



# Inspection Report on

**Parade House Residential Home**

**PARADE HOUSE RESIDENTIAL HOME  
THE PARADE  
MONMOUTH  
NP25 3PA**

## **Date Inspection Completed**

07 September 2021

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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	
Does this service provide the Welsh Language active offer?	This was a focused inspection; we did not consider Welsh Language provision on this occasion.

### Summary

This was an unannounced inspection. We saw staff are attentive and deliver the care people need. People and their relatives are happy with the care and support at the home. Activity and visiting arrangements are in place to support people's well-being. Care documentation available for staff is not always consistently updated to show peoples' ongoing support requirements. Health advice and support is not always sought in a timely manner. Staff wear the correct level of personal protective equipment (PPE) and risk assessments are in place to support this. The leadership and management of the service has been enhanced by the recruitment of a manager who is registered with Social Care Wales (SCW). Falls management and safeguarding processes have shown recent improvement, however, the service provider needs to ensure systems implemented are maintained. The mechanisms in place to ensure staff receive support, training and development require improvement. Staffing levels need to be maintained in line with the Statement of Purpose (SOP) and the service provider must be able to demonstrate the way in which safe staffing levels are determined.

## Well-being

People are happy and overall well cared for. Staff are gentle in their approach and interact with people kindly. Activity and visiting provisions are in place to support their overall well-being and communication with families has improved. We saw copies of letters sent to families explaining the changes in circumstance and visiting arrangements at the home in line with guidance, due to coronavirus restrictions. The dining experience is calm and people are supported to maintain their independence. We saw people enjoying a familiar rapport with each other and with care staff. People and their relatives we spoke with told us they are happy with the care and support at the home.

Safe practices are not always maintained. Personal plans to inform staff how they must support people are not revised when necessary. We reviewed falls management and found whilst systems have shown improvement, the service provider has not ensured these are consistently robust enough to promote people's well-being. Seeking the assistance of health advice on behalf of individuals is not always conducted in a timely manner. Medication systems in place have shown some improvement, but need to be more consistent. Further oversight is required to ensure staffing numbers are sufficient to meet people's needs. Safeguarding and falls management policies have been updated and staff told us they are aware of the procedures to follow if someone has fallen, or if they need to raise a safeguarding concern.

Systems in place to ensure staff are supported and suitably trained require improvement. The management and leadership at the home has changed recently with the new manager giving staff clear guidance and support. The oversight by the responsible individual has shown some development. RI reports show opinions are sought and consultation has improved. Staff training, specifically moving and handling competency requires specific attention. The induction process at the service is not in line with regulatory requirements. The service provider assured us these matters will be addressed.

People live in accommodation which overall promotes their well-being. Our identity was checked on entering the property and we were informed of the hygienic practices in place taking into consideration risks associated with Covid-19. PPE is worn by staff in line with infection protection and control guidance. The home is spacious, clean and comfortable. Improvements have been made to the safety and security of the building. However, the service provider needs to ensure health and safety is given further consideration due to risks identified within the environment.

## Care and Support

People appear comfortable and their emotional well-being is promoted. We saw people engaged in matters of importance to them. One person was relaxing enjoying knitting, another reading a newspaper and one person was reading a book in the comfort of their room. We also saw five people enjoying bingo and a quiz, actively involved and enjoying the organised activity. One person told us they like a quiz, painting and the armchair exercises. A beautician was at the service and told us they visit regularly, offering hand massage and manicures. One person told us their family visit when they are able. We spoke with relatives who told us they are happy with communication and visiting arrangements in place. Another told us, *'I am astonished at how well the home has dealt with the pandemic for the last 18 months and got through it.'* We undertook a short observation whilst lunch was being served and note the dining experience is relaxed, people are given choices and are supported appropriately.

Medication administration considers people's individual circumstances, however, staff practices require improvement. Secure arrangements are in place for storing medication. Individual's medication is kept safe and secure in their rooms. The service provider has developed these arrangements, enhancing people's privacy and respect when medication is offered. We examined a small sample of medication administration records (MARs). The temperature of the rooms where medication is stored is not monitored. We saw gaps on MARs and found no recorded explanation for this. A record of the rationale for administering PRN (as required) medicines is not consistently maintained and the regular administration of this medication is not robustly monitored. Medication audits have not been completed consistently.

