

Sanctuary Care Limited

Park View Residential Care Home

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Park View is a care home providing accommodation and personal care to older people, some of whom are living with dementia. The service can support up to 60 people across four separate units in one adapted building. At the time of this inspection there were 59 people living at Park View.

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

People and their relatives spoke positively about all the staff. A relative told us, "I can go home happy knowing my relative is well looked after and cared for."

There were enough staff available to ensure people's care and support needs were met. There were effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. Medicines were stored safely and securely. Where people needed support with managing their medicines there were systems in place to ensure people received their medicines as prescribed.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through regular supervisions and an annual appraisal.

Staff understood the requirements of the Mental Capacity Act 2005. 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.

People were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health and have access to health and social care services.

Positive and supportive relationships had been developed between people, their relatives and staff. People were treated with dignity and respect throughout the day of the inspection. There were activities available to people living at Park View.

People, their relatives and staff were asked for their views of the service. They told us the registered manager and staff were approachable and responsive to any issues raised. There were effective systems in place to monitor and improve the quality of the service provided. The service had policies and procedures which reflected current legislation and good practice guidance.

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 good (published 22 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Park View Residential Care 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 Care Act 2014.

Inspection team

The inspection team was made up of one 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 or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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 Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who lived at Park View and five of their relatives about their experience of the care provided. We met with the registered manager and regional manager. We spoke with eight members of staff.

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.

We looked around the building to check environmental safety and cleanliness. We looked at written records, which included four people's care records and four staff files. A variety of records relating to the management of the service, including policies and procedures were also 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 as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Park View. One person told us, "The staff make me feel safe, they wouldn't let anything happen to me."
- Staff understood how to protect people from abuse. Staff told us they had received training in this area. They were confident any concerns they raised with management would be taken seriously and dealt with appropriately.
- The registered manager kept a record of all safeguarding concerns they had reported to the local authority. This included action taken in response to the concerns.
- Staff were aware of how to report any unsafe practice. We saw the provider had safeguarding and whistleblowing policies and procedures. Staff we spoke with confirmed they were familiar with these.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to help keep people safe. Incidents and accidents were recorded at the time and action was taken to reduce the risk of repeat events, where appropriate.
- People's care records contained risk assessments. We saw these assessments contained information and guidance for staff on how to reduce any identified risks.
- Regular checks of the buildings and the equipment were carried out to keep people safe. The home had safety certificates in place for the premises and the equipment they used. Risks to people's safety in the event of a fire had been identified and managed.

Staffing and recruitment

- Recruitment practices were safe. Staff files contained references to confirm their suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have.
- There were enough staff employed to meet people's care and support needs in a timely way. Comments from care workers included, "There are usually enough staff, there has been some sickness but then we all muck in [to make sure shifts are covered]" and "I think there are enough staff, we could always do with one more for more pampering activities, but it's definitely safe here."
- The registered manager told us there were enough staff employed and they would adjust the numbers to reflect any changes in occupancy or dependency levels.

Using medicines safely

- Medicines were stored safely, administered as prescribed and disposed of properly.
- Senior care staff took responsibility for dispensing medicines. They had received training in medicines

management and their competency in this area was checked.

- We saw senior care staff were patient with people while supporting people with their medicines. They then signed the person's medicines administration record (MAR) to confirm the person had taken their medicines. We checked three people's MARs and found they had been completed appropriately in line with the provider's own policies and procedures.
- Some people were prescribed medicines on an 'as required' basis (PRN). In these cases, we saw there was clear guidance for staff on when a PRN medicine may be required by the person.

Preventing and controlling infection

- The premises were clean and well maintained. We saw hand sanitisers, plastic gloves and aprons were available and used by staff at appropriate times.
- Comments from people included, "This home is nice and clean" and "My clothes have never been so fresh and clean."
- Staff told us they had access to personal protective equipment such as aprons and gloves. One member of staff told us, "This place is very clean and hygienic. We always have access to gloves and aprons."

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 as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records contained consent to care documents. It was clear where people did not have capacity and would require support with making some decisions. Where people did not have capacity to consent to care we saw their relatives or advocate had been consulted.
- The registered manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity. For example, where there was a need for potentially restrictive interventions, such as sensor mats or bed rails. We saw records of these meetings taking place on people's care records.
- Staff were able to tell us what capacity and consent meant in practice. Throughout the inspection we saw care staff asked for permission first and explained what they were doing before supporting the person with anything.

Staff support: induction, training, skills and experience

- Staff completed an induction before starting their jobs. The staff files we looked at contained induction booklets which were signed off when completed. Staff told us their induction included completing mandatory training and shadowing more experienced members of staff.
- All staff were required to repeat mandatory training every year. The registered manager kept an electronic record of staff compliance in this area. A member of staff told us, "I get regular training including job specific training, such as leadership and management courses."
- Ongoing support was provided to staff through supervision and appraisals. We saw records of

supervisions and appraisals taking place. Staff we spoke with told us they had regular supervisions and felt supported by the registered manager. Comments from staff included, "[Name of registered manager] is a good manager" and "[Name of registered manager] is approachable and supportive."

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

- People told us they enjoyed the food served at Park View. Comments from people included, "I can't fault the food. There is always plenty, and a good variety" and "The food is good and there is plenty of choice throughout the day."
- We observed the lunchtime meal service in two of the dining rooms. The atmosphere was relaxed. The food looked and smelt appetising to us. A choice of drinks was offered. Where appropriate, people used adapted crockery and cutlery to eat their meal. Staff chatted with people and encouraged them to eat.
- Some people were on specific diets for health reasons. The kitchen staff were knowledgeable about people's dietary needs and were able to meet these needs.

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

- People were supported to access on-going health and social care support services, such as GPs and district nurses.
- Staff followed advice from external professionals, as appropriate. This was recorded on people's care records and shared with colleagues as part of staff handovers between shifts.

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

- The premises were suitable for older people, including those living with dementia. People's bedroom doors had their name on them alongside pictures of what was important to them. There was clear signage of communal areas, such as bathrooms. This assists with orientation.
- There was a range of dementia friendly pictures and displays throughout the home to aid reminiscence and promote people's wellbeing.

Is the service caring?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well by all the staff. We saw positive and caring interactions between people and staff throughout the day of the inspection. Staff got down to eye level to communicate effectively with people who were sitting down. Staff were patient and encouraging when they were assisting people.
- People told us the staff were caring. Comments from people included, "The staff are so kind and do their best for me" and "Nothing is too much trouble, they [staff] look after me." A relative told us, "It was my fear they [staff] wouldn't be caring, but they are marvellous."
- Staff told us they enjoyed working at Park View. They told us they would be happy for a loved one to live at Park View if they needed the type of care and support on offer.
- All the staff we spoke with, including the registered manager talked about the people they supported with compassion. They clearly knew people well. We saw people and staff were comfortable and relaxed with each other. We heard lots of friendly conversations and laughter.
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under the legislation, such as age and gender. Our discussions with the registered manager and staff showed us people's rights were central to the care and support they provided.

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

- People and their relatives told us they were involved in planning their care. Relatives confirmed they were kept informed of any changes.

Respecting and promoting people's privacy, dignity and independence

- We saw people were treated with dignity and their privacy was respected. Staff knocked on doors before entering people's bedrooms. Staff spoke respectfully about the people they supported. A member of staff told us, "It is a caring service, we get to know people well when working on a set floor."
- We did not see or hear staff discussing any personal information openly or compromising people's privacy. Staff we spoke with understood the need to respect people's confidentiality and we saw confidential records were locked away. Electronic devices were password protected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider had recently introduced electronic care records. The care records we looked at were person centred. Care records included background information about the person's social history, and their likes and dislikes.
- People's care records held information on their current health and support needs in all areas of daily living, such as eating and drinking. This included information and guidance for staff on how best to support the person to meet their needs.
- The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted positively with people in line with their care plans.

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

- There were meaningful activities and social opportunities for people living at Park View to participate in. The provider employed activity coordinators. We saw details of upcoming events were displayed in the home. During the morning of this inspection we saw a game of bingo taking place. People were clearly enjoying the experience.
- The home had a large communal lounge downstairs with an atrium attached. The was a welcoming space and the registered manager told us it was well used by people and their visitors. People also had access to a café, cinema room and hairdressing salon on the premises. A treatment room had also recently been opened for people to have pamper treatments, such as manicures.
- One person told us, "There is plenty to do." However, some people and their relatives told us they would like more activities, particularly in the afternoon. We spoke with the registered manager about this and they told us about additional activities they were planning, including the purchase of an interactive touchscreen table.
- The registered manager told us Park View had recently signed up to be part of an intergenerational project where children from a local nursery come for snacks and activities with residents one morning every other week. Although early days we were told this was going well.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and they would inform the registered manager and staff if they were unhappy with their care. Comments from relatives included, "I know that they [staff] would do their best to solve any problems we had" and "They [staff] are very quick to respond to any concerns I have."
- The provider had an up to date complaints policy in place. This was displayed in the reception area.

- The registered manager told us there had not been any formal complaints made in the previous 12 months. We saw the registered manager had a system in place to record any complaints, their response and the outcome.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records contained guidance for staff on how best to communicate with people.
- The registered manager told us information would be made available to people in a format they could understand, if required. This statement was also included on information sheets about the service.

End of life care and support

- There was a section in people's care records covering their preferences for how they wanted to be cared for at the end of their life.
- Staff received training in end of life care.

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 as good. At this inspection this key question has remained the same. 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

- The service was well managed. One person told us, "The manager is lovely, very approachable." A relative commented, "The manager is approachable and we are kept well informed."
- The service had an open culture. Staff were committed to providing person-centred care. A member of staff told us, "There is always good team morale, we understand and support each other."
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.
- The provider continued to ensure the ratings from their last inspection were clearly displayed in the office and on their website.

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

- The registered manager had effective quality assurance and governance systems in place assess the safety and quality of the service. We saw any issues identified were recorded and acted upon.
- The regional manager completed a monthly compliance audit to ensure they kept oversight of the service.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. These were available to staff on line and paper copies were held in the reception area. Staff were also expected to read and sign they had understood essential policies and procedures as part of their induction.

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

- There were opportunities for people and staff to give feedback on the service. The registered manager had regular meetings with people, their relatives and staff. We saw minutes of these meetings taking place. The registered manager told us they also had an 'open door' policy which meant people, their relatives and staff could talk with them any time.
- The provider sent out an annual resident satisfaction survey. We saw the results of the 2019 survey had been published and displayed in the home. There had been a high return rate and the feedback was overwhelmingly positive.
- The registered manager told us the staff survey was about to be sent out. Staff were being encouraged to

take a break to complete this to try and improve the response rate.

Working in partnership with others

- The registered manager worked in partnership with Sheffield local authority.
- Staff had developed and sustained good working relationships with visiting health and social care professionals.
- Links had been developed with the local community, including the provision of a regular church service.