

Westmorland and Furness Council

Parkview Gardens

Inspection report

Risedale Road
Barrow-in-furness
LA13 9BQ

Tel: 01229311142

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22 November 2023

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Parkview Gardens is a care home providing accommodation and personal care to up to 60 people in one purpose-built building. The service provides support to older people, people living with dementia and people who have a sensory impairment or physical disability. The home is on 2 floors and is arranged as 5 'houses', each of which have communal spaces, dining areas and cooking facilities. At the time of the inspection there were 39 people living in the home.

The provider for the service changed to Westmorland and Furness Council following the local government reorganisation and creation of Cumberland Council and Westmorland and Furness Council. The service was previously carried on by Cumbria County Council.

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

People were protected from abuse, and risks to their safety had been identified and managed. There were enough staff to support people. The provider carried out checks on new staff to ensure they were suitable to work in the home. People received the support they needed to take their medicines. Staff were trained in infection prevention and control and people were protected against the risk of infection. The registered manager learnt lessons from incidents to ensure the quality and safety of the service.

Staff were trained and skilled to provide people's care. They provided the support people needed to eat and drink and to maintain a balanced diet. The registered manager and staff worked with appropriate services to ensure people received the healthcare support they needed.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and people's rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people in a kind and caring way. They gave people choices about their care and respected the decisions people made. Staff respected people's privacy and dignity and promoted their independence.

Staff provided people with person-centred care that met their needs and took account of their wishes. People enjoyed a range of activities. Visitors were made welcome in the home and people were supported to maintain relationships which were important to them. The provider had a procedure for receiving and managing complaints about the service. The registered manager had links with local and specialist services to ensure people received appropriate care as they reached the end of life.

The registered manager had developed a person-centred culture. People were asked for their views and their feedback was used to develop the service. The provider and registered manager carried out checks on the service to identify where further improvements could be made. The registered manager was open to

feedback to improve the service. The registered manager and staff worked with other services to ensure people consistently received care that met their needs.

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

Rating at last inspection.

This service was registered with us on 1 April 2023 and this is the first inspection.

The service was previously carried on by a different provider. The last rating for the service under the previous provider was good, (published on 10 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Parkview Gardens

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Parkview Gardens is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Parkview Gardens is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced. We carried out an unannounced visit to the home on 16 November 2023. We arranged to return to the home on 22 November 2023 to look at additional records.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who lived in the home and 7 visitors. We looked around the home and observed how staff interacted with people. We spoke with the registered manager, the provider's service manager and with 7 members of the staff team. We contacted 4 staff to gather their views.

Some people were living with dementia and could not easily share their views with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and training. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were protected from abuse, and risks to their safety were identified and managed.
- People and their relatives told us they were confident people were safe living in the home. One person said, "I feel very safe here." A relative told us, "I am fully confident [relative] is safe."
- Staff were trained in how to identify and report abuse, and how to provide people's care safely. One staff member said, "I feel confident to be working in my role and feel I can ensure people's safety."
- The provider had systems to identify and manage risks to people's safety. People's care records included guidance for staff about how to support them in a safe way.
- People's risk assessments were reviewed regularly and if their needs changed. This meant staff had accurate and up-to-date guidance about how to maintain people's safety.

Staffing and recruitment

- There were enough staff to support people. Visitors told us there were always staff available if their relatives needed support. One relative said, "There are always plenty of staff around."
- Staff confirmed staffing levels were planned to meet people's needs. One staff member told us, "There are enough staff to look after people." Staff were patient and unhurried when supporting people and had time to spend with people.
- The provider carried out checks on new staff to ensure they were suitable to work in the home. These included confirming applicants' good character and conduct in previous employment in any care roles. They also completed Disclosure and Barring Service, (DBS), checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff supported people to take their medicines safely and as they needed. Medicines were stored securely to prevent their misuse.
- Staff were trained in how to support people with their medicines.
- The provider had systems to check medicines stocks and medication administration records. We discussed with the registered manager how some areas of medicines recording and storage could be further improved.

Preventing and controlling infection

- Staff were trained in infection prevention and control and people were protected from the risk of infection.

