

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

Parkview

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	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 eight 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'.

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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 4 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People living in the home had individual communication and behavioural needs and the majority were unable to provide their views about their experiences of living in the home. However we saw that people were involved with their care and the running of the home. One person told us that "I have nice people looking after me".

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

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.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care plans seen provided comprehensive assessments of people's needs and included clear guidance for staff on how support should be provided. These were person centred and included clear action plans that were monitored for compliance on a regular basis. Detailed health action plans were maintained for each person and included up to date and regularly reviewed information about individual health care needs. There was also a hospital assessment document that provided the most important and relevant information for nursing staff when a hospital admission or appointment was required. Staff spoken with were knowledgeable about how individual residents liked to be addressed and how their health and social care needs were to be met.

Care plans seen indicated that a wide range of health care professionals were regularly consulted with regard to the health care needs of individual people living in the home. These included psychologists, opticians, general practitioners, dentists and chiropodists. Social needs were clearly documented and each person had their own timetable of activities. Examples of leisure pursuits included shopping, crafts, work and college attendance, discos, social clubs and walks. On the day of the inspection people were going out to a range of activities including, swimming, a bus ride and shopping on a one to one with staff whilst others were going out on a shopping trip and having lunch out.

Documentation was seen that demonstrated that regular reviews of care plans had taken place. These reviews took the form of monthly updates, key worker meetings and formal annual reviews that included family members and stakeholders. There were risk assessments in place within the care plans seen that were individual to the person and included management plans designed to reduce the risks identified.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. People were provided with a choice of suitable and nutritious food and drink. The food provided was freshly prepared on a daily basis by a dedicated cook who was familiar with the dietary needs of individuals. Menus were drawn up by the chef on a rolling monthly programme. A food safety inspection was carried out in March 2012 by the Environmental Health dept. All recommendations from their report had been carried out and the service had received a five star rating.

Some people required smaller portions due to weight control needs, and one person was having their food intake monitored following major surgery. Fluid intake charts were being used for one person who had a tendency to drink to excess.

At the time of the inspection there were no people using the service with specific religious or cultural nutritional needs. Staff told us that the service was well equipped to meet the needs of any person with individual dietary needs and this had been experienced in the past. The inspector observed breakfast period and it was noted that people were assisted appropriately with eating. Staff were observed as attentive, supportive and unobtrusive when assisting people.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. A comprehensive range of internal checks and external servicing contracts were in place. Records seen included an electrical installation inspection, portable appliance checks and gas system and appliance checks which were supported by servicing invoices. In addition, a water system log, implemented by an external contractor, was maintained which included regular checks on the water system which were undertaken and recorded by staff. A follow up visit by Thames Water took place during the inspection and we heard the operative confirming that all recommendations had been complied with.

There were comprehensive in-house checks of the fire safety system and fire safety equipment. This was supported by regular servicing of all fire equipment by an external contractor. A comprehensive and in date fire safety assessment of the premises was in place. A fire officer inspection undertaken in February 2012 considered the service to be broadly compliant with the relevant legislation.

The provider had an in-house maintenance team who were described as responsive when repairs were required. Any work that required specialist attention was out sourced without delay. There was a protocol in place for admitting visitors to the premises. We were met at the security gate upon arrival by a staff member and was admitted following examination of our identification card. This demonstrated an awareness of the need for security and protection of the people living in the service.

The provider conducted periodic health and safety audits of the premises and any recommendations were followed up by senior management staff. There were a range of health and safety risk assessments and management plans in place. An unannounced visit was conducted a week prior to the inspection by an environmental health officer in order to inspect the health and safety arrangements. There was one recommendation to update the health and safety poster in the office and we were told that this was on order. The arrangements for Control of Substances Hazardous to Health included safe storage of cleaning products etc and accessible storage of data sheets for each product used.

The Business Continuity Plan was seen and this contained actions to be undertaken in response to a wide range of occurrences including the need for a full evacuation of the building. There was sufficient and comprehensive information within this plan to enable

staff on duty at any time to make the necessary arrangements in the event of an emergency.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff we spoke to told us that the numbers of staff in the home were sufficient to meet the needs of the people who lived there. No agency staff had been used in the home as existing staff covered any absences. The home had a very low incidence of staff sick leave. The staff rota was seen and supported what we were told in relation to deployment of adequate staff numbers. We were told by staff that if additional staff were required to meet any additional needs of people living in the home the provider would arrange this.

The provider organisation had a training department that organised and monitored training for all levels of staff employed in the company. All staff received comprehensive training in a range of topics which were updated according to renewal timescales dictated by relevant legislation and the provider's own policies and procedures. Training records provided confirmed that all staff employed at the home were either up to date with all training requirements or were booked onto forthcoming courses. On the day of the inspection the cook was attending a food safety refresher course and another senior staff member was renewing their moving and handling certificate. All training was supplemented by discussions within staff meetings which were recorded. All newly appointed staff were mentored by a more experienced staff member and only worked alone when they felt confident and were judged as competent to do so.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There was a clear complaints policy and procedure in place. People living in the home, their relatives and advocates were made aware of the complaints procedure. The procedure was provided in a format that met individual communication needs.

The service actively sought feedback and peoples views through the use of care plan reviews, questionnaires and through the formal annual review process. A complaints log was maintained. However, there were no formal complaints recorded. However, we were told that should any complaint be made the policy and procedures in place would be followed.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. Records were kept securely and could be located promptly when needed. Documentation seen included care plans, activity sheets, staff rotas, meeting minutes, training and maintenance records. The records seen were fully completed and up to date.

Staff we spoke with confirmed that any changes to an individual's needs was understood, acted upon and recorded without delay. All confidential records were stored in the homes office or a dedicated room used for medication storage. These were accessible to staff at all times and this was confirmed by staff spoken to. It was noted during the course of the inspection that daily diaries for people using the service were in the dining room which was in contravention of the homes own policy.

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.

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.

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