

# Random inspection report

## Care homes for older people

Name:	Parkview Rest Home
Address:	7/8 North Park Road Heaton Bradford West Yorkshire BD9 4NB

The quality rating for this care home is:	one star adequate service
The rating was made on:	22/09/2009

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

<b>Lead inspector:</b>	<b>Date:</b>							
Stephen Marsh	2	8	0	5	2	0	1	0

## Information about the care home

Name of care home:	Parkview Rest Home
Address:	7/8 North Park Road Heaton Bradford West Yorkshire BD9 4NB
Telephone number:	01274544638
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Mrs Susan Linda Crabtree, Mr Stewart Leonard Crabtree
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	23

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	4
learning disability	0	2
old age, not falling within any other category	0	16
physical disability	0	1

Conditions of registration:									
Date of last inspection	2	2	0	9	2	0	0	9	
Brief description of the care home									
Park View is a detached building that provides accommodation for twenty-three people requiring residential care.									

### Brief description of the care home

Bedrooms are located on both the ground and first floor of the building and a passenger lift has recently been installed to assist people with mobility problems to reach the accommodation and facilities on the first floor.

The home is adjacent to Lister Park in the Heaton area of Bradford. It is close to local amenities and a bus route.

Level access is available to the rear of the property along with a small car park. Well kept gardens are to the front of the home where people can sit and enjoy the good weather.

The current fees for the service range from four hundred and fourteen pounds per week to five hundred and twenty one pounds per week. A full list of charges can be obtained by contacting the home direct.

## What we found:

We looked at all the information that we have received, or asked for, since the last key inspection or annual service review.

This included:

The annual quality assurance assessment (AQAA) that was sent to us by the service. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service.

Information we have about how the service has managed any complaints.

What the service has told us about things that have happened in the service, these are called "notifications" and are a legal requirement.

The previous key inspection and the results of any other visits that we have made to the service in the last 12 months.

Relevant information from other organisations.

What other people have told us about the service.

One inspector made an unannounced visit to the home. During the visit we talked to people living at the home about their experiences of living at Parkview, we also spoke to staff and management.

The last key inspection was carried out on 22 September 2009 when the overall quality rating for the service was found to be one star (adequate service).

In their AQAA the manager told us that people are encouraged to visit the home before admission so that they are able to meet the other people living there and make use of the facilities available.

Since the last key inspection a new pre-admission assessment form has been introduced and people are now not admitted to the home unless a full needs assessment has been carried out and the manager is confident that staff can meet their needs. At the last inspection we had concerns about the home admitting people outside the categories they are registered for. We looked at the pre-admission assessment for the last admission to the home and found that it provided staff with good information about the person's health, personal and social care needs.

At the last key inspection we had some concerns about the home admitting people outside the categories stated on the registration certificate. On this visit we were informed by the manager that this no longer happened and the home was keeping within the registration categories. However, we did have some concerns regarding one person admitted to the home for short stay who did not appear to be appropriately placed. We have therefore asked the manager to liaise with other professional agencies to establish if they would be better placed in more suitable accommodation.

Since the last key inspection the home has also produced a new service user guide which is available both in large print and on CD which is good practice. Feedback from people shows that they feel the information they received about the home before admission was good and the initial visit was helpful and informative.

The home does not employ an activities co-ordinator therefore in house activities are organised by the care staff as and when they have time to do so. For people that don't like to join in group activities time is made to engage with them on a one-to one basis. Information provided in the AQAA shows that the home has now placed more emphasis on providing people with an appropriate range of social and leisure activities and staff are currently fund raising to provide them with a trip to the coast during the summer months.

All people living at the home are registered with a general practitioner and are supported in having access to the full range of NHS services. The input of other health care professionals is clearly recorded in the documentation available. This shows that staff are seeking advice if they have concerns about people's health.

Care plans are in place for all people living at the home and are initially generated from the assessment of needs completed by the manager. There was clear evidence to show that wherever possible people are involved in the care planning process, which means that they are consulted about how they want their care and support to be provided. The care plans we reviewed were completed to a good standard and provided staff with clear guidance on how people's needs were to be met. Staff confirmed that they are involved in the care planning process and that care plans are used as working documents.

We received survey questionnaires back from nine people living at the home. They told us that they receive the care and support the need and staff always listened to them and acted on what they said.

From talking to staff it was clear that they have a good understanding of people's needs and how to help them lead a full and active life. It was also clear that there was a good relationship between people living at the home, visitors and the staff team.

During the visit we observed the lunchtime meal. The meal served looked good both in quality and presentation and we saw that staff showed a good awareness of people's needs and preferences and offered assistance discreetly to people who were not able to manage to eat independently.

Information about the complaints procedure is available within the home. People told us that they know how to make a complaint if they need to and know who to speak to if they are unhappy with the standard of the service provided. Information in the AQAA form shows that the home has received two complaints in the last twelve months both of which were dealt with appropriately and within the agreed timescales.

Policies and procedures are in place to protect people from any form of abuse and staff told us they have received training on the protection of vulnerable adults and are aware of how to report any concerns about people's well being.

The home has a thorough staff recruitment and selection procedure, which includes obtaining at least two written references and a Criminal Record Bureau (CRB) before new

staff start work unsupervised. This makes sure only people suitable to work in the caring profession are employed. However, we found that in some instances the recruitment process had not been as thorough as it should have been. This matter was discussed with the manager and providers and they confirmed that the home was in the process of reviewing the procedure and would make sure that this matter was addressed.

The manager confirmed that all new staff receive induction training using the Skills for Care Common Induction Standards. These are nationally agreed induction standards designed to help new staff get the skills and knowledge they need to care for people. Following induction training there is an expectation that care staff will study for a National Vocational Qualification (NVQ) at level two or above depending on the post they hold. The home has recently introduced a staff training matrix, which has helped to highlight both the training needs of individual members of staff and the staff team as a whole. The training matrix will assist in developing a staff training programme for the coming year.

Staff told us that they enjoyed working at Parkview and were very clear about their roles and responsibilities.

We looked at the rota for both care assistants and support staff and found that the home is running on minimum staffing levels, taking in to account the number of people living there and their dependency levels. A discussion was held with the providers and manager and they are aware that should dependency or occupancy levels increase the staffing levels would need to be reviewed to reflect the change in circumstances.

Information provided in the AQAA shows that all equipment in use at the home is serviced in line with the manufacturers guidelines, which means that people can be sure it is in good working order.

### **What the care home does well:**

The manager and senior staff team are now more proactive and identify shortfalls in the service quickly instead of them being brought to their attention through the inspection process.

The manager operates an open door policy and is committed to providing staff with positive leadership within a relaxed atmosphere.

There is a clear complaints procedure and feedback from people indicates that they know who to contact if they have any concerns about the standard of service provided.

All the information we looked at shows that the people who live at the home are looked after well and their needs are met. People are treated with respect and their privacy and dignity is maintained.

The people we spoke with, all said they were satisfied with the care and support they receive.

People said they enjoy their meals and the lunchtime meal on the day of our visit looked appetising and was well presented.

### **What they could do better:**

We have not made any requirements following this visit. In the self assessment form the home showed us that they are continually reviewing the service and looking at ways to improve it to reflect the views of people using the service and changes in practice and legislation.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	27	Staffing level should be reviewed to make sure that there are sufficient staff on duty to meet people's needs and to provide them with the opportunity to participate in a wider range of social and leisure activities.

## Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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