Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Parkview

1 Armour Road, Tilehurst, Reading, RG31 6EX

Tel: 01189420596

Date of Inspections: 21 May 2014
15 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Community Homes of Intensive Care and Education Limited
Registered Manager	Mrs Yvonne Little
Overview of the service	Parkview is a care home without nursing that provides care for up to nine people with learning difficulties.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 May 2014 and 21 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and talked with commissioners of services. We talked with other authorities.

What people told us and what we found

The inspection team who carried out this inspection consisted of one inspector. On the first day of the inspection they visited the home. On the second day of the inspection the inspector did not visit the home but contacted the relatives of people who use the service and health care professionals by telephone. The inspector gathered evidence against the outcomes we reviewed to help answer our five key questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary describes what we observed, the records we looked at and what staff told us.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

The provider had risk assessments for aspects of care that posed a risk to people who lived in the home. These assessments helped identify, address and minimise the risks to the individual.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

The provider had appropriate systems in place to effectively assess and monitor the quality of care they provided to people who use the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies

to care homes. We found that the home had liaised effectively with the local authority DoLS team.

Is the service effective?

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People's needs were assessed and care was planned and delivered in line with their individual care plan.

The provider had appropriate policies and procedures in place to enable staff to ensure they obtained valid consent from people, where they were able. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Is the service caring?

During the inspection we observed care workers supporting people who use the service. Staff were respectful and caring. Care workers understood how people communicated and how people would express their likes and dislikes during the care planning process.

Is the service responsive?

We saw people's care records and risk assessments had been recently reviewed and updated. People who use the service, their relatives and health care professionals had been involved as appropriate. If any changes to people's needs were identified these were made.

Is the service well led?

People who use the service, their representatives and staff were asked for their views about their care and treatment. The provider had a robust quality audit system in place. We saw evidence that when issues had been identified, they were managed appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

The provider had appropriate policies and procedures in place to enable staff to ensure they obtained valid consent from people, where they were able. When people were not able to consent staff were advised on how to establish and act in accordance with the best interests of the person.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. One person had recently required a medical procedure. We saw evidence that a review of the individual's capacity to consent had been completed. It was decided the person did not have the capacity to consent, so a best interests discussion was held. The relevant health care professionals and staff from the home who knew and understood the person were involved. It was decided that it would be in the person's best interests to undergo the medical procedure. This meant the provider had met the requirements of the Mental Capacity Act 2005 (MCA).

We observed staff asking for people's consent. Care workers asked what people's choices were and followed their preferences. When we spoke with care workers they were able to describe how they would ask for people's consent, for example, asking before providing personal care and knocking before entering people's rooms. Staff we spoke with were knowledgeable about the MCA and how they would obtain valid consent from people who use the service. They understood that where people lacked the capacity to consent they should act in the best interests of the person.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. We looked at two people's care records. The plans of care contained all the relevant information to enable staff to appropriately care for people. They included information about individual's personal care, communication and mobility needs. They were person centred and included detailed information about each individual's care needs. Possible risks had been identified and the appropriate action taken to manage those risks. These included detailed behavioural support plans, managing nutritional support and preferred daily routines.

We saw care records and risk assessments had been recently reviewed and updated. People who use the service, their relatives and health care professionals had been involved as appropriate. If any changes to people's needs were identified these were made. Care plans were then updated and staff informed. Staff described how they were kept up to date with any changes to people's care needs via a communications book and in discussions with other staff members during handovers.

We saw that care plans included information which demonstrated a wide range of health care professionals were regularly consulted with regard to the health needs of individual people living in the home. These included psychologists, opticians, general practitioners, physiotherapists, dentists and chiropodists.

Staff were knowledgeable about people's care needs. They were able to describe how people who use the service where supported to be involved with their care planning as much as possible. Care workers understood how people communicated and how people would express their likes and dislikes, where they were able, during the care planning process. One member of staff said: "I don't think we can do much better. All their needs are met".

We spoke with two relatives of people who use the service. They told us they were involved in their family member's care planning. They said staff were providing good care and their relatives needs were being met. One person said: "staff are brilliant" and: "it's a happy, well run home."

We also spoke with health care professionals about people who live at the home. They gave us positive feedback about the care people receive. They told us the manager and staff had ensured that people's care and social needs were met and staff: "really care."

During the inspection we observed care workers supporting people who use the service. Staff were respectful and caring. We observed people being offered choices by care workers, for example, what activity to participate in. While we were at the home a celebration took place. We observed care workers supporting all of the people who live in the home to attend. Staff were mindful of individuals behavioural needs and ensured the group activity was happy and relaxed for everyone involved.

All individuals had a 'Health Action Plan' (HAP) which included all aspects of their health and wellbeing needs. We reviewed two people's HAPs. We noted the records showed that people received appropriate healthcare interventions. The manager told us they were in the process of updating people's HAP to a new format. This was to ensure that individuals HAPs were more accessible to the individual and health care professionals involved in people's care.

Care plans included 'hospital passports'. This is a document which contains important information about someone with a learning disability, and is written mainly for the use of staff within hospitals. The document contained information on, for example, how best to communicate with the person, how they show pain, and the best way to give medication.

The home had risk assessments for aspects of care that posed a risk to people who lived in the home. These assessments helped identify, address and minimise the risks to the individual. The risk assessments were person centred and allowed people to remain as independent and safe as possible.

