

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

## Parvy Lodge

31 Swanage Way, Hayes, UB4 0NY

Date of Inspection: 09 January 2013

Date of Publication: January 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Parvy Homes Limited
Registered Manager	Mr. Poucarshing Luchmun
Overview of the service	Parvy Lodge provides accommodation and care for up to three people who have mental health needs and may also have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with the manager of the service, one other member of staff and one person who used the service. One person was sleeping at the time of the inspection and another person chose not to speak to us. We saw in the records that people had been asked to express their views about the service, for example in house meetings and one to one 'key worker' sessions.

The care plans viewed included information about promoting people's independence and encouraging them to take part in activities of interest in the community. For example, one person had an interest in table tennis and was supported to play at a local leisure centre. Care plans included people's needs in relation to their mental health and the action staff should take to meet these and people's likes, dislikes and preferences were recorded. However, care plans did not always consider all identified needs.

Medicines were safely stored and administered and regular medicine audits were taking place. People were supported to self administer their medicines where this was deemed safe and appropriate.

There was one member of staff on duty at all times including a member of staff sleeping in during the night. Additional support was also being provided from the provider's other services which were very close by when required. The staff were equipped with the appropriate skills and knowledge to enable them to meet people's needs effectively.

The home had an appropriate complaints management system in place.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment. We saw in the records that people had been asked to express their views about the service. For example, house meetings were taking place during which people were encouraged to discuss any issues with their care. The records also showed that people were engaging in one to one sessions with their 'key worker' where they were able to discuss their care, any concerns and their plans for the future.

People were supported in promoting their independence and community involvement. The care plans we saw included information about promoting people's independence and encouraging them to take part in activities of interest in the community. For example, one person had an interest in table tennis and was supported to play at a local leisure centre. People were also being supported to research possible training and work opportunities where this was appropriate. We saw that people's care plans included information about how staff could promote people's independence by supporting them to improve skills such as cooking and budgeting.

People's diversity, values and human rights were respected. People told us that the staff respected their privacy. We observed staff knocking on people's doors and waiting for them to respond and people had a key to their room. Staff were heard talking to people in an appropriate manner and interacting positively with them.

A member of staff told us that people's cultural needs were met and gave examples of people cooking Halal produce and attending places of worship such as a local mosque.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for three people. These all contained a pre-admission assessment and a care plan that had been developed from this. Care plans included people's needs in relation to their mental health and the action staff should take to meet these. People's likes, dislikes and preferences were recorded. The provider may find it useful to note that not all areas of need were covered in people's care plans. For example, general health needs and cultural and spiritual needs were not always included.

People were seen by a range of healthcare professionals, such as their GP, mental health professionals and an optician. People told us that they were supported to attend their appointments and we saw that any healthcare appointments were recorded and included the outcome of the appointment and any treatment.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The care records we saw contained risk assessments that balanced the individual's right to make independent choices with their safety. There were a variety of issues covered such as inappropriate behaviour, the use of illegal drugs, adjusting to a new environment and self neglect. Each risk had been considered, including any triggers and the action staff should take to minimise and manage the risk.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Medicines were safely administered. The manager told us that only staff that had been trained and supervised to assess their competence were permitted to administer medicines. Staff were given basic medicine management training as part of their induction but were then supported to complete more in-depth medicines training to ensure they had the appropriate skills and knowledge to administer medicines safely. We noted that people's medicine administration record (MAR) charts were appropriately completed when medicines were administered.

Medicines were kept safely. All medication was stored in a locked medicines cupboard. Staff were able to demonstrate how the service carried out daily audits of any loose medicines to ensure that these were monitored and managed safely.

People had been given appropriate storage facilities in their bedrooms where they were able to self administer their medicines. Discussions had taken place with the relevant professionals and risk assessments completed where people were self administering medicines. These arrangements had been reviewed where it was felt there was a risk of non compliance with medicines important to maintain a person's mental health.

## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs. We looked at the duty rosters for the home. There was one member of staff on duty at all times including a member of staff sleeping in during the night. Additional support was also being provided from the provider's other services which were very close by when required. Staff told us that there were always enough staff to meet people's needs and that additional support was always available if required.

The staff were equipped with the appropriate skills and knowledge to enable them to meet people's needs effectively. They had attended training in areas such as managing violence and aggression, fire safety, safeguarding vulnerable adults and food hygiene.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People were made aware of the complaints system. This was provided in a format that met their needs. There was an appropriate complaints procedure in place that was accessible to people living at the home. The manager told us that he was in the process of updating the complaints procedure to include more detailed information about external agencies people could contact if they were unhappy with the service.

The home had a complaints record, however, no complaints had been made.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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