



# Inspection Report on

**Parade House Residential Home**

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

## **Date Inspection Completed**

17/08/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## 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	07 September 2021
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

People are happy and experience positive interactions with staff. They feel valued because they live in an environment where they are treated equally and encouraged to be independent. Visitors and relatives are welcomed into the service, supporting, and promoting the well-being of people living in the home. People have access to a range of activities supported by an experienced activities co-ordinator. Staff support people to access their local community on a regular basis. Personal plans are in place and include essential aspects of people's overall health and well-being. Records reflect the service makes contacts with external professionals when necessary. Health and safety risks within the environment need close monitoring and more detailed records need to be kept when matters have been resolved. The environment is clean, warm, spacious, and comfortable and bedrooms reflect individuality and the things important to the occupants. There is currently no appointed registered manager at the service. The service provider needs to give this immediate priority. The Responsible Individual (RI) needs to ensure people and their representatives are given the opportunity to voice their opinions on service delivery, and record the consultations, including any action taken. The systems in place to record and monitor the quality of service delivery require significant improvement.

## Well-being

People have control over their day to day lives. Staff are kind and caring in their approach. We saw some warm and genuinely caring relationships between people being supported and care staff. Activity arrangements are in place and visitors are welcomed into the home, promoting people's overall well-being. Personal plans identify people's individual support preferences and routines are documented, respected, and valued by staff. People are encouraged to maintain their independence and supported to do things they enjoy. One person told us, *'I like my routines, I have a cup of tea in the morning, I wait for my breakfast and then I get up when I want.'* Care reviews need to be held more frequently and clearly record how people are involved in this process. There is currently no requirement for the Welsh language provision at the service, however this is considered during the initial assessment process.

Systems in place to oversee and measure the performance of the service are weak. There is currently no registered manager in place. People we spoke with told us the RI, alongside the director who is currently carrying out care and support duties, are helpful and approachable. The RI is required to complete a report every three months reflecting they visit the service, consult with people receiving a service, speak with staff and considers the performance of the service. However, records have not been completed for more than 18 months. The service provider has not made provision for the quality of care to be reviewed on a six monthly basis. The statement of purpose (SOP) is fundamental to the service and must accurately describe the service provision alongside the mechanisms in place to support service delivery. However, the overall service is not being provided in line with the SOP.

Mechanisms are in place to ensure people are consistently safe requires some improvement. Risks in the environment, including fire risk management, infection control and food hygiene require further oversight and strengthening. Staff receive the relevant training and recruitment processes are in place. However, not all staff are registered with Social Care Wales (SCW) or hold a recognised qualification. Disclosure and Barring Service (DBS) checks are carried out on all staff. This process is important to consider a staff member's suitability to work with vulnerable people. The availability of staff needs to be reviewed and additional recruitment considered to ensure current staff are not working excessive hours. Medication systems and auditing of medicine management require strengthening.

## Care and Support

People appear content, relaxed and can do things that matter to them. We heard staff encouraging and reassuring people promoting independence with a clear understanding of people's individual needs. One person told us, *'The girls let me do my own laundry, that way I know where everything is.'* There are opportunities for people to engage in activities. An experienced activity co-ordinator is in place who knows people well. People access their local community, feeling a valued member of society. One person told us, *'We have so much entertainment, we have quizzes and tomorrow we are going to Monmouth for a coffee morning.'* Records reflect people are supported to maintain contact with their families and we saw visitors are welcomed into the home.

Care and support is provided in keeping with people's personal plans. We reviewed a personal plan for one person who sustained a recent fall. We found the risk assessment has been reviewed and preventative measures put in place to try and minimise a similar occurrence happening again. Daily recordings reflect people are supported with their personal care needs as required. However, personal plan reviews have not taken place for more than five months, and there is a lack of detail of how the person is involved in the review process. Staff support people with their meals in a patient and encouraging manner. People choose to have their meals in the dining room or in the comfort of their own rooms. One person commented, *'The food is excellent and varied.'*

People receive the support they require to remain healthy. Records reveal staff liaise with the GP and emergency services for support and advice as required. Health professional guidance is followed and recorded. We saw one person has support from a dietician and this is recorded in their plan. Staff receive training in falls management. A staff handover process reflects daily oversight of care delivery and support tasks completed.

