



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Parkview Nursing Home

**1 - 3 Eversley Road
London
SE19 3PY**

Lead Inspector
Alison Ford

Key Unannounced Inspection
5th June 2007 09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	www.csci.org.uk

This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

SERVICE INFORMATION

Name of service	Parkview Nursing Home
Address	1 - 3 Eversley Road London SE19 3PY
Telephone number	020 8771 5234
Fax number	020 8653 6493
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Planshore Limited
Name of registered manager (if applicable)	Patricia Mary Fyfe
Type of registration	Care Home
No. of places registered (if applicable)	65
Category(ies) of registration, with number of places	Dementia - over 65 years of age (12), Old age, not falling within any other category (53)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 16th January 2007

Brief Description of the Service:

Parkview is a large home, in Upper Norwood, registered with The Commission for Social Care Inspection, to provide nursing care for up to sixty-five residents over the age of sixty-five. Since its registration the top floor has been adapted to provide accommodation for people with dementia.

The home is located in a residential road opposite a large park and there is off street parking to the front. It is near to local amenities and well served by public transport. Accommodation is provided over three floors in a mixture of single and shared rooms some of which have en-suite facilities. There are a variety of communal areas; a large well maintained rear garden and an attractive small courtyard garden.

At the time of this inspection fees range from £550-£750 according to the assessed healthcare needs of the resident. Additional charges may be payable for services such as hairdressing and private chiropody and these would be discussed prior to admission. Information regarding fees, the services that are provided and the latest report from The Commission are detailed in The Statement of Purpose and Service User Guide, which are available from the home. Inspection reports are also available from the Commission for Social Care Inspection and may be downloaded from the internet.

SUMMARY

This is an overview of what the inspector found during the inspection.

This report reflects an unannounced visit to Parkview Nursing Home undertaken as a part of the inspection process for the home for the year 2007/2008.

Consideration has also been given to information and comments received during the year including complaints, the reporting of accidents and conversations held with residents and staff and visitors during the visit.

The Registered Manager and her newly appointed deputy were available throughout the time of the visit and they were welcoming and receptive to the inspection process. A tour of the premises was undertaken; a sample of care plans were assessed and a selection of records relating to the health and safety of residents and recruitment and training of staff were examined. Several residents, visitors to the home and staff members were spoken with in order to gain their views of life in the home.

What the service does well:

This home continues to provide a consistently high standard of care within a well-managed environment. The atmosphere within the home is friendly and welcoming and residents looked comfortable and well cared for.

All of those residents able to express an opinion, relatives and other representatives that were spoken to, were appreciative of the care that is delivered in the home and of the manager and her staff team. Many of them commented on the kindness of the staff and others said how *"nice and clean it always was in the home"* One resident said that they appreciated the fact that they could sleep in late in the morning if they liked and never had to do anything they didn't want to do.

The home is well maintained and in good decorative order. Aids and adaptations have been provided to ensure the safety of both residents and staff and careful consideration has been given to the needs of those with dementia on the top floor. The surrounding area is pleasant and there is a large park opposite which is enjoyed by residents in the summer.

Many of the people living in the home are very frail however a wide range of activities which suits their remaining capabilities are arranged for them and others, who are more able, are taken out on organised trips and excursions. Several residents praised the enthusiasm of the activities organiser who works in the home.

A comprehensive pre-admission assessment process is in place to ensure that the healthcare needs of potential residents will be met and they would be encouraged to visit the home if they were able to and make sure it will suit them before they decide to move in. Following their admission a plan of care is put in place that outlines how they wish to be cared for and supported, so that all staff members are made aware of their preferences and the interventions that are required. Advice is gained from other healthcare professionals as needed and the care plans are reviewed regularly so that they remain up to date.

Although at this visit there were some adverse comments made about the meals served in the home, the chef is closely involved with residents, monitoring both their satisfaction with the food and their body weights to ensure that they are receiving a nutritional and balanced diet. Dietary preferences are discussed with them and recorded.

The provision of staff training has a high priority in the home and all of the staff are able to access training appropriate to the work that they undertake. The majority of carers have gained an NVQ level 2 qualification and several have now progressed to level 3. Many of the staff have undertaken training in dementia awareness so that they can improve their understanding of the needs of the residents.

Safety practices in the home are of a good standard and measures are in place to ensure the protection, health and safety of both residents and staff.

What has improved since the last inspection?

Since the last inspection some areas of the home have been redecorated in line with an ongoing plan to ensure that it always remains pleasant for residents.

To provide interest and stimulation in resident's daily lives structured activities continue to be increased. Three new music centres have been purchased to help with the exercise and relaxation sessions and residents are now enjoying "sherry afternoons" once a week. Relatives have been invited to add to a reminiscence box, which contains items from the past and provides topics for informal discussions.

Pictorial guides are being developed to help communicate with those residents who may be confused or those for whom English is not their first language and information about the home is currently being produced in an audio format.

Training is being undertaken to help staff care for those residents who may be at the end of their lives and other staff have benefited from training in dementia awareness.

Previous concerns regarding appropriate checks on staff prior to their employment in the home have now been addressed and robust recruitment procedures are in place to help ensure the protection of the people using this service.

What they could do better:

Outcomes for people who use this service are generally good and very few requirements or recommendations were made following this inspection.

Some adverse comments were received regarding the food served in the home. The Registered Manager will need to monitor the situation closely to ensure that residents are receiving meals that are acceptable to them and suit their preferences.

It was noted that recent changes to the supply of continence products have meant that a bathroom is being used as storage area. This limits the facilities available to those residents who are on the ground floor and may pose a hazard in the event of a fire. It will be necessary to find alternative storage arrangements for these products.

Please contact the provider for advice of actions taken in response to this

inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 1,3,6 Quality in this outcome area is good,

This judgement has been made using available evidence including a visit to this service.

People who use this service have a comprehensive pre-admission assessment, which ensures that the home can meet their healthcare needs and they would be encouraged to visit to see if it will suit them. They are able to access information about the home, which helps them to decide if they will enjoy living there.

EVIDENCE:

A Statement of Purpose and Service User Guide are in place to ensure that residents have all of the information that they need to help them decide if the home will suit them and they will enjoy living there. These are currently being developed in an audio format to help those who may have difficulty reading

and it will be available in languages other than English. Once these are in place this standard will be exceeded, providing excellent outcomes for those who use this service.

A sample of care plans were viewed, these contained evidence that thorough and thoughtful pre-admission assessments had been done to ensure that the healthcare needs of potential residents could be met. These then formed the basis for subsequent care planning. The manager acknowledged that more emphasis could be placed on gaining information regarding resident's social needs and preferences to ensure that the home could meet these and this is currently being addressed.

A senior member of the nursing team undertakes the assessment and some residents explained that they had been offered the opportunity to visit the home to see if they liked it before they made their choice.

There is a key worker system in place in the home and pictures of the staff members allocated to residents are on the wardrobe doors. Several of the residents that were spoken to understood how the system worked and the "*special relationship* " they had with their carers.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 7, 8, 9, 10, 11

Quality in this outcome area is good,

This judgement has been made using available evidence including a visit to this service.

The people who use this service are treated in a way, which maintains their dignity and respect. Their healthcare needs are identified, and an individual care plan, reviewed regularly, ensures that they continue to be met. Medication policies and procedures are in place to ensure their protection and recent training has helped to ensure that residents are cared for appropriately at the end of their lives.

EVIDENCE:

All residents have an individual care plan and five of these were assessed during this inspection visit. There was evidence that these were reviewed regularly to ensure that they reflected the care and support currently being delivered and they showed that other members of the multidisciplinary healthcare team are involved in residents care as required.

Work has been undertaken with residents and their families to compile life histories so that staff can relate to the people that they are caring for and begin to understand them and their behaviour more. Several residents knew what their care plans were and there was evidence that they and their families had been involved and been able to contribute to them. Relatives sign to indicate their initial involvement in the care planning process although it is recommended that there should be evidence that they have been advised when new problems are identified.

There is regular monitoring to identify those at risk from developing pressure sores, appropriate equipment is provided where necessary and risk assessments have been done for any activity that may possibly compromise the safety of residents.

The medication storage and records were seen; they were all in order and the supplying pharmacist carries out regular audits in the home. Currently no residents are able to control their own medication.

Personal care is delivered in resident's own rooms and all those spoken with agreed that staff were kind and treated them well. Comments were received that *"it's a lovely home"* *"the people here couldn't do more for you"* and *"staff are very kind"*. During the inspection, staff were seen to be approaching residents with kindness and interacting well with them.

The home is in the process of introducing "The Liverpool Care Pathway" an initiative to ensure the best possible care for those people who are at the end of their lives.

This is being undertaken with help, training and support from St Christopher's Hospice and The Registered Manager explained how the discussions had helped to increase the confidence of staff who were caring for residents who may be terminally ill.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 12, 13, 14, 15

Quality in this outcome area is good,

This judgement has been made using available evidence including a visit to this service.

People who use this service are able to participate in an activities programme, which suits their expectations and preferences, provides interest and adds variation to their day. They are able to make choices within their daily lives, which enable them to maintain their independence for as long as possible and they are encouraged to continue their relationships with their friends and relatives. A well balanced diet is provided although not all of the residents consider that it meets their needs and preferences.

EVIDENCE:

Residents confirmed that they are able to choose the time that they got up in the morning, the clothes that they wear, the activities that they participate in and the meals that they eat. Several residents were in their rooms, watching television or reading however they said that this was their preference. One resident commented, "*you can always do what you want here* "

There is a dedicated activities organiser in the home and residents were extremely complimentary about her and the programme that she has introduced. They particularly enjoy the exercise sessions and care staff were also seen joining in and encouraging them. Three new music centres have been purchased and "sherry afternoons" have been introduced every Friday with residents enjoying a drink together while they chat. A reminiscence box has been started and relatives have been invited to contribute "bygone items" that might jog resident's memories and provide topics for discussion.

Pictorial guides have been introduced to help communicate with those residents for whom English is not their first language or those with a degree of cognitive impairment. It is hoped that menus can be developed in this format in the future.

Various excursions are planned for the forthcoming year and a more specialist programme for those residents with dementia will be introduced.

The lunchtime meal was served during the inspection and looked appetising, however, on this occasion some adverse comments were received about the food served in the home. Comments were made that meat was sometimes tough, bread hard, and meals not always reflective of the menus that they had seen. However, this was not the view of all of the residents and there must be evidence available that the manager is monitoring the situation closely. One resident suggested that the day's menus could be displayed on the wall to help remind them what they had ordered.

The chef monitors the bodyweights of residents to ensure that the meals served are meeting their nutritional needs. Any residents with significant weight loss would be provided with an enriched diet if it were appropriate.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is good,

This judgement has been made using available evidence including a visit to this service.

People who use this service feel confident that any concerns or complaints that they might raise would be dealt with promptly and sensitively and that there are measures in place to protect them from abuse.

EVIDENCE:

The complaints book was seen and the three complaints made since the last inspection were dealt with to the satisfaction of all of those concerned. All the residents that were spoken with agreed that they were confident that any concerns would be dealt with promptly and they would not worry about having to raise them. A copy of the complete complaints procedures is available to them in the Service User Guide, which is in their bedrooms. Once this is guide is produced in an audio format the procedure will be included in that as well.

Staff have all recently received up to date training in the protection of vulnerable adults and staff files indicated that appropriate checks and clearance is obtained prior to them starting work in the home.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 19,21,26

Quality in this outcome area is adequate

This judgement has been made using available evidence including a visit to this service.

People who use this service consider that they live in a clean, well-maintained home, which meet their needs in a comfortable and homely way. Some problems with storage have lead to bathroom facilities being limited

EVIDENCE:

The home is situated in a residential road, opposite a park, and is keeping with other properties in the area. It is attractively presented and well maintained in line with health and safety guidelines. Bedrooms and communal areas are comfortable and well designed and residents have been able to personalise their rooms with possessions from home.

Adaptations are in place to meet the needs of the residents and all parts of the home are accessible to them except the top floor. This area is designated for residents with dementia and appropriate keypad security has been fitted.

Colour co-ordination and pictorial help has also been used here to help with reality orientation.

All areas of the home were clean and free from odour and there was evidence that control of infection measures are in place. Protective aprons and gloves are available for staff as required.

Changes in the supply of continence products have lead to some problems being experienced with storage. On the day of the visit they were being stored in a downstairs bathroom this means that the bathroom is not able to be used and also that the door will not shut which could pose a risk in the event of a fire. An alternative storage area for these products must be provided so that bathroom facilities are not limited and are adequate for the numbers of residents in the home.

It was also noted that one of the specialist baths could not be used for the majority of the residents, as they require a hoist, which will not fit underneath. It is recommended that consideration should be given to fitting an alternative bath in this bathroom, which could be used by more residents.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 27,28,29,30
Quality in this outcome area is good,

This judgement has been made using available evidence including a visit to this service.

People who use this service are cared for by well-trained and competent staff who are able to meet their assessed needs, and robust recruitment procedures are in place to ensure their protection.

EVIDENCE:

On the day of the inspection there were sufficient numbers of care staff on duty to ensure that residents were well cared for. They were supported by catering and domestic staff.

Staff training is ongoing in the home, all of the carers have completed or are undertaking an NVQ level 2 qualification and several are now progressing to level 3.

One of the trained nurses is qualified to teach manual handling within the home and another is gaining expertise in wound care and working with the specialist tissue viability nurse. Several of the staff have undertaken training in dementia awareness and others have been trained in first-aid. Other training has been ongoing to help staff gain confidence in caring for those at the end of their lives in line with The Gold Standard Framework.

Previous problems that were encountered regarding clearance checks on potential staff members have now been addressed. One member of staff has been appointed since the last inspection and all of the required documentation was in place.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 31,33,35,38

Quality in this outcome area is good,

This judgement has been made using available evidence including a visit to this service.

Residents live in a home, which is managed by a person that is fit to be in charge and will run the home in their best interests.

An effective quality assurance system measures the satisfaction of residents and their relatives and health and safety procedures are in place, which ensure their protection

EVIDENCE:

The Registered Manager has many years experience in working with this client group. Staff changes have occurred, due to retirement and a new deputy manager has recently been appointed however, she too has many years

experience in care of the elderly. Turnover of other staff members is relatively low and they provide a strong and stable team.

A resident's questionnaire is completed yearly although that has not been done as yet this year. Meetings are held for them and their relatives every three months. These give an opportunity for users of the service to air their views and influence the running of the home and feedback is generally positive.

Staff explained that they also had regular meetings and that the minutes were made available and would also be discussed during supervision sessions.

Various documentation, relating to the health and safety of residents and staff, was seen and was in order. Staff confirmed that regular fire drills took place and that all mandatory training had occurred. A sample of certificates of worthiness were seen and appeared to be in order.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	2
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP15	16(2)(i)	There must be evidence that the views of residents, with regard to the food served in the home, are monitored regularly and steps taken to make sure that they are receiving meals that suit their needs and preferences.	30/10/07
2	OP21	23(2)(j)	Bathrooms must not be used as storage areas thereby limiting the facilities available to residents.	30/07/07

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP7	It is recommended that there should be evidence that resident's relatives have been kept informed when care plans show that new problems are identified.
2.	OP15	It is recommended that the daily menus should be displayed in the home so that residents are aware of the

		meals that will be served to them and make alternative choices if they wish to.
3	OP21	It is recommended that consideration should be given to changing the downstairs bath in order to make it accessible to more residents.

Commission for Social Care Inspection

Croydon, Sutton & Kingston Office

8th Floor

Grosvenor House

125 High Street

Croydon

CR0 9XP

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI