Inspection Report

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

Parc Vro Residential Home

Mawgan-in-Meneage, Mawgan, Helston, TR12 6AY

Tel: 01326221275

Date of Inspection: 11 March 2013

Date of Publication: April 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✗ Action needed
Safety and suitability of premises	✓ Met this standard

Details about this location

Registered Provider	Mrs Alison Stevenson
Overview of the service	Parc Vro Residential Home provides care for up to 15 predominantly older people, some of whom have dementia and also provides day care for up to five people on week days. The home is situated outside the village of Mawgan, near Helston.
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 11 March 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 and talked with staff.

What people told us and what we found

We spoke with eight people who received care from Parc Vro Residential Home. Everyone we spoke with was generally positive about the care they received and told us, "It is wonderful here. The staff are very caring". One person was complimentary about the standard of care received and commented, "They are good, everything is done to a high standard. I have a choice of when I get up and I go to bed when I'm tired".

People told us and we saw evidence of pre-care assessments of peoples' needs to ensure the home could provide the required level of care. The care plans we looked at were sufficiently detailed to direct and inform staff as to how care was to be provided. We saw evidence of regular reviews of care to ensure the care provided took account of any changes that had occurred.

We reviewed people's care records and shared a meal with people who lived at the home over lunch time. The meals were freshly cooked and were of a good standard. We saw that people who used the service were supported to have adequate nutrition and hydration.

We reviewed medication records and saw that the provider was not following appropriate procedures for recording and safe administration of medications for people who lived at the home.

We inspected the premises and assessed that people who used the service and people who worked in or visited the premises were kept safe in accessible surroundings that promoted their wellbeing.

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

What we have told the provider to do

We have asked the provider to send us a report by 30 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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

Reasons for our judgement

During our visit we spoke with eight people who used the service about their experience of living at Parc Vro. One person told us, "My own views are always taken into consideration about how I live here. I make up my own mind wherever possible". Another person who received a service told us, "It's not a home, it's a family. The home is small enough that I know everyone and they look after me very well. I've been here for many years and I love it".

Without exception, all of the people who received care from the home told us they were happy with the service they received. People told us they understood the care and support choices available to them. Details about the availability of advocacy services were available to people in the 'Service Users Guide' given to each person who was provided a service from the home.

The agency received referrals from the Department of Adult Care Services (DACS), from health agencies and from individuals. Wherever possible, a care needs assessment was obtained from the referring agent. Parc Vro also completed their own detailed needs assessment which included information regarding the age, gender, health need and social needs and disabilities of the person.

In the care plans we reviewed, we saw evidence that robust care assessments had been made before a care package was begun with a new person who required care. We saw that Parc Vro had produced a comprehensive users guide which was provided to each new person. This explained the services that could be provided by the home. It also outlined the aims and objectives of the home and provided relevant information on the complaint procedure and included contact details for the Care Quality Commission (CQC) and the Local Authority contact details for raising any concerns.

People told us they felt involved in the planning and delivery of their care. One person told

us that they had a regular review of their care package and were involved in resident meetings to discuss issues such as activities and menu planning for the home. We saw minutes from the last resident meeting which corroborated this. We noted that when a person showed a particular interest in an activity, the provider put together a plan to assist the person to undertake the activity. For example, we saw that in one person's care record the person had stated they had an interest in growing vegetables. The provider had set aside a secure part of the garden to assist the person in doing this activity.

The provider told us that a number of people who lived at the home took an active role in the recruitment of new staff members. After successful completion of an interview, prospective care staff would be asked to meet with some people resident at the home and answer their questions. The provider told us this had proved successful and assisted the home in ensuring people were happy with care staff who assisted them.

We saw a weekly activities board displayed at the home. This demonstrated there were a wide range of activities available to people who lived at Parc Vro. Activities included a weekly church service, access to hair dressing services, music and movement classes, craft activities and musicians who visited the home to provide entertainment for the people who lived there.

