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 Inspection: 18 June 2013

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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
Management of medicines	✓ Met this standard
Supporting 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 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'.

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 18 June 2013, 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, talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

People living in the home had individual communication and behavioural needs and during our visit no one was able to provide their views about their experiences of living in the home. We were told that independence and individuality were promoted within the home. People living there were supported and enabled to do things for themselves. They were encouraged to express their views using their preferred individual communication styles and to participate in making decisions relating to their care and treatment.

We spoke with a member of the local authority contracts and monitoring team who had visited the home within the previous two weeks. They told us that the standard of care was good and that the home was well managed. They had made a small number of minor recommendations in relation to staff appraisals and training.

We looked at a range of records, spoke with the manager, the area manager and all staff on duty, two of whom we spoke with in private. We saw the communal areas of the home, some people's bedrooms and spent time observing interactions between staff and people living in the home.

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. People who used services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards. We reviewed two care plans and these provided detailed assessments of peoples needs and included clear guidance for staff on how support should be provided. These were person centred and included clear instructions for staff on how to meet individual's needs.

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. Detailed individual health action plans were in place and were regularly reviewed and update. There was a hospital assessment for each individual which provided important and relevant information for hospital nursing staff when a hospital admission or appointment took place.

Social needs and preferences were documented and each person had their own timetable of activities. We were told that staff were always encouraged to report on peoples reaction to activities to ensure that they remained relevant and enjoyable for the individual. Throughout the course of the visit people were coming and going from activities whilst being supported by staff. Staff spoken with were very knowledgeable about how individual people liked to be addressed and how their health and social care needs were to be met.

We saw documentation that confirmed regular reviews of care plans and related records had taken place. These reviews were undertaken when changes to a persons needs were noted, as part of regular one to one meetings with the person, monthly summaries and more formally on an annual basis. Annual reviews included invitations to family members and people involved with their care such as care managers. There were risk assessments

in place within the care plans seen that were individual to the person and included management plans designed to guide staff on how to reduce the risks identified.

Management of medicines ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining, recording and handling medicine. Medicines were kept safely, were administered safely and were disposed of appropriately.

We spent time talking with the two members of staff who were in the process of administering the morning medication to people living in the service. They had received medication training and their competencies had been assessed. All staff were expected to undertake medication training at the providers head office. Some staff were designated as senior administrator, usually the shift leader, whilst others acted as a second witness. A list of designated witnesses was held in the home. All staff undertook a six monthly assessment which involved a questionnaire and observation of practice. In addition, all staff had undertaken a modular training programme which was provided by a training organisation external to the provider. This consisted of four modules covering a range of medication topics. All staff had successfully completed and passed the first two modules and were now awaiting the results of the second two modules.

We were shown the medication room, medication storage, controlled drugs cabinet and medication administration records (MAR sheets). We saw evidence that the temperature of the medication room was checked to ensure that recommended temperatures were maintained. This had been recorded three times daily. A boots pharmacy visit was conducted on 25th September 2012 where the monitoring of the medication room temperature had been recommended. Homely remedies consisted only of paracetamol and had been signed as appropriate for each person living in the home.

We saw that two staff members together undertook the administration of medication throughout the process. Staff administering medication to people were observed washing their hands prior to giving the tablets to people. Each medication was checked against the MAR sheet and medication register for each person who were each taken in turn. The administration was undertaken by the senior whilst being witnessed by the other staff member. One person had their medication taken to them and both members of staff went to give the medication to the person. Both staff members signed the MAR sheet following successful administration of the medication for each person.

We were told that a new system for alerting staff when short courses of medication had been prescribed such as antibiotics had been introduced with positive results. This ensured that staff who may have been off duty at the time the new medication had been prescribed were alerted by the medication procedure to ensure no medication was missed. Stock sheets were updated throughout the process to ensure that accurate records of stored medication were maintained.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

There were comprehensive systems in place within the service designed to support staff in their role. For example, regular key worker meetings were held to discuss individual people's needs. Team meetings were held regularly and were generally well attended. Documentation in the form of a message book and meeting minutes were seen by the inspector. Staff spoken with told us that they felt well supported and that the manager was very supportive, approachable and acted upon concerns or requests without delay. The manager told us that they were well supported by the provider who arranged regular manager's meetings and monthly one to one supervision meetings.

Staff training was organised and monitored by the provider centrally through their head office. Staff told us that training was readily available, was of a high standard and updates were regularly held. The service maintained a staff training matrix, which was seen. This matrix recorded all training undertaken and highlighted where refresher training was due for individual staff members. In addition to core training, including first aid, fire awareness and moving and handling, training specific to the needs of the people currently living in the home was undertaken. This included epilepsy, physical intervention and deprivation of liberty safeguards and the Mental Capacity Act.

Senior staff were allocated junior staff to supervise. All senior staff were supervised by the manager. Supervision took the form of one to one meetings which were held approximately every two months. Detailed records were maintained and were used to discuss any issues and training needs. In addition all staff had an annual appraisal meeting. We were shown documentation that indicated that outstanding appraisals for relevant staff had been scheduled.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Decisions about care and treatment were made by the appropriate staff at the appropriate level. The provider took account of complaints and comments to improve the service.

The care provided to people living in the home was regularly monitored and plans were updated as and when changes occurred. Risk assessments were in place and were reviewed and updated regularly. An environmental visit was undertaken by senior management from the provider organisation on 15th January 2013. The majority of issues raised in the subsequent report had already been addressed.

Quality assurance surveys for people who used the service, their relatives, staff and other interested parties were conducted on an annual basis. Results were analysed by the head office and made available to the service. However, the latest survey exercise had been undertaken using a new computer database which had failed to provide comprehensive information at individual service level. This had resulted in inadequate information being applied to each home. The provider had taken the decision to resume paper questionnaires and was due to undertake a further quality assurance exercise in September 2013.

A range of audits was carried out by the organisation to ensure that policies and procedures were being followed appropriately. These included an annual compliance audit which was carried out on 22nd May 2013 at the home by an area manager not associated with the service. The documentation for the last visit was seen. It was noted that actions and observations from the audit had been mostly addressed. We saw a development plan for the service which included actions to be taken and confirmation of when issues had been addressed.

Quality and management monitoring visits were carried out monthly 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 the staff. These visits were also conducted in order to provide support and guidance for the manager. These reports were detailed and included comprehensive action plans. The manager supported by the deputy conducted a range of regular internal checks. These checks addressed whether care plans were up to date, that the house was clean and well maintained and that staff training needs were met. All documentation relating to audits was seen by the inspector and identified actions had been addressed.

A contract and monitoring visit by the local authority had been conducted within two weeks prior to our visit. The feedback received directly from the contracts officer did not raise any concerns about the standard of care provided. There were minor recommendations in relation to supervision and appraisal dates and some training updates. The manager told us that these deficits had been addressed and records seen confirmed this.

Information from concerns and complaints were acted upon and were taken into account in order to improve the service. Two concerns had been raised since the last inspection and we saw documentation that confirmed these had been acted upon and responded to appropriately.

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

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