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

Parkhaven Trust - 1c Westover Close

Parkhaven Trust, 1c Westover Close, Maghull, L31 7BU
Tel: 01512220306

Date of Inspection: 27 November 2013
Date of Publication: January 2014

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

- Respecting and involving people who use services ✓ Met this standard
- Care and welfare of people who use services ✓ Met this standard
- Meeting nutritional needs ✓ Met this standard
- Safeguarding people who use services from abuse ✓ Met this standard
- Management of medicines ✓ Met this standard
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Parkhaven Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Alena Petrie</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>1c - Westover Close is a purpose built bungalow designed to support people with a range of learning and physical needs. It is situated in a cul-de-sac location. It can be accessed by two drives which ensures the building can be accessed easily.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
</tr>
</tbody>
</table>


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'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>6</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>7</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>8</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>10</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>About CQC Inspections</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>How we define our judgements</td>
<td>15</td>
</tr>
<tr>
<td>Glossary of terms we use in this report</td>
<td>17</td>
</tr>
<tr>
<td>Contact us</td>
<td>19</td>
</tr>
</tbody>
</table>
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 27 November 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

On the day of our visit we found this home to be very friendly and relaxed and people appeared happy. When assessing this service, we found that the people who lived at the home had different communication needs. We used a variety of methods to assess this service such as talking with people, undertaking observations and talking with staff and family who knew people best.

People told us "I like it here". Family member's told us that people who lived at the home "Were very well looked after". On the day of our visit we found that the interaction between staff and people very positive. We found that people's individual needs were met and that people were supported to undertake a wide range of activities.

We found that staff had an in-depth knowledge of peoples health needs and were able to explain what to do if people needed help. We found that people were referred to appropriate specialist services as needed. We found comprehensive health records in place to support people and staff to ensure they were supported appropriately.

We found that there was a variety of food and drink available in the home. We found that people were supported adequately to ensure their needs were met. We found that there was choice available to cater for people’s individual needs.

We reviewed safeguarding processes in place for the home and found that there was a process in place and staff understood what to do and had received up to date training.

We reviewed how medicines were managed in the home. We spoke with the pharmacist and found that good links with the home were in place. We observed medicines administration and reviewed audit processes in place and spoke with staff.
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

Respecting and involving people who use services ✔ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During our visit we observed and excellent rapport between people who lived at home and staff supporting them. When we talked to staff it was clear that they had a good understanding of people's preferences and individual choices and this was also reflected in peoples support plans. The manager told us that new documentation was in place across the group and on reviewing this documentation it could be seen that people's individual preferences were clearly described such as music taste and hobbies. During our visit we saw people enjoying these interests.

We observed that the home used a variety of techniques such as word recognition in order to support people in making decisions and keeping them informed. We reviewed records which showed that people had a choice on when to get up and go to bed. This was supported by our observations during our visit.

We spoke with people who lived at the home who told us that they were able to access a wide variety of activities and clubs outside of the home. We observed that there was an activities board in place and there was a range of activities planned such as a visit to a local pet club and swimming weekly. Staff told us that people had recently been to a local shopping centre to buy Christmas presents for their family and we observed people being involved in wrapping gifts.

During our visit we observed people being supported to go out on a number of occasions whilst we were there. Staff told us that they supported people regularly to go out and when we reviewed records we found that this was evidenced in the records kept. We spoke with family who felt that people had an opportunity to go and felt that the minibus was good in facilitating this. We spoke with staff and they told us there were now additional staff that were able to drive the minibus which meant there were more opportunities for people to enjoy holidays and days out.
Care and welfare of people who use services  
Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

We reviewed records in place for people living at the home. We reviewed daily evaluation records and case tracked documentation for all people living at the home. We found comprehensive documentation relating to people’s health needs.

We found that all people living at the home had up to date care plans in place which related to their needs. We spoke with staff who had a good understanding of people’s needs. We also noted that every person had a key worker who was required to submit a monthly update report which was considered when updating care plans.

We found individual needs were considered and for some people tools such as pain charts and seizure charts were used to help staff to evaluate and better understand how people felt. We found accurate records of fluid balance in place for people living at the home. On reviewing one of these records we could see that there had been some difficulties in managing a person’s fluid intake on occasions. When reviewing records we could see that there had been family involvement in discussions regarding this and that the GP was consulted and a management plan agreed which had been successful to date.

We observed that health professional contact numbers were accessible for staff and staff told us that in addition to this there was an on-call arrangement in place to support the home if they had any queries or concerns. On reviewing records we could see that rescue plans for the management of epilepsy were in place for some people in the home. When we spoke with staff they had a good understanding of the content of rescue plans and what to do.

We saw evidence of appropriate escalation to health professionals when reviewing people’s records. We saw evidence of interactions with a number of professionals such as chiropody, physiotherapy, GP and hospital specialist services. During our visit we observed someone being supported to attend a physiotherapy appointment and as a result of this plans regarding the afternoon were altered to respond to the person’s wishes and needs.
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We found that staff were trained appropriately in food preparation and hygiene. We observed that choice was available for everyone living at the home and individual food preferences were taken into account when planning meals. When we spoke to staff regarding choice we were told that there were always a number of options available for each meal. During our visit we observed a number of choices being served for lunch. We observed flexibility in when people ate meals and also saw that there was a variety of snacks available.

We found menus displayed at the home and observed that the menu was on a three week rotation. Staff told us that they always talked to people living at the home in order to give people the opportunity to choose something else. We observed food being prepared at the home. We found that due to the design of the kitchen and eating area, people were able to get involved in what was happening in the kitchen making food preparation interactive and stimulating.

We reviewed retrospective menu records and saw that people had received a wide variety of choice of meals. We found that the home had completed food records in place which constantly reviewed people’s dietary needs and how much food they had eaten.

All people living at the home had a nutritional support plan in place which was up to date. We found that staff were trained in nutrition and the manager told us that all staff were in the process of accessing a further update over the next months. We found records of peoples weights being monitored and by reviewing these records and through observation were satisfied that there was a monitoring process in place. On reviewing records we noted that there had been regular discussions with family including them in decision making about people’s preferences and nutritional needs.

For some people at the home personal goals with regards to calorie intake were in place following specialist advice. During our visit we observed nutritional supplements being given as prescribed to support people maintain their goals. On the day of our visit we found that most people needed support in eating and drinking. We found that there were sufficient numbers of staff in place to help people with eating and drinking. We reviewed the staff rota and discussed this with the manager of the home. We found that the staffing levels in place were appropriate to support people with eating and drinking. The manager
also explained that if there were any staffing issues, there were a number of options across the group to ensure people were supported. We were told that this included a system that if there were any staffing issues across the group, staff from other areas were able to provide support.

We reviewed the daily duties log which included checks on fridge and freezer temperatures. We noted that the home had monthly quality assurance checks in place to ensure that food was safely stored and prepared.
Safeguarding people who use services from abuse  ✔  Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with two staff members and the manager of the home regarding their understanding of safeguarding procedures. Both staff and the manager were able to explain what safeguarding was and how to escalate any concerns appropriately. We observed that contact numbers were easily accessible for staff. Staff told us there that was also a lead person within the group who co-ordinated any safeguarding concerns. We contacted the lead person and they were able to explain the process of escalation and actions that would be taken if a safeguarding concern was raised across the group.

We contacted two families whose family members lived at the home. We spoke with people and they told us "We are very happy with the care and we are very happy" and "The staff are always so welcoming and friendly". The people that we spoke to felt that they had a good relationship with the staff and would be able to raise any concerns.

We discussed a current safeguarding query with both the manager and lead for safeguarding within the group and were satisfied that arrangements at the time of the visit ensured that the query was being investigated appropriately.

We reviewed training records and were satisfied that all staff had completed training on safeguarding and found them to be up to date.

We reviewed the induction programme in place for all new staff working at the home. The manager told us that all staff were employed on a three month probationary period. We were informed that all staff were supernumary for a period of weeks during this time and that all new staff were assigned a mentor. The manager told us that during this period all staff had regular meetings with the manager of the home to review the content of "Skills for Care" competency and knowledge workbook which was allocated on commencement of employment.

We reviewed records relating to finances of people living at the home. We were told by the manager that these were standard across the group. We reviewed financial audits that
were in place. We were told that these were undertaken quarterly. We reviewed records for the year 2013 and found financial audits were fully completed quarterly and no discrepancies were found.

We reviewed records relating to mental capacity and best interests and found that all people living at the home had complete and up to date records relating to their financial affairs. This documentation showed evidence of involvement and discussions with family members regarding these matters.
Management of medicines

| People should be given the medicines they need when they need them, and in a safe way | ✔ Met this standard |

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

All people living at the home had up to date medication records in place for administration of medicines. We found these records to be up to date, legible and complete. We found medicines were stored appropriately in a locked clean cupboard.

We spoke with staff and observed medicines being administered during our visit. We observed people being supported to take medications appropriately. We found up to date standard operating procedures for administration of medication via enteral feeding. Staff were able to explain this procedure to us correctly. We observed medication administration using this method during our visit and were satisfied that staff knew how to undertake this safely. The manager told us that all staff had been assessed on the administration of medicines via this route. The manager added whilst all staff were considered competent she was considering some refresher training in this area.

We spoke with the pharmacy responsible for supplying medicines to this home. They told us that they had no concerns at all relating to medicines management at this home. The manager of the home told us that she had a good relationship with the pharmacist and was able to phone for any advice. Both the pharmacy and the manager stated that previously the pharmacist had visited the home every three months but that this was no longer required.

We found that all people in the home had any allergies considered and documented. We found contact numbers for the local pharmacy clearly visible and easily accessible for staff if needed. Staff were able to tell us where these were. We found a medication sheets and information file available to staff to refer to if they had any queries.

We reviewed clinical records relating to medication and found evidence of written discussions from the home to the GP and further correspondence relating to the most appropriate and successful method of administration of medication. This was supported by what the manager told us and documentation relating to mental capacity and best interests decisions.

We reviewed training records for staff working at the home. We were satisfied that all staff
had undertaken medicines management training and we saw that all staff were in the process of undertaking a refresher course over the month for which some had already completed.

We reviewed documentation that weekly medication audits were in place and that these had been recorded as complete for all the documentation that we reviewed. We observed that this task was the responsibility of the person in charge.

We observed that there was also a process for ensuring that equipment related to enteral feeding and medication was in place to ensure that procedures were followed in terms of stock rotation. We observed this in practice whilst we were visiting this home.
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.
<table>
<thead>
<tr>
<th><strong>Glossary of terms we use in this report (continued)</strong></th>
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<tbody>
<tr>
<td><strong>(Registered) Provider</strong></td>
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<tr>
<td>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’.</td>
</tr>
<tr>
<td><strong>Regulations</strong></td>
</tr>
<tr>
<td>We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.</td>
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<tr>
<td><strong>Responsive inspection</strong></td>
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<tr>
<td>This is carried out at any time in relation to identified concerns.</td>
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<tr>
<td><strong>Routine inspection</strong></td>
</tr>
<tr>
<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
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<tr>
<td><strong>Themed inspection</strong></td>
</tr>
<tr>
<td>This is targeted to look at specific standards, sectors or types of care.</td>
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</tbody>
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