- The provider had ensured suitable personal protective equipment, (PPE), was available to reduce the risk of infection.
- Staff told us they had been trained in hand hygiene and how to use PPE. One staff member said, "We have a good supply of PPE that is easily accessible. We have regular 'inhouse' infection control training, which is informative and valuable to our role." Another staff member said, "We have Infection control training, and we also have spot checks on hand washing."
- The provider was supporting visits in and out of the home. Relatives told us they could visit when they wished and said staff made them feel welcome.

Learning lessons when things go wrong

- The provider had systems to share learning from incidents to improve the safety of the services it provided. Learning from incidents was shared with the provider's service managers and registered managers to share with staff as appropriate.
- The registered manager was open to feedback to further improve the service. They acted promptly in response to feedback and shared lessons learnt with the staff team to ensure the safety and quality of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs to ensure the care and facilities provided in the service were suitable to provide the support they required. They had included people, and those who knew them well, in the assessments and gathered information about people's preferences about their support and lives.
- The registered manager had used the needs assessments to develop individual care plans to give staff information about how to support people.
- Appropriate specialist services had been included in assessing people's needs and planning their care.

Staff support: induction, training, skills and experience

- Staff had completed a range of training to give them the skills and confidence to care for people. People told us the staff were skilled at their jobs. One person told us, "They [staff] seem well trained. They are all very professional." A relative told us, "The staff are all very good."
- Staff told us they had completed training to give them the skills, knowledge and confidence to provide people's support. One staff member told us, "Training, from fire safety to medications, is provided to a good standard. I feel it has given me the skills and insight to care better for the clients [people]." Another staff member said, "All the training has been informative, interesting and has given me confidence in my workplace."
- The registered manager was supported by a deputy manager and a team of supervisors. Staff told us they felt very well supported by the management team in the home. One staff member said, "I feel very supported by [the management team] and supervisors."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people, as they needed, to eat and drink and to maintain a balanced diet.
- The home employed cooks who prepared fresh, homemade meals which people enjoyed.
- People were offered a choice of drinks and snacks throughout the day, including healthy choices such as fresh fruit.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked with appropriate services to ensure people received the support they needed. They identified if people required medical assistance and contacted appropriate local and specialist services. One staff member told us, "If someone is unwell, I would ask a supervisor to come and assess the person with me and contact a GP or [emergency on call service] if necessary."

- People were supported to access local and specialist healthcare, as they needed. Staff had information about the healthcare services which supported people, as this was in their care records. This meant staff could contact appropriate healthcare services as people needed.

Adapting service, design, decoration to meet people's needs

- The home was purpose built as a care home and had a range of equipment and adaptations to support people. There was a passenger lift and separate goods lift, adapted bathing and showering facilities, and an emergency call system.
- The accommodation was arranged to be domestic in style. It was arranged into 5 'houses', each of which had a range of communal areas. People had their own ensuite bedrooms, which they had personalised as they wished.
- The home had accessible gardens which people could enjoy. There were also safe balcony areas on the first floor where people could sit in good weather.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People made decisions about their care and their rights were protected. Staff asked people what support they wanted and respected the decisions people made.
- The registered manager and staff understood their responsibilities under the MCA. They gave people the support and guidance they needed to make decisions about their lives.
- Where people needed restrictions on their liberty, to ensure their safety, the registered manager had applied for appropriate authorisations. There was no one who had conditions applied to an authorisation to restrict their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people in a kind and caring way and engaged people in conversation. People enjoyed talking and laughing with staff and spending their time with them.
- People told us staff were kind and caring. One person told us, "All the staff are very caring, they are really wonderful." A relative said, "[My relative] loves the staff, they are lovely with [relative]."

Supporting people to express their views and be involved in making decisions about their care

- Staff gave people choices about their care and support and respected the decisions people made. They gave people the time and support they needed to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted their independence. They spoke to people in a respectful way and were discreet when asking if people required support with their care.
- Staff supported people to do as much as they could for themselves to promote their independence and maintain their skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan to guide staff on how to provide their care. The registered manager had included people, and those who knew them well, in planning their support. One relative told us, "We were asked about what [relative] likes when they moved here."
- People's care plans had been reviewed regularly to ensure they gave accurate and up-to-date information for staff to follow.
- Staff told us they knew the support people needed by reading their care records. They said they also received information at 'handovers' before each shift. This meant staff had the information they needed to care for people.
- Staff knew people well and provided support to meet their needs and take account of their wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had assessed people's communication needs to identify how they needed information to be provided.
- Staff were aware of people's communication needs and how to share information with them.
- Important information about people's communication needs was shared with other services who supported them. This helped to ensure people received information, and support as they needed, to be included in decisions about their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with a range of activities which they enjoyed. These included craft sessions, baking and a weekly coffee morning which people could enjoy with their visitors.
- Following the lifting of restrictions during the COVID-19 pandemic, the registered manager and staff had worked to reintroduce a range of community groups visiting the home. These included visits from children at a local nursery and local community and church groups. Activities were also provided to mark special events which were important to people, such as Remembrance Day and Christmas.
- Relatives told us they were made welcome in the home and could visit when they wished. One relative said, "We always visit unannounced, and we are always made welcome by the staff." People were supported to maintain relationships which were important to them.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and managing complaints about the service. There had been no formal complaints since the service was registered. The registered manager told us any complaints would be investigated thoroughly and action taken to improve the service where required.
- People told us they could raise any concerns with a member of staff, the supervisors or a member of the management team. One person said, "I have no complaints, but I'd speak to the staff if I needed to." A relative said, "I have never had to make a complaint, everything is lovely. I'd certainly speak to [registered manager] if there was anything not right with [relative's] care."

End of life care and support

- People were supported to remain comfortable and pain free as they reached the end of life.
- The registered manager had links with local and specialist services which would work with staff in the home to care for people at the end of their lives.
- Families of people who had been supported in the home at the end of life had shared their thanks for the care provided with the registered manager. Relatives had praised the home for the responsive care provided to them and to their relatives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed a person-centred culture which focused on providing good care for people. They set high standards for staff to work to and took prompt action if there were any concerns staff were not working to the required standards.
- People knew the members of the management team and said they would be confident speaking to them. One relative told us, "I would speak to [registered manager] if I had any concerns."
- Everyone told us staff provided caring, person-centred care to people. People and their visitors told us they would recommend the home. One person said, "Of course I'd recommend it, this place is lovely." A visitor said, "I would recommend this home, I'd move in."
- Staff were proud of the service they provided and said they would recommend the home. One staff member told us, "I have worked in the care sector for many years, and I feel extremely proud to be a part of the Parkview Garden team." Another staff member said, "I have found [the home] to be a good place to work where standards are high."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles and responsibilities. The registered manager was committed to providing people with good quality care. They carried out regular checks on the quality of the service. They took appropriate actions when they identified any shortfalls in standards to ensure these were addressed promptly.
- People knew the registered manager and how they could contact them. One relative told us, "[Registered manager] is always 'out and about' in the home, I could easily speak with them if I needed."
- The registered manager had notified us, as required, when incidents occurred in the home. They were open and honest with people and their families when incidents occurred.
- Staff told us they felt well supported by the management team in the home. One told us, "[The register manager's] door is always open, and they will find time to speak to me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider and registered manager had systems to seek and act on people's feedback and people were included in developing the service.

- People had been asked for their views at regular meetings and the provider asked people to complete a quality survey to share their feedback. People's feedback had been used to develop a range of activities and in the development of menus and catering for celebratory events.
- The registered manager was committed to the continuous improvement of the service. They used feedback given during the inspection to address areas where the service could be improved.
- Staff told us they were included in identifying areas where the service could be improved. They said the registered manager listened to their suggestions. One staff member told us, "We are encouraged to make suggestions and I feel that [registered manager and deputy manager] take onboard any suggestions and action them where possible."

Working in partnership with others

- The registered manager and staff worked in partnership with other services to ensure people consistently received care that met their needs.
- Staff knew the other services which supported people and worked cooperatively with them. They contacted appropriate partner agencies if they identified people needed support from other services.