

***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: 09 October 2013

Date of Publication:  
November 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Action needed
<b>Requirements relating to workers</b>	✗	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✓	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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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 October 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.

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### What people told us and what we found

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We spoke with five people who received care from Parc Vro residential home, two members of staff, the registered manager and a visiting healthcare professional. The visiting healthcare professional was positive and had no concerns about the care provided at Parc Vro. People who used the service were positive about the care they received and told us "couldn't be better", and "the staff are very kind". People were complimentary about the quality and quantity of food, saying "it is always very good, and plenty of it".

Peoples' views and experiences had been considered in the way the home was run, and peoples' privacy and dignity was respected.

Peoples' care and treatment met their needs and protected their rights.

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

We reviewed the recruitment procedures, and found that appropriate checks were not made before staff commenced working for Parc Vro.

We saw there was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who lived at Parc Vro.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 21 November 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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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**

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### 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.

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### Reasons for our judgement

We spoke with five people who lived at Parc Vro, they told us "I can do what I like, when I like", and "we are always asked for our views at residents meetings". One person told us "I could have gone to one of those big smart places, but this felt more homely". All the people we spoke with were very happy living at Parc Vro and felt all their needs were met by kind and caring staff.

We saw a "service user guide" which we were told by the registered manager was given to everyone when they arrived at the home. This incorporated the complaints procedure and guidance on obtaining advocacy services. We noted there was a copy of the complaints procedure on the board in the hall and a poster asking people who lived at Parc Vro and visitors for their views on the service provided.

People we spoke with told us they were involved in the planning and delivery of their care, and that their consent was always sought. We saw staff knocked at peoples' room doors before entering and sought their consent to the provision of care and support. We saw that people's bedroom doors had locks fitted to allow the person to lock their room should they wish. This supported the person's right to privacy.

We saw, and were told, regular residents meetings took place. The minutes of these meetings demonstrated a variety of subjects had been discussed including staff uniforms and the planning of activities within the home.

We saw a menu displayed on a board in the hallway, this showed the meals for the day. We saw people being asked what they would like for lunch during the morning of the inspection, we saw a choice of food was offered. People told us there was always plenty to choose from at meal times.

Information gathered during our inspection indicated that people who lived at Parc Vro

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.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with five people who received a service from Parc Vro, they all felt their needs were met and they were well cared for. One person told us "I just have to ask and the staff are there, I never have to wait at all". Another person told us "everyone is so kind, nothing is too much trouble for them". We spoke with two care staff who were knowledgeable and caring about the people they supported.

We observed staff were always polite and caring when supporting people, and interacted with people in a respectful way throughout our inspection. The preferred name of the person who lived at Parc Vro was recorded in their care records and we observed staff using their preferred name. We were told, and we saw, 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 before a person moved to Parc Vro, a detailed pre-admission assessment was completed. During this process information regarding the age, gender, health needs, social needs and disabilities of the person were recorded and assessed in order to ensure the home could provide the required level of care.

We reviewed six care plans. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. Each person had had their photograph taken and displayed in the front of their files. The provider might like to note that although the care records stated that each person had consented to this and their care plan, we did not see evidence of the person having signed to this effect. It is important that people their care plan as it demonstrates they have read it and been involved in its creation. The care records included details of all relevant professionals who had contact with the person who lived at Parc Vro such as GP and district nurse details.

The provider might like to note that the care plans we reviewed did not contain specific details to direct and inform staff about how care was to be provided. We saw some evidence of reviews of care plans which ensured the care provided took account of any changes that had occurred. The registered manager told us that reviews were not carried



out at specific set intervals but that this was done on a "as needs be basis when something changes for a person".

The preferences and dislikes of each person were not clearly seen in the care plans, although the registered manager and staff appeared to be very knowledgeable about all the people they cared for when we spoke with them.

Life histories were seen in the care plans. It is important life history is gained so staff can understand a person's past and how it can impact on who they are today.