There were arrangements in place to deal with foreseeable emergencies. The provider had appropriate plans in place to manage any unexpected emergencies which may arise, such as a fire or power failure. This was to ensure that the needs of people who use the service would continue to be met before, during and after any emergency.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Staff we spoke were able to identify types of abuse and how to recognise abuse. Staff described how they would deal with a safeguarding concern, including reporting it outside of the organisation, if necessary. They were confident that the organisation and the manager would listen to them and respond to any safeguarding concerns. The latest local authority safeguarding procedure was available to staff for reference and guidance. The home had an appropriate whistle blowing policy which staff were aware of. The provider had not had any recent safeguarding incidents.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. Guidelines for managing behaviour that may challenge were detailed and contained clear instructions for staff on how to deal with behaviour that may cause distress or harm to the individual or others.

Staff were trained in strategies for crisis intervention and prevention. The training encourages the use of a proactive approach to care that focuses on the whole person not just their behaviours. These methods of dealing with behaviours that may challenge were approved by the British Institute of Learning Disability (BILD). All staff were trained in strategies for crisis Intervention and prevention and had regular training updates. Staff confirmed that they had received this training.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager was aware of a recent Supreme Court judgement relating to 'deprivation of liberty' and had liaised effectively with the local authority DoLS team. This was confirmed by the local authority when we spoke with them. There were no DoLS in place at the time of this inspection.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. We looked at four sets of staff personnel records. All of them contained proof of identity including a recent photograph, as well as evidence of a disclosure and barring service (DBS) check.

If the staff member had been previously employed in the provision of services relating to health or social care there was evidence of their previous conduct in that employment. There were also details of why staff member's employment in that position had ended in three of the records. The provider may find it useful to note this information was missing from one care workers records.

All of the records contained a full employment history, including a satisfactory written explanation of any gaps in employment. Documentary evidence of a relevant qualification was required for one member of staff which was included in their file. There was satisfactory information for three care workers about any physical or mental health conditions which were relevant to the staff member's ability to carry on the work. The provider may find it useful to note this information was missing from one care workers records.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We asked the provider what systems they had in place to effectively assess and monitor the quality of care they provided to people who use the service. They told us they had a comprehensive quality auditing system. We saw a range of audits were carried out by the provider to ensure that policies and procedures were being followed appropriately. These included an annual compliance audit which was last carried out at the home on 24 January 2014. It was completed by an area manager not associated with the service. A full audit of the home was undertaken, to measure performance against the regulations for all outcomes, for example, care and welfare of people who use the service and respecting and involving people. The documentation for the last visit was seen. It was noted that actions and observations from the audit had been mostly addressed.

Quality and management monitoring visits were carried out every four to six weeks by the area manager. These were designed to ensure that the needs of people living in the service were being met appropriately and that quality standards throughout the home were being adhered to by the manager and staff. The visits were also conducted in order to provide support and guidance for the manager. The reports were detailed and included appropriate action plans. The manager supported by the deputy conducted a range of regular internal checks. These checks addressed whether people's care needs were being met, the house was clean and well maintained and any staff training needs were identified.

The provider also supported an 'expert auditor' to visit the home and speak with people who use the service and staff. The expert auditor was a resident from another service managed by the provider. The 'expert auditor' reviewed a range of areas, for example, the environment, people's wellbeing and activities.

We saw the provider undertook weekly and monthly health and safety checks as appropriate, for example, infection prevention and control (IPC) and fire safety systems. The provider may find it useful to note that actions had been identified and recorded in the IPC and health and safety checks but it was not noted if these had been addressed. We spoke with the deputy manager who was able to explain that most actions had been

completed.

There was evidence that learning from incidents took place and appropriate changes were implemented. We reviewed the provider's records of incident reports and analysis. We noted all of the recent reports were fully completed and had been analysed appropriately. These included the use of behavioural observation charts (BOC) for individuals. Where a person who uses the service had demonstrated behaviour that challenged, a chart was completed to try and establish the reason behind the person's behaviour. The BOCs were analysed by an assistant psychologist to see if an underlying cause for people's behaviour could be identified. If it was established that a change to a person's behavioural support needs was required these were made.

The provider had an appropriate complaints and comments system in place. We looked at the provider's comments and complaints record. We noted five positive comments from people's relatives. One relative said: "thank you all for your kindness and care towards X". No complaints had been recorded since our last inspection.

The provider identified, assessed and managed risks relating to the health, welfare and safety of people who use the service and others. This included individual risk assessments for activities such as travelling on public transport, and more general assessments, for example, risk to staff of behaviour that may challenge, and keeping the premises secure.

People who use the service, their representatives and staff were asked for their views about their care and treatment, and they were acted on. The provider had started an annual quality review in January 2014. They had invited people who use the service, relatives, staff and health care professionals to participate. Letters and questionnaires had been sent to participants inviting them give their views on the quality of service provided to people living in the home. The provider was in the process of analysing the results and formulating an action plan to address any concerns or comments that were made.

Relatives we spoke with confirmed they had been invited to take part in a recent quality monitoring survey. They told us they would be happy to approach the mangers if they had any concerns. Relatives were frequently asked for feedback when they visited the home or telephoned. One relative said: "If I've got any problems I am happy to ring and speak to them". Relatives were aware of the complaints system but had not made any complaints.

People who use the service were invited to participate in monthly house meetings. They were supported to provide feedback about the home, for example, cleanliness and menu choices. We saw documentary evidence to confirm this.

Staff we spoke with told us they attended regular staff meetings where they were given the opportunity to give feedback. We saw documentary evidence to confirm this. Staff said they would be happy to approach the mangers about any concerns they might have, and these would be acted on.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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