

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Parade House

The Parade
Monmouth
NP25 3PA

Date of publication – 4 September 2009

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Number of places:	18
Category:	Care Home - Older Adults
Dates of this inspection episode from:	12 June 2009 to: 3 August 2009
Dates of other relevant contact since last report:	None
Date of previous report publication:	23/06/08
Inspected by:	Sandra Link
Lay assessor:	None

Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Overall view of the care home

Information included in this inspection report was gathered from the following sources:

- Pre-inspection information provided by the registered manager
- Contact and discussions with service users, their representatives and families
- Relative and staff questionnaires
- Discussion with the manager and members of the staff team
- Examination of records maintained within the home
- Visual inspection of the building and its facilities
- One unannounced inspection visit to the home

The inspector would like to note that under the reform of regulation a proportionate approach to the inspection was undertaken and as such the primary focus was on establishing compliance in those areas of greater concern based on an analysis of risk.

Parade House Residential Home is a picturesque premises situated on the outskirts of the historic town of Monmouth. The house has an interesting history and there are photographs of the house dating from the First World War in the hall.

There is some car parking space to the front of the property, and a large well kept garden at the rear. The Home is registered with the Care and Social Service Inspectorate for Wales, to provide personal care for older persons of 65 years and over, to a maximum of 18.

A random tour of the home and garden area was undertaken to observe the general standards of cleanliness, maintenance and decoration. The areas of the premises, seen by the inspector, had been tastefully maintained to a high standard, with an ongoing programme of redecoration and refurbishment.

The statement of purpose and service user guide required amending to fully comply with regulatory requirements; the manager stated this would be completed within the inspection episode.

Service user care plan documentation required developing to include all of the identified risks and subsequent referral to the specialist agencies. This has been an ongoing requirement for the home and is of serious concern.

A staff training matrix had been developed to assist in the process of recording training planned and undertaken.

The manager provided for inspection, a written declaration in relation to compliance with technical certification and testing regimes.

The staff team appeared caring and the review of questionnaires and discussions indicated that relatives were very complimentary about care provision, staff attitudes and approach to care delivery.

Feedback on all areas was verbally given to the manager on the day of inspection.

The inspector would like to thank the manager and staff for making her feel welcome and for their co-operation throughout the inspection process.

Choice of home

Inspector`s findings:

The Home had a statement of purpose, and service user guide, which on review required amendment to fully comply with regulatory requirements. It was agreed by the manager that this would be completed within 28 days of the day of inspection and the revised documents would be forwarded to the CSSIW when completed.

Service users and families confirmed that they had been given an information pack upon admission, outlining the accommodation and services provided at Parade House. The inspector was informed that all service users' needs were assessed by the manager or her deputy prior to admission to the home, to determine whether a placement could be offered. This was based on the ability of the staff to meet their needs. Service users could undertake trial visits to the home before making a decision to stay.

Referral mechanisms were in place to the relevant services, to support the home in meeting the individual needs of service users and the home had access to specialist services/practitioners and members of the primary health care team.

The inspector was informed that all service users had contracts of terms and conditions. However, documentary evidence was not reviewed at the time of the inspection episode.

It was noted that individual service user, staff and home records were maintained in line with the Data Protection Act 1998.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Planning for individual needs and preferences

Inspector`s findings:

During the inspection visit, a case tracked review of two service users care files was undertaken and the following observations made:-

- On admission an assessment was made of a service user's general needs and activities of daily living.
- Risk assessment processes were required to be developed as a priority. There were no specific risk assessment tools in place for moving and handling, nutritional risk, the incidence of pressure damage or the management of continence. This demonstrated a lack of understanding of the importance of the risk assessment process. An assessment of an older person's health needs may indicate the requirement for health promotion advice and disease prevention, or access to specific health care and undertaking risk assessment will ensure that referrals are timely and appropriate.
- A falls risk assessment tool was observed to be in place, however, when a service user had been identified as being at risk of falling, there was no care plan in place prescribing actions to minimise the risk.
- Care planning consisted of one document which contained generic statements only, with no detail or specific instructions for care and delivery.
- There was some evidence that the care plan document had been reviewed on a monthly basis but it did not reflect the current status of the individual and therefore had not been reviewed when needs had changed.
- Evaluation of the care undertaken was absent; as there were no elements to the care plans to evaluate and so no measure of care delivery effectiveness possible.
- There was no evidence that care plans had been produced with the involvement of the service users.