People were further consulted about their views in the quality assurance questionnaires that were completed periodically by people who used the service and their representatives. We discussed the process and results of the last quality assurance questionnaire with the provider who told us there had been a high percentage of people who had returned questionnaires and results had been positive. We reviewed the results of the last quality assurance questionnaire in 2012. We saw the majority of people answered positively to questions about people's satisfaction with the service.

We discussed how the home upheld and maintained the privacy, dignity and independence of people who used the service. The provider told us all staff underwent a comprehensive induction process which included familiarisation with agency policies and procedures on how best to protect peoples' privacy, dignity and independence and appropriate training in Skills in Care. Training was also provided in how best to support people with specific issues such as dementia care to ensure each person received the support best suited to their individual circumstances.

Evidence we reviewed during the inspection process indicated that people who used the service understood the care, treatment and support choices available to them. People were able to express their views and were involved in making decisions about their care and support. Peoples' views were treated with respect and taken into account in the way the service was provided and delivered.

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

We spoke with eight people who received a service from Parc Vro. People we spoke with told us they felt well cared for by care staff. One person told us, "I am happy. I would not wish to live anywhere else". Another person told us, "They look after me well. I honestly couldn't find any fault with them". We spoke with three care staff and found them to be knowledgeable and caring about the people they cared for.

People who used the service told us the staff were always polite and kind to them. We observed a number of interactions between staff and people who used the service and noted that staff were respectful and polite at all times. It was clear that positive and trusting relationships had been established between staff and people who used the service. The preferred name of the person who used the service was recorded in their care records and we observed staff using their preferred name. We noted that family members were actively involved in the care of people when this was the expressed choice of the person and this was documented in the care records.

We saw that initial pre-care assessments were carried out by the agency and these were transferred into comprehensive care planning documents. These included details of all relevant professionals who had contact with the person in receipt of care, such as GP and district nurse details. Care plans were developed in conjunction with the person who received services to ensure that all care needs for each person were documented and assessed to ensure Parc Vro could meet people's identified needs. We saw that each care plan was signed by a representative from Parc Vro. The provider may like to note that we saw that care plans were not signed by the person in receipt of care or their representative. Signing the care planning documents would ensure everyone understood the proposed care package and gave consent for care to be delivered as outlined in the plan.

We saw there were regular reviews of the care and support plans held on peoples' care files and this was corroborated by people we spoke with who told us they received regular reviews of their care package.

We case tracked the records of four individuals who used the service. Each of these people had a care plan held on their personal file. The care plans were individualised and

personal to the person they were written about. Care plans set out and directed care staff on the specific tasks that should be undertaken for each individual. Care plans are essential to plan and review the specific care needs of a person.

In the care plans we looked at there were comprehensive risk assessments completed to ensure the safety and welfare of people and staff attending them. These included environmental assessments of any potential hazards that might put the person's safety at risk. Assessments balanced the need for safety with the right of the person who used the service to make choices.

We reviewed daily communication logs and found these were detailed, individual and appropriate to inform subsequent care staff of how the individual had been during a time period both physically and socially.

On review of the evidence we considered we felt that people who used the service experienced effective, safe and appropriate care and support that met their needs and protected their rights.

Meeting nutritional needs ✓ Met this standard

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

We spoke with eight people who received a service from the home. People told us they were happy with the range and choice of food and drink offered to them by the home. Typical comments included, "The food is well cooked and prepared to a high standard" and "We enjoy excellent meals and I really look forward to them".

People were encouraged to be actively involved in planning the menus which were served at Parc Vro. We reviewed suggestions made by people at the recent resident meeting which showed that people were active in making choices about the food and drink they were offered. The minutes also reflected that the cook had left cookery books with individuals who had expressed an interest in being more involved in choice of meals. We also saw regular meetings had taken place between the provider and the cook to discuss meal planning and individual requirements for nutrition and hydration.

We were invited to join people for lunch and experienced the high quality of the meals that were offered to people who lived at the home. A notice board displayed each days menu plan and people were offered a choice of hot, freshly prepared food and snacks including hot and cold drinks throughout the day.

The care records we looked at evidenced that pre-care assessments had identified each person who might be at risk of poor nutrition or dehydration when they first began to use the service and regularly monitored this as their needs changed. We saw that action was taken where any risk of poor nutrition or dehydration was identified. For example, we saw records of a person who required their nutrition and hydration to be monitored due to low weight and we saw this was recorded. This person's weight was recorded regularly and where a risk of malnutrition was identified, the person's care plan documented that additional fortified nutritional drinks had been prescribed.

At the time of the inspection no person was eating a soft diet. People had a choice about where they ate their meals. There was a comfortable well equipped dining room, where those people who wanted to, could socialise and eat together. Staff served food on trays which they took to people's rooms where this was the preferred option.

It was observed that meals were served in a relaxed manner. Staff were respectful and courteous in the way they served people and a number of times throughout the meal, staff asked people if they would like another drink and if they were happy with their food choice.

The provider told us that night staff were happy to assist any person during the night who wanted a drink or something to eat. This was corroborated by people who lived at the home who told us there was always someone to call on at night if they wanted a snack or a hot drink.

Management of medicines ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Regulation 13.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with eight people who used the service. Their comments did not relate directly to this standard. People told us they were happy with the service they were provided with.

We reviewed four people's care records. We looked at policies and procedures concerning the home's management of medicines on behalf of people who lived at the home.

We reviewed a staff training matrix which demonstrated that all staff members had undertaken medication training. The provider had a medications policy in place. We found that elements of the policy and procedure were not being followed.

We saw there was adequate medicines cold storage. We saw records that daily temperature checks were made to ensure refrigerated storage was working adequately. There was a Controlled Drugs (CD) register in place and adequate locked storage for supplies of controlled drugs. We saw there were no controlled drugs held by the home at the time of inspection.

Medication Administration Records (MARs) sheets provide a recognised recording process in respect of the administration, storage and recording of medications. They are commonly used in residential and respite services. During the inspection, we saw MARs recording procedures were not consistently followed.

The MARs recording system in operation at the home recorded all prescribed medicines for people alongside a photograph of who they were prescribed for and to help carers with identification. The medications policy states that handwritten inserts into the MARs must be signed by two staff members. This was corroborated by a senior member of staff. We saw there were incidents where this procedure had not been followed.

We reviewed MAR sheet recordings for all 14 people resident at the home. We saw three people had instances of unrecorded medication administration. We spoke with the provider

about this who told us this had been due to recording errors when administering medications.

Three people who lived at the home took responsibility for administering their own medication. We reviewed care records for all three people and saw risk assessments and regular monitoring of medications for the three individuals had not occurred.

There were no audit systems in place to act protect people against the risks associated with the unsafe use and management of medicines.

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

We spoke with eight people who received a service from the home. All of the people who used the service told us they were happy living in the home. One person told us, "I am always treated well. There is a friendly atmosphere. I would recommend this home to anyone".

We saw the home and gardens were well appointed and maintained. There were suitable shared spaces which included a lounge, dining room, kitchen and gardens for the safe use of people who lived at the home. Ramps were in place to assist people who used a wheelchair to access the house and gardens safely.

The home had 14 single bedrooms and one large double room. The rooms did not have en-suite facilities. There were a number of toilets and bathroom facilities available for people.

We were shown around the premises and invited to look inside some bedrooms by the provider. We saw that rooms had been personalised to reflect the taste of each person who lived in the home. There was safe storage for valuables and suitable security measures were in place. Each room was equipped with a smoke alarm.

We saw that waste and chemicals were stored securely in accordance with health and safety guidance. Premises risk assessments were seen and were satisfactory.

On balance it was felt people who used the service, worked in or visited the premises were safe in accessible surroundings that promoted their wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: Reg 13: The registered person did not have appropriate arrangements in place in relation to the recording of medicine.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 30 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

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