

St. Martin's Care 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 well-led?

Good ●

Summary of findings

Overall summary

Park View Care Home is a residential care home providing personal care to up to 65 people in a purpose-built building. The service provides support to older people including those who may be living with a dementia and/or a physical disability. At the time of our inspection there were 49 people using the service.

People's experience of using this service and what we found

People felt safe and systems were in place to support staff to maintain safety across the home. People and their relatives commented on the kind, caring and compassionate nature of staff. The atmosphere and culture at the home had improved.

Medicines were generally managed well. We have made a recommendation regarding medicines record keeping.

Domestic staff maintained a clean and tidy service. Staff followed infection control procedures.

Enough staff were in place and less agency staff were used. Robust recruitment procedures were followed and there was a continuous recruitment drive in place.

Activities had improved and this was being kept under review by the provider and registered manager.

Care plans were in the process of being updated and fully reviewed. Monitoring charts in relations to people's care were not always completed fully. We have made a recommendation about this.

Quality monitoring checks had improved. These were to be further reviewed after feedback given.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 November 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider review activities to ensure they met the needs of every person. At this inspection we found the recommendations had been acted upon and improvements had been made.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe

and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

For the key question of Caring, Effective and Responsive which was not inspected, we used the rating awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to good. This is based on the findings at this inspection.

At our previous inspection published 23 November 2022, we were aware of a notification of an incident, following which, a person using the service sustained a serious injury. This incident is still subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. We did, however, check the overall management of risk as part of this inspection .

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park View Care Home on our website at www.cqc.org.uk.

Recommendations

We have made two recommendations. The provider should further review medicines record keeping and review record keeping in relation to monitoring of people's care to ensure they are fully completed in line with best practice.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by an inspector, a specialist advisor in tissue viability, 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park View Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and commissioning teams, the local fire authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people and 6 relatives about their experiences of the care and support provided.

We contacted 49 members of staff via email to gain their feedback. In total we communicated with 24 members of staff including the registered manager, nominated individual, operations manager, deputy manager, care staff, kitchen, domestic, maintenance and administration staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with a visiting GP, community matron and a member of the district nurse team. We also contacted infection control colleagues for the area, the medicines optimisation team, care managers and social workers. We received feedback from a local ambulance service and an integrated care partnership ageing well lead.

We reviewed a range of records. This included 11 people's care records and multiple medicine records and monitoring charts. We looked at 4 staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection we continued to seek clarification to validate evidence found. We looked at training data and quality assurance records and other information the provider had provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, the provider did not have robust medicines management procedures in place to keep people safe. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were generally managed safely, including administration, storage, ordering and disposal. One medicine room had been moved to a new location to help maintain a suitable room temperature. One family member said, "Staff have been really good with [person] medication. Staff took on the responsibility to negotiate with [person's] GP and it's running very smoothly."
- We found some issues with recordings of medicines, including the application of topical medicines (creams), and medicines in the form of patches. There was no evidence to suggest any person had been harmed.

We recommend the provider further review medicines record keeping in line with best practice.

Assessing risk, safety monitoring and management

At the last inspection, the provider did not have robust safety processes in place. This was a breach of Regulation 12 (safe care and treatment) and Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 or 17.

- Risk had been assessed and reviewed.
- Safety was monitored, included regular checks on fire safety and utilities within the home. The registered manager completed night time checks to ensure safety at all times of the day.
- Monitoring records, including people's food, fluid and general observations had somewhat improved but further work was required. We gave feedback to the provider to address this. We have also made a recommendation about this in well led.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and tidy throughout.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was taking place in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from harm, including suitable training for staff and safeguarding policies and procedures.
- People were safe. One family member said, "[Person] has a buzzer to use if she is in trouble or wants some attention. Staff are always here very quickly."

Learning lessons when things go wrong

- Accidents and incidents were recorded, reported, and analysed for any additional learning.
- Since our last inspection, the registered manager and provider had taken action from feedback given and addressed issues raised and learnt lessons.

Staffing and recruitment

- Enough staff were deployed to meet people's needs. Agency staff had reduced since our last inspection and those present during our visit were proactive and engaging with people when needed. One person said, "I have a buzzer I can use, and the staff do come quickly if I press it." A relative said, "Staff do make regular checks on her (person) to make sure she is okay. I've often gone to visit her and tried to keep a low profile, so staff don't know I'm there, just to see if they check her."
- There was a continuous recruitment drive in place to fill any remaining vacancies. Safe recruitment practices were followed, including gaining suitable references and Disclosure and Barring Service checks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff had an understanding of the principles of the MCA. Authorisations had been requested to deprive people of their liberty in accordance with legislation.
- Consent was gained before staff undertook caring task. One person said, "They always ask before they start doing anything for you. Its respectful to do that."
- Do not resuscitate documentation was in place for some people at the home. We asked the registered

manger to review two people's records with their GP as it was not clear from discussions with them that they wanted a do not resuscitate document in place. We also contacted the local GP and asked them to review documentation.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, the provider did not have effective system to monitor the quality and safety of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits and quality improvement checks had been updated to identify any shortfalls. They were to be further reviewed after feedback.
- The management team and staff were clear on their roles. Staff knew how to contact managers for support, and when to raise concerns.
- People and their relatives said the service was managed well. One person said, "It's very well run. It's comfortable here."
- On one floor within the home, we found monitoring records left out when not in use. The registered manager was going to address this with staff.
- Care plans were normally updated monthly. The provider was in the process of reviewing these. Although we found no impact on people, record keeping in relation to monitoring people's care, needed further review as staff had not always fully completed these records.

We recommend the provider review record keeping in relation to monitoring of people's care to ensure they are fully completed in line with best practice.

Continuous learning and improving care

At the last inspection we recommended the provider further reviews activities to ensure they meet the needs of every person in the home in line with best practice. The provider had made improvements and was continuing to build on this.

- Activities were taking place and continued to be built on. Communities were starting to be more involved, and all staff were encouraged to support this on a day-to-day basis. The registered manager was keeping

activities under review.

- People and families had noticed the improvements since our last inspection. One family member said, "Management have been trying to improve. They have a big heart and understanding of people with serious illnesses."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture and atmosphere in the home had improved since our last inspection. The home and staff team were welcoming, calm and had a positive attitude. One person said, "It's lovely here. People are lovely and the meals are nice. I know the staff well and I think they are all happy together."
- We received positive comments about the management team, which had vastly improved since our last inspection. We did receive a couple of negative comments which were shared anonymously with the management team to address.
- Staff worked hard to provide positive outcomes for people. The leadership team had reduced agency usage and where this was still required, they maintained continuity wherever possible.
- The registered manager understood the duty of candour and the need to apologise if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were involved within the service. One family member said, "I know who the manager is, and they are always available to answer any queries. I think it is well managed because there never seems to be any problems. Everything runs smoothly." Another family member said, "I've been to visit at all times of the day and night, because of work commitments, and I've found it very good. [Person's] next door neighbour came to visit yesterday and told me she was invited to sit in on the sing-along and had a really enjoyable time."
- The provider had processes in place for receiving feedback and suggestions on how to improve the quality of care and support received.
- Regular staff meetings took place to gather staff views and offer them a chance to discuss any issues they had.

Working in partnership with others

- The staff team and provider worked in partnership with health care professionals. The nominated individual planned to hold a meeting with the lead of the community nursing teams to further improve communication methods.
- The provider was working with the local ambulance service to develop a falls impact reduction course. The representative from the ambulance service said, "[The nominated individual] came to NEAS (North East Ambulance Service) with an idea of how she wanted the course to look, and we have worked tirelessly together to develop a course which is working for both organisations".
- The provider has worked in partnership with commissioning teams, including a pilot to support the training and use of 'lifting cushions.' One healthcare professional said, "[The lifting cushion] allows them to lift patients off the floor who have no sign of injury and it will stop long lies occurring while waiting for an ambulance. I've witnessed the training and the care homes who are part of the pilot are fully engaged with improving outcomes for residents with the lifting cushion project."