Extensive discussion was held with the manager regarding all issues identified related to care planning and the identified training need in this area. It was acknowledged that due to the small size of the home, carers know the service users needs and preferences well, however this must be evidenced by documentation. This has been an ongoing requirement for the home and is of serious concern. The home was asked to review all service users care files within 28 days and evidence of that process will be reviewed by the CSSIW at that point.

The manager informed the inspector that an audit of care documentation was undertaken; however it was not formally recorded and therefore could not be evidenced.

It was noted that service user, individual staff and home records were maintained in line with the Data Protection Act 1998.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number
Care plans to consist of assessment of need with specific details and directions for care and delivery to allow evaluation of effectiveness.	20/06/08	15 (1)

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
The registered person ensures that the plan of care is drawn up with the participation of service users/representatives, agreed and signed whenever capable and/or their representative	27/08/09	15 (1)

Good practice recommendations:

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Quality of life

Inspector`s findings:

The home had specific policies and procedures in relation to maintaining autonomy and choice that were included in the home’s statement of purpose. The manager stated that daily routines were flexible and varied to suit the needs of individual service users. The review of communication from relatives/representatives, visiting professionals, service users and staff all identified very positive views regarding the quality of care and life at the home.

During the visit, the communal areas appeared calm and relaxing and there was a ‘country hotel’ atmosphere with no apparent restrictions placed on daily activities or routines.

The home had an ‘open visiting policy’, and visitors were welcomed at any reasonable time. Service users were able to receive visitors in private if they wished. It was noted the home had a ‘quiet room lounge’ for use.

The home employed an activity coordinator for 6 hours each week and representatives from local churches visited the home on a regular basis. The manager stated that whenever possible service users were helped and encouraged to maintain independence and specific individuals continued to access the local community independently or with the support of staff. Service users, who were able, accessed the garden independently and the manager stated that meals or afternoon tea were served outside whenever possible.

Service users were encouraged to maintain independence in relation to personal finances; however, when unable to perform this function, relatives/ representatives undertook this role.

The inspector was informed that service users were encouraged to personalise their individual accommodation with their possessions, which was evidenced during the random environmental review.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Quality of care and treatment

Inspector`s findings:

The manager stated that the home was serviced by 2 local GP surgeries and had good relationship with the professionals that visit. This was confirmed in discussions with members of the primary health care team.

Service users and their relatives/representatives stated that staff respected privacy and dignity when providing personal care. Health care examinations, and visits, were private, and confidential information was respected. The inspector observed that the staff delivered care in a discreet, courteous and calm manner. All service users seen were smartly dressed and appeared happy.

The lunch time meal service was observed. The manager stated that there was no menu meal cycle and the menu was drawn up each week in consultation with service users. The dining room was a very pleasant room, all tables were nicely laid and food presentation was very good. There was a social atmosphere and staff assisted service users in a calm and friendly way. Questionnaires and discussions with relatives/service users all identified that meal provision was of an excellent standard.

The home is a 'home for life' and if health needs can be met by the primary health care team the manager endeavours to support service users' remaining in the home.

Concern was expressed by the inspector regarding the lack of 'up and down' beds for service users who required assistance to mobilise. Not only did it compromise the health and safety of service users and staff, it did not encourage the maintenance of independence i.e. when beds are too low or high for a service user to get out unaided, they then require assistance. The manager was asked to review one bed immediately as it did not meet health and safety guidelines and an audit should be performed of all beds in use to ensure individual needs were being met. The manager agreed this would be facilitated.

The manager provided for inspection a written declaration in relation to compliance with technical certification and testing regimes. Evidence was seen of the last fire inspection by South Wales Fire and Rescue Services and the manager informed the inspector that an action plan had been submitted in response to any requirements that had been made.

The manager submitted information as part of the self assessment pre-inspection information regarding the management of medication within the home. This stated that there were policies and procedures in place regarding the receipt, storage and administration and return of medicines within the home. The manager informed the inspector that she performed regular audits of the medication, but there was no documentary evidence to support this. This must be implemented.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Staffing

Inspector`s findings:

The off duty rota did not contain the full names of staff employed in the home and this needed to be rectified immediately. The manager stated the rota would be amended within 24 hours.

The Home had comprehensive policies and procedures in place for recruitment; however these were not reviewed during this inspection episode.

Review of self assessment documentation, provided as part of the inspection process identified compliance with standard 21.1 of the National Minimum Standards for Older People, which identified the requirement that at least 50% of care staff hold NVQ Level 2 or above.

The training matrix evidenced that statutory training was ongoing and that the majority of staff had undertaken training in manual handling, fire safety, adult protection, health and safety and infection control. A revised matrix should be forwarded detailing when training has been organised for staff that have not completed all statutory training. Several service users were noted to have a degree of cognitive impairment. Training in dementia care awareness for all staff should be organised as a priority.

The manager stated that all staff received an annual appraisal and staff supervision was undertaken bimonthly.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
The registered person sends a revised staffing matrix evidencing that all staff have (or training has been organised) for statutory training and other identified training	28/08/09	18 (1) (a)

Good practice recommendations:

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Conduct and management of the home

Inspector`s findings:

The registered manager is also the owner and registered provider of the home and holds the NVQ level 4 manager`s award. The inspector was informed that she was totally supernumerary to the care staff in order to implement what was required in the management and running of the home.

As already stated in this report, extensive discussion took place regarding the lack of documentary evidence regarding service users care plan documentation and that it did not consistently, or robustly identify how individual care needs would be met, or reflect all potential risks. This lack of documentation was evidenced in further aspects of the home e.g. lack of environmental and accident audits. The manager did outline the quality assurance measures that were employed at the home. Following admission, a four-week review was conducted to ascertain if the needs of the service user were being met, and if their expectations of life at the home had been realised. Questionnaires had also been developed and responses sought from service users and their families. The manager stated that any issues that arose were dealt with immediately, however there was no documentary evidence of analysis of the questionnaires or outcomes.

The manager informed the inspector that the deputy manager was responsible for auditing the service user care plans, and agreed that all service user care plans would be reviewed, and home audits would be undertaken within 28 days of the date of inspection. It was noted that the deputy manager did not appear to have adequate supernumerary hours to perform the management responsibilities that had been allocated to her. The manager was reminded that it was her responsibility to ensure that adequate staff were employed to meet the needs of the service users and undertake all managerial duties.

The inspector advised that a further visit to the home will take place outside this inspection episode to ensure compliance with regulatory requirements.

Returned questionnaires and discussions evidenced that the manager was approachable and responded to issues and any concerns promptly. Service users and staff indicated that the manager promoted a management culture at the home which was open, positive, and inclusive.

The inspector noted the friendly, calm and dignified atmosphere in the home.

Financial procedures were not audited on this occasion.

A copy of the Home`s insurance policy was provided for inspection.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Concerns, complaints and protection

Inspector`s findings:

The registered manager stated that the home had a complaint policy/procedure that was openly accessible, and was included in the homes statement of purpose and service user guide.

There were no complaints or POVA referrals since the last inspection.

The home did not have access to the South-East Wales policy on the Protection of Vulnerable Adults (POVA).

POVA training was ongoing with comprehensive education and training provided by Social Services or private consultants. However on discussion and reviewing the home's POVA policy it did not reflect local guidelines. There was an urgent need for the manager and deputy to attend level 3 POVA training to ensure that local guidelines were followed and that arrangements for service users were satisfactory to ensure their protection.

A whistle blowing policy was in place to ensure that staff were comfortable with reporting incidents of abuse to the manager and/or senior staff.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
The registered person ensures that a POVA policy is implemented which reflects current local guidelines and all staff have access to this document	28/08/09	13 (6)

Good practice recommendations:

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The physical environment

Inspector`s findings:

Parade House is located a short distance from the town of Monmouth.

A random tour of the home and garden area was undertaken to observe the general standards of cleanliness, maintenance and decoration. The areas of the premises, seen by the inspector, had been tastefully maintained to a high standard with an ongoing programme of redecoration and refurbishment.

There was a large lounge/dining room and separate quiet lounge on the ground floor, which provided space to socialise, and an area which was suitable for activities including the monthly church service.

All 7 rooms on the ground floor and two on the first floor had en suite facilities which included a bath. It was noted that the only shower on the ground floor had a high step and would not be accessible for any service user who required assistance to mobilise. The first floor had a further bathroom with an overhead shower but no separate shower facility. The manager was advised that the home did not meet the national minimum standards for older people (2004) in that there should be one assisted bath and shower on each floor where there was bedroom accommodation. One communal bathroom was seen to have fitted carpets. The manager was advised that bathroom floors should be washable to minimise the risk of infection. She stated that new flooring would be implemented immediately.

There was a large well-maintained garden which was wheelchair accessible.

Individual bedrooms seen by the inspector had been personalised with furnishings and décor to a high standard. Locked cabinets had been provided in each room.

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations: