

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

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

Management of medicines

✓ Met this standard

Requirements relating to workers

✓ 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. 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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 January 2014 and reviewed information given to us by the provider.

What people told us and what we found

When we inspected Parc Vro on the 9 October 2013 we had some concerns and set compliance actions. This inspection was to review the compliance actions we set Parc Vro with regards to the management of medicines and the recruitment of staff.

We spent time with the registered manager and reviewed the records, policies and procedures in place in order to reach our judgement.

At this inspection we found that people received their prescribed medication at the appropriate times, and the service had appropriate policies and procedures in place to protect people from the risks associated with medicines.

We saw, from the staff files we reviewed, that Parc Vro undertook appropriate checks before staff commenced working at 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

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 from the risks associated with medicines as the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

At our last inspection in October 2013 we had concerns and issued a compliance action against this outcome. We found that one person's medicines has been transcribed on to the MAR sheet by hand, this had not been signed by two people, as directed in the medication policy. Checking transcribing by two people reduces the risk of errors.

At this inspection we saw one person, who had recently arrived at Parc Vro, had medications transcribed on to a MAR sheet. These entries had been checked and signed by two people as stated in the medication policy.

We had concerns regarding the medication policies and procedures that were being used at Parc Vro. These did not contain the procedures for ordering, administration, monitoring and disposal of medicines. There was more than one policy available to staff and the procedures were not clear and did not direct and inform staff effectively. The registered manager told us all staff had been advised on the procedures, but agreed it was not written down.

At this inspection Parc Vro had a comprehensive medication policy in place, which contained the procedures for ordering, administration, monitoring and disposal of medicines. We saw 15 of the 17 staff working at Parc Vro had signed to indicate they had read this policy. Of the two remaining staff, one was the housekeeper and did not manage medicines, and the registered manager told us the other member of staff had been asked to read the policy and sign the sheet when they were next on shift.

At the last inspection we saw topical medications (creams and lotions) in people's bedrooms; these were named, but had not been dated upon opening. This practice did not protect people from the risks posed by medication that had expired. At this inspection we were told, and we saw, creams were dated upon opening.

At the last inspection we found only one of three staff, who we were told were

administering medicines, had certificated evidence for training in medicines management. At this inspection we saw certificated evidence for six staff who had undertaken training in medicines management.

At the last inspection we were not able to evidence a recent pharmacy audit, the last report available to us was March 2012. Regular audit systems protect against the risks associated with the unsafe use and management of medicines. At this inspection we saw a report following a pharmacy audit undertaken at Parc Vro on 14 June 2013. The action plan issued from this report requested where controlled medicines had been returned to the pharmacy, when no longer required, the stock of the medicine should show as zero in the record book. We reviewed the controlled drugs book and checked the balances of drugs against the totals in the book. Controlled medicines actually held by Parc Vro agreed with the balances shown in the book. However, we saw some medicines had been returned to the pharmacy when no longer required, but these medicines still showed a balance held. The provider might like to note these medicines should show a zero balance as requested in the pharmacy audit action plan.

At the last inspection we saw one person at Parc Vro had been prescribed medication that required storage in a medication fridge. We did not see evidence that the temperatures of this fridge had been recorded daily to ensure the fridge was working correctly and ensure the safety of the medicine within. At this inspection we saw the minimum and maximum temperatures recorded in the fridge had been recorded daily for most of the time. There were gaps in these records, for example from 20 December to 30 December 2013. We discussed this with the registered manager who told us the person who required this medicine was on leave away from the home at this time, so the recordings were not carried out. The provider might like to note if medicines remained in the fridge, whilst a person was on leave, the recordings would still be required to ensure the fridge was working correctly and ensure the medicines safe storage.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were protected because there were appropriate checks undertaken before staff commenced working for the service.

Reasons for our judgement

At our last inspection in October 2013 we had concerns and issued a compliance action in this outcome. We checked to see if the provider was operating an effective recruitment procedure to ensure people who lived at the care home were safe and their health and welfare needs were met by staff that were appropriately qualified, skilled, experienced and of good character. At the last inspection we found one new member of staff was working unsupervised at Parc Vro before the appropriate checks had been carried out. This did not protect people who used the service against receiving their care from staff who were unsuitable. We advised the registered manager and this member of staff was removed from working unsupervised with people who lived at Parc Vro until the Disclosure and Barring Service (DBS) check had been received by the service. DBS checks are a mandatory process undertaken by any health and social care provider to ensure prospective employees are of suitable character. We were advised by the registered manager, following the inspection the DBS checks had been received and the member of staff had returned to working at Parc Vro.

At the last inspection we had concerns that information in staff files had not been consistently recorded. Of the five files we reviewed only two files contained a record of interview, ID checks or evidence of induction training, and only three files contained contracts which had been signed by the staff member. An induction is an essential process that all staff should undertake when joining an organisation. An induction welcomes new staff to the ethos of an organisation. It ensures staff feel confident and are equipped with the necessary information about the organisation, and enables staff to have a clear understanding of policy and procedures. We were told by the registered manager there was an induction programme at Parc Vro, which all new staff completed and this included e-learning training, familiarisation with policies and procedures and shadowing of experienced staff.

At this inspection we saw staff files held information in a more consistent way. We saw evidence of application forms, interviews, ID checks, reference checks, DBS checks, induction, contract, together with annual and sickness leave records. We were told by the registered manager all staff files were in the process of being reviewed and all will be held in the same format in the near future.

We saw policies were held in one staff file we reviewed, these were not signed by the staff member. The provider might like to note if specific policies, such as the acceptance of gifts and gratuities, are to be held in staff files the staff member should sign them to evidence they have read and understood the policy.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of 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.

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