

S L Crabtree

Park View

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Park View is a residential care home providing personal care to up to 23 people. The service provides support to older people, some of whom were living with a dementia. At the time of our inspection there were 23 people using the service.

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

The service was mostly clean. We have made a recommendation that the service takes appropriate measures to address malodours in some areas.

People were safe living in the service. Risk assessments and care plans were in place to guide staff on how to reduce risks to people. Medicines were administered, managed and stored safely.

People told us there were sufficient staff to provide care to them when they required it. People did not have to wait long to have their needs met or receive support with tasks. Staff were recruited 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.

There was a system in place to monitor the quality of the service and identify shortfalls. There was an action plan in place stating what improvements the provider had planned. This included plans to address malodours but we have recommended this action be expedited.

The providers had good oversight of the service and took a hands on approach to overseeing the quality of the service.

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

Rating at last inspection

Good (Published 12 September 2017)

Why we inspected

We carried out this inspection to see if the service had made improvements in the 'safe' domain, which included improvements to the environment. During this inspection we found that the provider had made the required improvements.

Enforcement and Recommendations

We have made a recommendation that the provider expedites plans to replace flooring to address malodours in some areas of the home.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Park View

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

This inspection was carried out by 1 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

Park View 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. Park View 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.

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.

During the inspection

We spoke with 7 staff including the providers, registered manager, care and domestic staff. We reviewed 4 care records for people using the service, 2 staff recruitment files and multiple records relating to the management and oversight of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

Preventing and controlling infection

At our last inspection we made a recommendation about improving the environment throughout, including redecoration and replacement of furnishings such as carpets due to staining. At this inspection we found that the provider had completed the majority of these actions. Some further replacement of carpets was ongoing, and this was included in their action plan.

- The premises was mostly clean throughout. However, the provider needed to expedite planned actions to replace carpeting in order to address malodours in some areas.
- There were sufficient numbers of domestic staff to keep the premises clean and tidy.
- 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 personal protective equipment 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.

Visiting in care homes

People were enabled to have visitors whenever they wished. Relatives told us they were free to visit anytime

and felt welcomed by the staff team.

Assessing risk, safety monitoring and management

- People's relatives told us that their family members were safe living in the home. One relative said, "[Family member] is 100% safe, the security is very good and [family member] is well looked after, I have full confidence in that."
- Risks to people were identified during thorough assessments of their needs. Where risks were identified, there was detailed care planning in place to guide staff on how to reduce risks. We saw staff supporting people with reducing risks during our visit, such as reminding people to use their mobility aids.
- The premises and equipment were maintained and it's safety monitored to ensure it remained safe. Records showed that checks were carried out regularly on the safety of equipment. External companies were employed to test, monitor and maintain fire safety in the home.
- 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- Staff had training in safeguarding people from abuse and had knowledge of how to identify and report potential abuse.
- Incidents were monitored by the management of the service to ensure any potential safeguarding incidences were identified.
- Safeguarding referrals were made appropriately, and plans were put in place to protect people where required.

Staffing and recruitment

- People's relatives told us that there were enough staff to provide care to people using the service. One relative said, "There seem to be enough staff, there are always plenty of people around to talk to." Another relative told us, "Whenever we have needed somebody, there has always been staff available."
- What people told us confirmed our observations and our review of dependency tools and the staff rota. A dependency tool is used to calculate the number of staff required based on the needs of the people living in the home.
- Recruitment checks were carried out to ensure staff had the right background to care for vulnerable people. This included carrying out criminal records checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed, monitored and stored safely. Relatives told us that their family members medicines were managed well by the staff. One said, "They are 'on it' with [family member's] medication."
- We checked available stocks of medicines against the medicines administration records to see if this matched. This indicated medicines had been administered to people in line with the instructions of the prescriber.
- Regular audits were carried out to ensure any omissions or errors were identified. We saw that some gaps in medicines records had been identified previously. It was clear what actions had been taken to address this.

Learning lessons when things go wrong

- The provider learnt from incidents and was committed to constantly learning and making improvements to the care provided to people.
- The provider identified changes in people's needs as a result of incidents and ensured changes to care were planned for and implemented by staff.

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 good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, 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 and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives made positive comments about the management of the service. One said, "I've met both managers. They are both really good, understanding and really patient. They have been really helpful."
- Relatives said the communication between them and the management was very good. One said, "I have spoken to the manager several times, they're very accessible and will always ring me back."
- There was a comprehensive quality assurance system which assessed the quality of all aspects of the service provided. We could see that areas for improvement had been identified during audits and it was clear what action was being taken in response to findings.
- The providers had a long-term action plan in place which listed the improvements they intended to make to the service. This included ongoing improvements to the premises and environment.
- There was a positive culture in the home at all levels, with all staff demonstrating care and kindness for people. The providers took a hands-on approach to overseeing the service. People, relatives and staff knew them well and had a positive relationship with them.
- The provider supported the management to go over and beyond for people. For example, one person wanted to attend events and day services on a weekly basis but the funding for this had not yet been arranged. The provider had been funding all their events and activities so that they did not miss out, which would have had a positive impact on their wellbeing.
- The staff had also been supported to buy each person a gift for Christmas based on their personal interests. One relative was positive about this and said, "I couldn't visit over Christmas and was concerned [they] would have no presents, but staff made sure [family member] had some."

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

- People and their relatives were given the opportunity to feedback their views at regular meetings. People were asked about improvements they would like to suggest, menu changes/suggestions and wishes in terms of activities and trips out. We saw that what people said was acted upon.
- People also had the opportunity to feedback their views in an annual survey. We saw that the responses to the most recent survey were positive. The provider had collated people's views to identify any trends or areas for improvement.

- Staff told us they felt confident raising concerns or suggestions with the management or providers, and said they were open, transparent, and honest with them.

Continuous learning and improving care

- The provider was committed to continuous learning and improving care. They had an action plan in place with their long-term goals and plans for the home.
- Clear actions were taken in response to incidents which reduced the risk of reoccurrence. Staff were involved in learning from incidents and events and were involved in improving the service.

Working in partnership with others

- Staff worked well with other professionals to ensure people received joined up care.
- Referrals to external healthcare professionals such as GP's and district nurses were made promptly to ensure people received the input they required to stay well. Any advice or instruction received from external healthcare professionals was clearly recorded in people's care plans to ensure staff could implement these instructions.