At the time of this inspection, Parc Vro was in the process of moving from a paper based care plan system to a computer based programme, and were using two systems alongside each other. This had led to some challenges for the registered manager when attempting to access current records on some peoples care plans. We discussed the potential risks of using two systems of care plans at once with the registered manager, who told us that they are seeking support from the providers of the computer system to enable them to move across entirely to one system effectively. The computer based information about people who lived at Parc Vro was currently not accessible to all staff due to IT competency issues, and we discussed the importance of keeping paper copies of current care plans for staff to access with the registered manager.

We saw the daily records for people which were entered on to the computer by the care staff, these were factual and dated and provided a record of the social and leisure activities people had taken part in, for example, when they had received visitors or had been out.

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, music and movement classes, craft activities and musicians who visited the home to provide entertainment for the people who lived there. We noted one person went out every day to collect the daily papers for the home, and another person was seen to be preparing vegetables in the kitchen for the next meal.

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

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## **Our judgement**

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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.

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.

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## **Reasons for our judgement**

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At the last inspection in March 2013 we had concerns and issued a compliance action against this outcome. Risk assessments had not been carried out for people who self-administered their own medication and the medication policy had not been adhered to.

People who lived at Parc Vro told us they always received their medication at the time required, and raised no concerns regarding their medication. We discussed the arrangements for the administration of medicines with staff and spent time with the registered manager reviewing the systems in place.

We were told at the time of our inspection that one person self-administered their own medication. We saw a risk assessment had been carried out to ensure this person could undertake this safely and this was reviewed regularly. Risk assessments are a tool to identify hazards and the action that staff must take to reduce the risk from the hazard.

The Medication Administration Records (MAR) provide a record of the administration of medication and are commonly used in health and social care services. The MAR informed and directed staff of the medication, doses and times of administration. We were able to see from the MAR sheets when medicine had been administered, if doses had been omitted, and the reason for this. For example, if someone refused, could not take or did not require their medication. We reviewed the MAR sheets for all the people who lived at Parc Vro. We saw that one person's medicines had been transcribed on to the MAR sheet by hand, this had not been signed by two people. The medications policy states that handwritten inserts into the MARs must be signed by two staff members. The registered manager agreed it should have been signed and checked by a second person as this reduced the risk of errors.

We reviewed the Controlled drugs book and checked the actual stock of drugs against the totals recorded in the book, all agreed. We saw the medication policy and procedure for Parc Vro was available to staff as required. However, the policy we were shown by the registered manager did not contain the procedure for ordering, administration, monitoring

and disposal of medicines. The registered manager told us all staff had been advised on the procedure but agreed it was not written down.

We saw topical medications (creams and lotions) in peoples' bedrooms, these were named but had not been dated upon opening. This practice does not inform staff to effectively monitor the expiry dates of some medications which related to the date when the medications are opened.

We were told by the registered manager that all staff at Parc Vro had undertaken training in medicines management, but that only two staff plus the registered manager currently administered medicines regularly. We found that only one of the three staff who currently administered medicines had certificated evidence of recent training on their file. We were told that the two other members of staff had attended training but the certificates were not available to us at the time of the inspection.

We saw there was a refrigerator for the storage of medicines. The only medicines stored in this fridge, at the time of the inspection, was a tube of cream. The temperature records for this refrigerator had not been recorded daily to ensure the safe storage of any medicines inside. There were gaps in the records, for example, temperatures were recorded on the 28th, then not again until the 3rd of the next month, then not again until the 6th. This did not ensure that any fault in the fridge temperature would be noticed quickly, and the safety of any medicine inside could not be ensured.

We reviewed the medicines audit for Parc Vro and noted the last audit record was dated March 2012. The registered manager informed us that there had been a more recent audit but this was not available to us during the inspection. Regular audit systems protect against the risks associated with the unsafe use and management of medicines.

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

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## **Our judgement**

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The provider was not meeting this standard.

People were not always protected because appropriate checks were not undertaken before staff commenced working for the service.

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.

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## **Reasons for our judgement**

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People we spoke with told us they liked the staff and found them to be kind and helpful. We were told by the registered manager that the people who lived at Parc Vro met all new staff before they are offered a position, as it was felt important that the people who were going to receive the care had a say in who was recruited.

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.

We reviewed the files for five staff. We saw evidence of application forms and references checks in all files however other recruitment information had not been consistently recorded. Only two files contained a record of interview or evidence of induction training and 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.

All staff files contained various certificates evidencing attendance at training sessions. We saw evidence of Disclosure and Barring Service (DBS) checks in four files. These checks ensured people employed did not have a criminal record, and checks that the Disclosure and Barring Service had not been provided information, for example by the police, which would deem the person unsuitable to work with vulnerable people. However, we saw that the most recently recruited member of staff, had commenced work delivering care to people with no record of a DBS check having been received. The registered manager told us that the member of staff held the certificate at home and that it would be retrieved and the number and date of the certificate would be recorded on the file. We were told by the registered manager that this person would not be on duty until the issue had been clarified. The day after the inspection we telephoned the home and were told this person to be on

duty caring for people and the registered manager was not on the premises. Two days following the inspection we spoke with the registered manager who confirmed to us this check had been overlooked and this person would not be providing care for people at Parc Vro until the DBS checks had been received.

In some staff files we saw policies regarding health and safety, staff absence, holiday entitlement, and the acceptance of gifts, however, these policies had not been signed and dated by the staff member. This did not evidence that the staff member had read and understood the policies they were expected to follow.

We did not see any record in the staff files we reviewed that identity had been checked and verified, we did not see any evidence of a record of what had been checked by the registered manager in order to establish the persons' identity. This practice did not ensure the safe recruitment of staff and did not protect the people who lived at Parc Vro

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

### Our judgement

The provider was meeting this standard.

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

### Reasons for our judgement

People that we spoke with were very positive about their involvement in the way Parc Vro was run. They told us "we have residents meetings and we discuss all sorts of things", and "they always ask our opinion about things". We saw the minutes of the last residents meeting held in September 2013. During the inspection we heard the registered manager giving feedback to the people in the lounge about the outcome of the recent discussions about staff uniforms, the people were told that the majority vote was in favour of a uniform, and what colours each member of staff had chosen to wear.

We spoke to two staff who told us they attended staff meetings a few times a year, we saw the minutes of the last meeting held. Staff told us they felt supported by the manager and that they could always approach her at any time to discuss an issue. We were told staff were issued with comprehensive staff handbooks when they commenced work at Parc Vro, containing policies and procedures and training programmes available to them. We saw, and we were told, all staff at Parc Vro had undertaken a variety of recent training programmes, and we were told all the staff on duty at the time of this inspection had attained NVQ level 2 or 3.

The registered manager provided us with two recent quality monitoring questionnaires that had been sent to people in the home and their families/carers. We saw the responses were on file which were mostly positive. The feedback had not been audited at the time of our inspection.

We saw a training matrix was held on the computer. A training matrix is a tool used to monitor the training provided and the training needs of a group of staff. The provider might like to note this matrix was not up to date and some recent training had not been added to the matrix. The registered manager told us that it was not currently monitored to ensure that refresher training was undertaken as required due to the recent installation of the new computer system, but that this would be a more accurate record in the near future.

We saw that accidents and incidents were recorded on each persons' electronic record. The registered manager was not able to audit this information at the time of this inspection

owing to the recent installation of the computer system, and told us they were not completely familiar with it yet. We were told that support was on-going from the supplier of the system which would enable Parc Vro to pull off reports on information stored in the near future.

The registered manager informed us that the environment was constantly monitored for any repairs and maintenance, and all cleaning of communal areas was carried out in the evenings. There was a strong odour noticed in some parts of the home during our inspection.

We saw evidence of maintenance contracts for the heating and hot water system, fire systems, call bell systems, lift and stair lift.

**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	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Management of medicines</b>
	<b>How the regulation was not being met:</b>  Regulation 13: The registered person did not have appropriate arrangements in place in relation to the recording of medicine.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Requirements relating to workers</b>
	<b>How the regulation was not being met:</b>  The registered person did not have effective recruitment procedures in order to ensure that people are protected. Regulation 21 (a)

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 21 November 2013.

CQC should be informed when compliance actions are complete.



**This section is primarily information for the provider**

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 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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