



Inspection Report on

Parade House Residential Home

**Parade House Residential Home
The Parade
Monmouth
NP25 3PA**

Date Inspection Completed

16/01/2024

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About Parade House Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Parade House Ltd
Registered places	20
Language of the service	English
Previous Care Inspectorate Wales inspection	17 August 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

The service provider has improved the way they engage with people to obtain feedback on things of importance to them. People are happy and they told us care staff are kind and considerate. Referrals are made to health professionals to promote people's physical health. The oversight of the service delivery by the service provider has been strengthened. Activity and visiting arrangements support peoples' emotional well-being. The home is clean and welcoming. Potential risks within the environment require further monitoring.

The service has a new experienced manager in place, who is well-organised and keen to drive service development and improvement. Medication systems are safe and more robust. Recruitment of additional permanent staff has resulted in a more appropriate mix of suitably competent and skilled staff on duty to safely meet peoples' needs. This includes the development of senior staff roles and an increase in the number of care staff completing their registration with Social Care Wales (SCW). SCW maintains the register of social care workforce in Wales. Staff told us they feel supported and well-trained, however formal supervision practices are not consistently maintained.

At a previous inspection we identified areas where the service provider was required to take priority action to meet regulations. These included improvements in the management of the service and oversight of the service by the Responsible Individual (RI). These areas have now been met.

Well-being

People's individual circumstances are considered. Staff are attentive to people's needs. We observed people spending time together enjoying each other's company, where others were reading, knitting, watching TV, or relaxing in the comfort of their own bedroom. People told us staff are kind, and they are happy with the care and support provided. Activity provisions are in place. The dining experience is calm, and relaxed, however further oversight of the mealtime experience is required to ensure this is consistently positive for everyone.

Measures are in place to safeguard people and to promote their emotional well-being. Staff respond to the sound of safety equipment in a timely manner, reducing risks to people's well-being. Suitable mobility aids are in place to help people move around the home. The service actively supports people's well-being by facilitating family contact. This includes visits and keeping in touch with people who are important on the telephone and social media. Staff receive safeguarding training. Health professional advice is sought and responded to in a timely manner. Recruitment practices mostly ensure staff are recruited safely. Medication management systems are in place with good oversight to ensure procedures are consistently safe.

People are listened to. Systems are in place to measure people's satisfaction and oversee the performance of the service. The Responsible Individual (RI) maintains oversight of the service delivery. They capture people's opinions on the service whilst monitoring the quality of care. There is a new manager in post who oversees day to day service delivery. The RI and manager have a good presence at the home, engaging positively with people, their representatives, and staff. Staff told us they feel well supported in their role and the management team are approachable.

The environment mostly supports people's well-being. The home is secure, clean and spacious. Personal Protective Equipment (PPE) is worn by staff in line with infection protection and control guidance. The service continues to receive investment from the provider with renovation and refurbishment works ongoing. The kitchen is clean, organised and safety checks are well maintained. People can be confident their meals are prepared safely. We were told outside areas will be developed in warmer months; this includes ensuring paving slabs do not pose a falls risk to people using the rear garden. Health and safety checks are mostly maintained, but some areas in the environment require close monitoring.

Care and Support

Mealtimes are mostly positive where individuals are supported sensitively to eat and drink. People look relaxed and comfortable in the presence of staff. The dining experience provides people with an opportunity to socialise and enjoy their meals together. Care staff support people to mobilise around the home in an unrushed encouraging manner. People make choices on what they want to eat the following day. Some people forget their choices and get confused. A lack of staff presence in the dining area, means people's concerns are not always heard. We saw some people have the choice to eat their meals in the comfort of their own bedrooms. People told us they like to eat their meal with some privacy and the food tastes good. We saw compliments recorded from people who receive support and from relatives. Comments confirm people's choices are respected and the care is good.

Each person has a personal plan which mostly provides detail to care staff on the care and support to be provided. People and/or their representatives are involved in the development and review of their care and support; however, this approach needs to be consistent. Where people have recently been admitted to the service, plans are not always completed in detail in a timely manner. Personal care plans for one person lacks detail. The manager showed us care plan audits and actions plans and provided assurance this will be improved.

People have access to appropriate advice and support when required to promote their health and emotional well-being. Referrals are made to external professionals, and care staff liaise with the relevant health and social care professionals. People have regular access to GP's and the community nurse when needed. There are opportunities for people to engage in activities and access their local community. People told us they had enjoyed a game of bingo and won a prize. Family and friends are able to visit people, supporting their emotional well-being.

Improvements have been made to the management and storage of medication. Medication is stored securely and can only be accessed by authorised staff. Robust processes for administering medication is in line with the prescriber's directions, and avoids errors. The manager has implemented regular monitoring of mechanisms in place and robust auditing processes. Medication subject to high levels of regulation are managed well.

Environment

The environment is suitable for the provision of the service, refurbishment works are ongoing with further upgrades planned. The location, design and size of the premises are as described in the statement of purpose (SOP), including a four stage heating refurbishment to commence in the next few weeks. We were informed the planned works will be managed by an external contractor and risks have been fully considered. The provider told us people and their families/representatives have been consulted with, people are kept informed and disruption to service delivery minimised as best they can.

The service is clean and comfortable. Domestic staff were observed regularly cleaning areas thoroughly, keeping their trolleys and chemicals safe. Rooms are a good size; a communal lounge and spacious dining area are available. Bedrooms are individualised to people's tastes and contain photos, personal belongings, and keepsakes, which promote a sense of belonging. Cleanliness in the kitchen is maintained to a very good standard and robust food safety systems ensure risks are effectively managed.

Health and safety mechanisms in place require strengthening. The entrance to the home was secure on our arrival, and we were asked to sign-in to the visitors' book to record the reason for our attendance. Chemicals used for vehicle maintenance, kept in the external porch area need to be stored safely. PPE and hand sanitiser is available throughout the home, and we saw it was used effectively by all staff. There is new flooring in laundry area to ensure areas can be easily cleaned minimising the risk of contamination.

Infection prevention and control (IPC) audits are completed. The manager has developed a more enhanced audit tool to review and develop IPC measures at the service. Safety certificates and fire risk assessments in the environment are undertaken. However, we did find the access of an exit fire door was compromised potentially placing people at risk. Also, fire risks within the laundry room area need to be more closely monitored. The presence of legionella at the service is monitored, although there is no assessment in place to manage potential risks. Health and safety management remains an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

Leadership and Management

People can be assured there are arrangements in place for monitoring service delivery. The provider has improved and maintained oversight of the service. We reviewed a recent monitoring report completed by the RI. The report reflects opinions on service delivery are captured and performance is scrutinised. Satisfaction surveys are used to engage with all stakeholders to obtain people's views of the service and reviewing the quality of care. The RI has a presence at the service and engages with people and considers their opinions on service delivery. A resident meeting has been held with people living in the home to share their views.

There is a new manager in post who manages the service on a day to day basis. The manager is registered with SCW. They are well-organised and demonstrate good leadership skills, monitoring all aspects of service delivery. Improved lines of communication and consultation with staff supports them to carry out their role ensuring key information is shared.

The provider's SOP provides an overall picture of the service offered. However, the SOP does not describe how the provider will meet people's language and communication needs including the extent to which the service makes provision for the Welsh language offer. Staffing levels are maintained as prescribed by the management team, although, the provider is unable to evidence how staffing levels are determined. The provider gave assurance they will further review and improve their processes for determining staffing levels.

People employed at the service receive the relevant training; however, supervision practices require strengthening. Staff receive refresher training in key areas, and we saw staff using this training, when supporting people around the home. Most care staff are now registered with SCW, with some care staff currently working towards their qualifications. The service provider has systems in place to ensure safe recruitment checks. Extra care is needed to ensure application forms are completed in detail. Staff told us they feel supported and regular meetings now take place sharing relevant information. However, regular formal supervision and annual appraisals are not completed consistently. This remains an area for improvement, and we expect the service provider to take action. We will follow this up at our next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
80	The responsible individual must ensure there are suitable arrangements in place to establish and maintain systems for monitoring, reviewing and improving the quality of care and support provided by the service.	Achieved
6	The service provider must ensure the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
57	The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	Not Achieved
36	The service provider must ensure all people working at the service receives supervision every three months.	Not Achieved
58	The service provider must have arrangements are in place to ensure medicines are administered safely.	Achieved
34	The service provider must ensure that at all times a sufficient number of suitably qualified, trained, skilled and competent staff are deployed at the service having regard to the care and support needs of the individuals.	Achieved
67	The responsible individual must ensure a manager who is registered with SCW is appointed and in place to manage the delivery of the service on a day to day basis.	Achieved

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