inspection.

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

- The service had a positive culture that was inclusive, open and empowering. At our last inspection, the culture of the home had become task focused. The provider had made improvements. People and relatives

told us staff were kind and caring.

- People told us they thought the service was now well managed and they felt able to talk to the registered manager. A person told , "Yes I can [speak to registered manager]. They are a great help to me."
- Relatives also told us they thought the service was well managed and they could talk to the management if they needed to. A relative told us, "I know the [registered manager] and deputy very well. I can speak to them whenever I want to."
- Staff told us they had confidence in the registered manager and would raise concerns if they needed to. A staff member told us, "[Registered manager] is very approachable and says, 'My door is always open'."
- The registered manager explained there were many different systems they used to create an open and empowering culture within the staff team. They said, "I have an open door policy whereby staff can approach myself or my deputy. We have [the human resources team], the staff survey and the 'Our Voice' staff newsletter."

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

- The provider had a system to capture the views of people, relatives and staff. At our last inspection, systems to engage people, relatives and staff did not always meet people's needs. The provider had made improvements and there were systems in place to capture everyone's views.
- People and relatives confirmed staff listened to their views in relation to the care. A person said, "[Staff] listen to me and act on what I want." A relative told us, "Staff always listen to me about [relative's] care."
- During the pandemic the provider changed from holding group meetings with people using the service and relatives to individual meetings. The provider had now restarted group meetings. A person told us, "I went to a meeting about 6 weeks ago." A relative said, "I go to most of them."
- We reviewed the minutes of the meeting held in April 2023. We noted action had been taken around concerns raised at the previous meeting. For example, families had said they did not know much about the food offered so the chef attended the April meeting with food samples for relatives to try.
- The provider carried out a survey to check how satisfied people and relatives were with the care provided. We reviewed the analysis for the survey carried out this past year with relatives and saw actions had been taken for any issues identified. The analysis was displayed on the noticeboard for relatives and visitors to read.
- Staff had regular meetings so they could be updated on service development. We reviewed the minutes for the meeting held in April and June 2023 and saw views and suggestions for improvements from staff were documented.

Working in partnership with others

- The provider worked in partnership with other agencies to improve outcomes for people. At our last inspection, records did not always show joint working with other organisations. The provider had made improvements and care records contained comprehensive details of other professional input.
- The registered manager told us and records confirmed joint working with rapid response health team, palliative care nurses and professionals from the multi-disciplinary team.

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 their responsibility under duty of candour. They said, "We have to be open and honest if we have done something wrong. We have to be transparent, say what we have done, what lesson we have learnt and how we will minimise it happening again. We always start with apologising."
- The provider had notified the local authority and CQC of concerns appropriately.