Medication systems need strengthening to ensure they are consistently safe. Medication is stored safely and administered in people's rooms. This practice is sensitive to people's needs and upholds their right to privacy. We examined a small sample of medication charts and found they are not always completed accurately. Where medication is handwritten on charts this is not always signed by the transcriber or countersigned to ensure information is correct. Stock checks of medication show records and stock levels are accurate. We saw a gap in recordings and found no explanation for this. Prescribed gels and ointments in use do not always have the opening date noted to ensure this is not used beyond the recommended use by date. Medication audits have not been completed consistently. Concerns with medication practices were raised at the previous inspection. CIW raised this area of improvement further, and we expect the provider to take action to address these matters and we will follow this up at the next inspection.

## Environment

People live in an attractive spacious environment that meets their needs. The communal areas are welcoming and well decorated. The dining areas are appealing and a relaxing space for people to experience. People were observed to be comfortable, sitting together, chatting, and enjoying their meals and activities together. When one person showed signs of distress they were promptly supported and reassured by staff. Bedrooms are spacious and indicate people's own likes and interests, with family photographs and keepsakes on display. Daily cleaning tasks were being undertaken by domestic staff. The environment is clean and maintained. The garden areas are well kept and an attractive area for people to enjoy in warmer weather. Some paving slabs in the rear garden are uneven and are a potential trip hazard, especially as some people are assessed as a high risk of falls.

The systems and processes in place to identify and deal with risks to people's health and safety are not sufficiently robust. We observed the environment is not always as safe as it could be. We saw soiled linen placed directly on the floor of the laundry area next to the washing machine. This is an infection control risk. The Food Standards Agency inspected the service in December 2022 and the provider was awarded a rating of three which means the standards in the kitchen were generally satisfactory. We saw some improvements have been made, such as the kitchen has been deep cleaned and new equipment purchased. However, we found kitchen cleaning schedules are not maintained and the temperatures of chilled and frozen food when delivered to the service is not taken consistently posing a risk to the health and well-being of service users.

During the review of the laundry area, we saw items of clothing left on top of the tumble dryer posing a potential fire risk. We reviewed fire safety training records indicating most staff have undertaken fire training including fire drill/evacuation processes. We reviewed the fire risk assessment for the service dated January 2022 indicating there are 20 areas of actions required. The action plan has not been updated and the risk assessment has not been reviewed. A Fire Authority visit took place in May 2023 evaluating the fire safety. The fire safety report indicates some people are at risk in case of fire. The provider gave assurance to CIW that some areas have already been completed but some actions remain outstanding. Potential risks to people's health and safety within the environment was identified at the previous inspection. This continues to be an area for improvement, we expect the provider to take action to address these matters and we will follow this up at the next inspection.

## Leadership and Management

The leadership and oversight of the service is inadequate, and this lack of governance places the overall well-being of people at risk. The service has been without a registered manager since 01 April 2023. The RI is responsible for notifying CIW of the managerial arrangements in place whilst there is no appointed manager. CIW were not notified. People and staff told us the RI has a presence at the service, is approachable and knows people well. We requested the most recent quality of care review completed by the RI. This review should scrutinise the service delivery and drive quality improvements at all service levels every six months. We were provided with a quality of care review dated March 2021. We requested the most recent three monthly visit records completed by the RI. These visits give the opportunity for people's voices to be heard and for people, their relatives, and staff to be involved in service development. We were provided with a visit record dated December 21. The RI has not supervised the service in a way which enables them to have proper oversight of the management, quality, safety, and effectiveness of the service.

The service provider has not updated their SOP or provided a copy to CIW. The SOP indicates, *'All staff meet with the registered manager on a one-to-one basis, quarterly.'* As detailed in this report, there is no registered manager in place, and we found three monthly supervisions are not taking place consistently. Staff commented, they have no confidence as they have no manager; although they feel the people in charge are supportive, they are concerned as they do not hold the appropriate qualifications or knowledge to carry out their roles effectively. We spoke with one of the directors for the provider who has been performing care and support duties for over twelve months. They told us they have completed the required training, although do not hold a recognised social care qualification and they have not applied to SCW, to work towards this regulatory requirement. We note from the staffing rotas the director has worked excessive hours and is on call constantly. We note less than 50% of the care staff are registered with SCW. We have therefore issued two priority action notices. The service provider and the RI must take immediate action to address these issues.

We viewed two staff recruitment and training records. Records indicate the relevant training is completed. We identified some discrepancies in pre-employment checks for staff. This is in relation to employment histories and references. We note staff have the relevant identification on file, employment contracts and DBS checks have been completed.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
6	The service provider must ensure the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	New
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.	Not 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
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.	New
58	The service provider must have arrangements in place to ensure medicines are administered safely.	Not Achieved
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
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.	Not Achieved
36	The service provider must ensure all people working at the service receives appropriate supervision.	Not Achieved
21	Ensure the care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	Achieved

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 18/09/2023