

Park View Care Home (Ipswich) Limited

Park View 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

Park View Care Home is a modern purpose-built service that provides accommodation for older people, some of whom may have nursing needs or be living with dementia. The service can accommodate up to 61 people. On the day of our inspection visit there were 53 people living at the service.

People's experience of using this service:

People who lived there and their relatives were positive about the service. One person told us, "I feel very happy about living here, and I don't intend moving."

Staff supported people to keep safe and acted when necessary to prevent any harm or abuse. People were supported to have maximum choice and control of their lives, risks to people's health and wellbeing were managed in a way that did not restrict them unnecessarily. People were supported by staff who were skilled, motivated and caring.

People were supported to have their medicines as they were prescribed. If needed, people were helped to eat and drink enough to maintain a healthy diet. The service was clean and well maintained. Staff protected people from the risk of infection by using the necessary protection, such as gloves and aprons.

The electronic care plans were person centred and people were consulted over their care needs and encouraged to make their own decisions. Staff were responsive in identifying and reviewing changes to support good physical and mental health.

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 confirmed this practice.

Staff received the training and support they needed to carry out their roles. The service worked to ensure that people received person centred care when they used and were supported by different services.

Staff who spoke with us talked about the people who used the service in a caring and positive way. The people who used the service told us that staff were kind, caring and protected their privacy and dignity. We saw evidence that people were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints. They took steps to investigate complaints and to make any changes needed.

The service was well led, the registered manager was knowledgeable and well informed. Quality assurance systems were in place and were robust in all areas.

Rating at last inspection: The service is not rated currently, that is because there has been no inspection undertaken since the provider had made changes to their legal entity. The provider has remained the same but changed the company name so had to register as a new organisation. There were no changes to the management team or staff in Park View Care Home since their previous inspection. That inspection was carried out under the services' previous registration, the rating from that inspection was Good (published on 10 October 2017).

Why we inspected: This was a planned comprehensive inspection.

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Park View 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 was carried out by one inspector, an inspection manager 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 Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. 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 also reviewed any information about the service that we had received from members of the public and external agencies.

We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and six people's relatives about their experience of the care provided. We spoke with the registered manager, the clinical lead, two nurses, a team leader, three care staff, the head of the wellbeing team, the chef and a housekeeper.

We also looked at records relating to seven people's care, three staff recruitment records, training records and complaints. We also looked at audits and systems in place to check on the quality of service provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this service since the provider registered the company under a different name. At the last the inspection under their different company name this key question was rated as Good. At this inspection this key question has remained as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the actions they should take to make sure people were safe.
- There were systems in place designed to keep people safe from abuse.
- People received support from staff trained to recognise and report abuse.
- Records confirmed that safeguarding concerns had been reported and investigated, in liaison with the local authority's safeguarding team.
- The registered manager told us what action they would take if they had any safeguarding concerns or were worried about people's safety.

Assessing risk, safety monitoring and management

- Staff understood the actions they should take to make sure people were safe.
- Personalised risks assessments in people's care plans demonstrated that the risks to people relating to their care and support were assessed and mitigated. This included risks associated with moving and handling and the use of bed rails. .

Staffing and recruitment

- People, relatives, and staff told us they felt there were enough staff to meet people's needs safely. One person told us, "My alarm is there [pointing], it's the red wire. I ring it occasionally, they are pretty damn quick my dear. They say we are here to help you, that button is for you. You can't beat those girls, they are kind, amazing."
- The registered manager had a good understanding of people's individual care needs and used this to inform their decisions about staffing numbers alongside their formal staffing assessment tool.
- Staff had been recruited safely to ensure they were suitable to work with people who may be vulnerable to abuse.

Using medicines safely

- Peoples' medicines were managed safely.
- Staff were observed administering medicines appropriately and their competencies were checked regularly.
- Processes were in place for the timely ordering and supply of medicines and medicines administration records indicated people received their medicines regularly and as prescribed. People were supported to retain their independence with their medicines. One person told us, "I've been a diabetic for 50 years, if I

want to do it I do it [inject themselves] They have the pen; they dial it up and I do the injection."

Preventing and controlling infection

- The building was clean and fresh smelling throughout.
- People said they thought the home was clean and well maintained. One person commented, "Look how lovely this place is, they're always cleaning. Not a mark anywhere!"
- Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to infection control and good hygiene.
- The service had achieved the rating of five in their latest food hygiene inspection, which is the highest rating awarded.
- There were systems in place to reduce the risks of cross infection. This included hand sanitisers provided throughout the building and the use of gloves and aprons to limit the risks of cross contamination.

Learning lessons when things go wrong

- Systems were in place to log incidents that occurred in the service. These systems also supported the registered manager to review and identify themes and trends in relation to people's care and deterioration in their needs.

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.

This is the first inspection of this service since the provider registered the company under a different name. At the last the inspection under their different company name this key question was rated as Good. At this inspection this key question has remained as Good. 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

- Assessments of people's individual and diverse needs were in place prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate.

- People's outcomes were good. Relatives told us that people's needs were met and as a result their relatives were happy living in the home. One person's relative commented, "[My relative's] care is our primary interest and we are all satisfied. When they were on their own at home, it was a worry, this is such a relief".

- The service used nationally recognised tools to assess risks of pressure ulcers and nutritional risks. Where people had complex nursing needs staff worked in conjunction with specialist health professionals to ensure care was delivered in line with best practice recommendations and guidance.

Staff support: induction, training, skills and experience

- People were supported by skilled, experienced staff. One person said, "Staff know what they are doing, if not they are very good actors."

- The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively. This included training in people's specific needs, such as dementia, protecting people's dignity and showing respect. Staff were supported to undertake qualifications relevant to their role.

- The registered manager was proactive in ensuring additional support and training was in place for staff if necessary.

- Staff told us that they felt supported and had received the training they needed to meet people's needs effectively.

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

- Staff ensured people had enough to eat and drink. One person said, "I don't care much for cheese, they try and cater for what you like. Its nice food, home cooked, very good and plenty of it." Another person said, "Food is lovely, you get a good choice There is only one thing I don't like, and they don't give it to me now. In the mornings they come around and ask you what you want, they write it down and then it comes at lunchtime."

- The chef was knowledgeable about people's individual dietary needs and preferences and was enthusiastic about their work. They commented, "I have worked in top restaurants, but I get a real kick here when people stop me in the dining room and say they enjoyed the meal."

- The service monitored people's weight to ensure they were receiving adequate nutrition. We looked at the weight of three people assessed as being at risk of malnutrition and saw the service had been effective in supporting their weight to increase.
- We observed lunch time in the home and saw this was calm well organised and a pleasant experience for people. Staff made sure people who required assistance with their meals were supported.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with professionals to ensure people's health care needs were met.
- There were systems in place to support people to move between services effectively. For example, there were folders in people's care records which included important information about the person which was sent with them if they were admitted to hospital.

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

- The premises and environment were designed and adapted to meet people's needs. The corridors were wide enough for wheelchair access and there were rails to assist people when walking round the home.
- There was clear signage for people to help them navigate around the home, which included pictorial signs.
- The community areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them and pictures they had chosen.
- The service was attractively furnished and there were areas in the home where memorabilia were placed to prompt people to share memories and experiences.
- There were facilities for people to use, such as a café, where people could offer their visitors refreshment, hairdressing rooms on each floor and an attractive private dining room that people could use to hold parties or celebratory meals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health professionals when needed. One person told us, "If I'm not well I only need to say, and the doctor is called. They [the service] make sure we see the chiropodist, dentist and optician if we need them."
- People's records included information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans.

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.

- Staff sought people's consent, they were supportive and respectful of people's right to make decisions about their care.
- Where there were concerns about people's ability to make decisions the service had assessed this and

acted in accordance with the MCA.

- The service had submitted DoLS applications where necessary.

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.

This is the first inspection of this service since the provider registered the company under a different name. At the last the inspection under their different company name this key question was rated as Good. At this inspection this key question has remained as Good. 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 told us staff were kind, caring, and treated them well. One person told us, "The staff are very good. They are patient and very pleasant, they seem to get pleasure out of the job. They are little angels."
- There was a caring, friendly, and relaxed atmosphere in the home. Throughout our visit we observed staff chatting and laughing with people. It was clear that staff knew people well and had positive relationships with each other. One person said, "I don't ask for much, but they think of everything. On my first day they washed my hair, that was wonderful."
- Staff were attentive to people's needs and quick to identify if people were becoming distressed. We saw one person was feeling tearful and anxious. A staff member quickly sat next to the person and gently started to reminisce with the person about the person's achievements and positive relationships. The person immediately became calmer and more relaxed, they started laughing with the staff member about some happy memories.
- A Relative commented, "They are unfailingly caring, I never see anything odd or off hand. Residents are spoken to very well and staff are dedicated. I don't think anyone feels uncared for and staff seem content."

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

- People told us staff listened to them and they were free to make decisions about their day to day care. One person told us, "If I want a shower every day I can have one. I just ask. If I want to go out I can."
- Records showed staff involved and consulted people and relatives regarding their care plans.
- There were regular residents' meetings, they were advertised in advance and the minutes of the last meeting were placed around the home, on coffee tables and in the café, for people to read.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us that the staff were respectful and protected their dignity and independence.
- We observed staff protecting people's dignity and independence. People looked well cared for and we saw staff knocking on people's doors and awaiting permission to enter.
- One person told us, "When they wash and dress me it's fine, they respect my dignity."
- People's records and personal details were kept safe and confidential.
- The care files were electronic, and access was password protected.

Is the service responsive?

Our findings

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

This is the first inspection of this service since the provider registered the company under a different name. At the last the inspection under their different company name this key question was rated as Good. At this inspection this key question has remained as Good. 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

- People, relatives, and staff told us the care was person centred and met people's individual needs and preferences.
- The electronic care plans were person centred and detailed enough for the staff to understand how to deliver care to people in a way that met their needs.
- Care plans also contained detailed information about people's interests, likes and dislikes.
- One person told us, "I can go to the kitchen or downstairs, it's very nice. I go and make myself a drink before I go to bed, that's essential for me, I like a nice hot drink before bedtime. They say they don't like to take away your independence."
- To help the service to improve the lived experience of people living with dementia, the service had invited the Alzheimer's Society into the home in the near future, to carry out a quality of life audit.

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.

- The service had assessed people's individual communication needs and these were being met. For example, written and pictorial information was provided to people to help them make decisions regarding their meals and to assist them in navigating around the home.
- When we observed staff talking with people, we saw that they talked clearly and made sure they had been understood.
- One person had a sensory impairment, their relative taught signs, the person commonly used and understood, to staff. This enabled staff to better communicate with their relative.

Supporting people to develop and maintain relationships to avoid social isolation

- The service placed an emphasis on ensuring people were supported to engage and participate in their individual interests and activities.
- The home had a wish tree where people posted ideas for what they would like to do as outings and activities. There was a book, close to the tree, with descriptions and photos of wishes granted. They included lunch out and a trip to Chantry Park for one person, a group lunch out and a celebration of Ireland. One person had been supported by a staff member to attend a special family occasion they would not have

been able to attend otherwise, which included enabling them to play a major role in the event. There was a message to the home from the relative, "Thank you so much for such love and kindness shown to us all on this special day and every day".

- There was a strong community engagement and ethos. The registered manager viewed the home as part of the wider community and encouraged people to engage in the community and to invite the community into the home. For example, one person who was reaching the end of their life over the Christmas period, wished to hear some carols. A local cub pack were invited in to sing carols for that person, along with a regular entertainer who often brought their keyboard for a singalong and to play requests for the people who lived there.
- That entertainer visited the home on the day of our inspection. During the morning they visited people in their rooms who could not or preferred not to join in the group session, in the afternoon people gathered in the garden with drinks and refreshments. One person who liked to sing was invited to take the mike and sing one of their favourite songs. People's enjoyment was evident.
- The service also encouraged and facilitated relationships and engagement in activities. For example, staff had organised regular trips to the local shops, where small groups of people used the minibus to do their shopping. The activities co-ordinators told us how this encouraged people who did not normally socialise to engage and interact with other people.
- A Relative told us, "There are lots of events, garden parties, St Georges day, St Patricks day, Christmas, fetes, pantomimes. They always make a huge effort to get the residents outside."
- There were no restrictions on visitors to the home, family and friends were made welcome and important relationships were respected and facilitated. A relative told us, "We are always welcome when we come in, you wouldn't find a friendlier place than here."

Improving care quality in response to complaints or concerns

- A complaints policy and procedures were in place.
- People knew how to raise concerns and complaints. Most of the people we spoke with told us that they had not needed to make a formal complaint because staff listened and made changes before they needed to. One person commented, "I don't complain unless I have to, and I haven't here as everything runs well."
- Where people raised concerns, they were managed in line with the provider's complaints procedure.
- Those who said they had made a complaint told us it had been investigated and dealt with to their satisfaction. One person told us, "There was one [staff member], they upset me with something they said. I was told I must tell someone, so I did, and since then [they have] been much better to me".
- The registered manager used feedback from complaints and suggestions to drive improvement.

End of life care and support

- The home has an end of life Champion who had undergone specialist training in this area, they cascaded that knowledge down to staff team.
- The service had recently started undergoing The Gold Standards Framework (GSF) accreditation in end of life care, GSF is a model of care that enables good practice to be available to all people nearing the end of their lives.
- People's care records included information about the choices that people had made regarding their end of life care. This included whether they wished to be resuscitated and where they wanted to be cared for at the end of their life.
- People's families were supported to stay with their loved ones at the end of their lives.
- We saw cards and thank you letters from relatives thanking the staff for the care and love shown to their family members at the end of their life.

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.

This is the first inspection of this service since the provider registered the company under a different name. At the last the inspection under their different company name this key question was rated as Good. At this inspection this key question has remained as 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an inclusive and friendly atmosphere in the service. Staff told us they worked well together and were positive about the home.
- Relatives, people and staff commented on the registered manager's open-door policy, accessibility, and support. One person told us, "The governor is good, she keeps this place running well."
- There were regular opportunities for people, relatives, and staff to participate in discussions and be involved in the running of the service. "I've been to the resident meetings, there was one the other day. I read the minutes; people do seem to benefit from being able to make suggestions"

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 was open, transparent and acted on their responsibilities for duty of candour. A relative told us, "They always call if there had been a problem to let me know.... The manager tells me if they think something needs to be changed so it doesn't happen again." Another relative said, "They are good at communicating, they update me when I visit and make us welcome."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an effective programme of quality assurance checks in place. Regular audits were carried out and identified areas for improvement. The service had a clear plan for developing and maintaining the quality of care provided.
- Care staff were observed in their usual duties to ensure they were working to the standards expected.
- The registered manager had a good oversight of what was happening in the home and demonstrated an in-depth knowledge of the needs of the people using the service.
- People we spoke with commented on the quality of the care provided. One person said, "It's an easy place to live." Another person told us, "A happy atmosphere makes a difference, and it is."
- Staff were clear about their responsibilities. The home was well organised. We observed that the service ran smoothly with everyone carrying out their designated roles.

Continuous learning and improving care; Working in partnership with others

- The registered manager participated in a range of initiatives to enhance their learning and help drive and sustain the quality of care.
- The service also worked closely with a range of health care professionals and learnt from them to ensure people's needs were met