People cannot always be confident their health and well-being is consistently upheld. At a previous inspection we were concerned personal plans and risk assessments were not always revised and health professional advice was not always sought in a timely manner. At this inspection we found some improvements have been made, however, this is not always consistent. We sampled risk management plans and health records for two people and found the revision of risk assessments lacks detail and health advice was not always sought as required. We did note records relating to two recent incidents reflect situations were managed well, and the appropriate health contact and monitoring was conducted. The recently appointed manager has strengthened the management and oversight of falls. The service provider needs to ensure oversight of these areas is maintained consistently in order to promote people's health and well-being.

## Environment

People are cared for in a clean and spacious environment, however, some improvements to health and safety are required. The home is welcoming with spacious communal areas and bedrooms that allow people to walk around independently or spend time in the comfort of their own rooms if they so wish. Bedrooms are personalised and many benefit from ensuite facilities. People were observed to be relaxed in their surroundings. PPE is readily available throughout the home. We saw domestic assistants cleaning areas thoroughly and observed staff wearing an appropriate level of PPE where required. There are suitable locking mechanisms fitted to areas of potential risk, including on fire exits. Legionella, gas and lifting equipment is tested periodically and safety certificates are available. External gardens are attractive, well-kept and accessible to people if they wish to spend time outdoors. An infection prevention and control visit was completed by external professionals and we note an action plan completed by the service provider indicating matters have been resolved.

We saw PPE and items of clothing on hangers placed on handrails outside people's bedrooms. This is a potential hazard to people who require handrails to support them when mobilising. Oxygen is in use within the service, however, no risk assessment was available to review. Fire drill evacuation records reveal not all staff have been involved in a fire drill evacuation. We note the fire risk assessment review dated February 2020 indicates there are areas of high risk within the environment that require immediate attention. However, actions have not been updated within the summary. This was identified at the previous inspection. CIW raised this further with the service provider and assurance was given that this will be given immediate attention.

## Leadership and Management

There is oversight of service delivery by the provider, however, some areas need strengthening. The service provider has recently appointed an experienced manager who is registered with SCW. The Responsible Individual (RI) has logged their three-monthly regulatory visits and records reflect opinions are sought from people and staff working in the home, including an overview of service performance. The RI visit log completed in June 2021 indicates there were gaps on the staffing rota. CIW reviewed the staffing rota over a set period of time, and noted staffing numbers were below levels indicated in the SOP. The service provider explained the staffing levels are reflective of the number of people they are supporting. However, they were unable to evidence how safe staffing levels were determined. The RI assured CIW the six monthly quality of care review is currently being undertaken. CIW requested a copy of service delivery audits completed by the service provider that are used to scrutinise and drive quality improvements at service levels. We note these have not been completed consistently.

Safeguarding processes have shown improvement. Key policies have been recently updated these include safeguarding, whistleblowing and falls policy. Policies are considered to be comprehensive offering staff clear guidance and support. Care staff meetings were held in April and August 2021 with safeguarding and falls management discussed. CIW considers more frequent care staff meetings will enhance communication and support reflective practice. We did note a handover process has been implemented to support and facilitate communication. Safeguarding referrals have been made by the service provider. The recently appointed manager has completed enhanced safeguarding training and is encouraging an open and transparent culture at the service. This is evident in care staff meeting minutes and from our discussions with staff.

People do not benefit from staff who receive regular support and training for the work they are to perform. Recruitment records reveal vetting checks are in place and robust. Training statistics indicate the service provider has failed to ensure all staff are suitably trained and skilled prior to the commencement of their role. A safeguarding report submitted by the provider in August 2021, revealed a staff member had not received manual handling training. CIW spoke with two members of staff who told us they have not received manual handling training for over two years, although staff did display a good understanding of falls management and safeguarding procedures. Furthermore, records indicate not all care staff hold a relevant vocational qualification. Induction records reveal the induction process is not in line with the 'All Wales Induction Framework' as required. We reviewed supervision records and a schedule for all staff. We found gaps within the supervision schedule and note staff supervision is not being completed consistently.

**Areas for improvement and action at, or since, the previous inspection. Achieved**

The Responsible Individual must visit the service at least three monthly and ensure systems are in place to provide evidence that visits are logged and documented.	Regulation 73(3)
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The service provider is not providing a service in a way, which ensures that individuals are safe and are protected from neglect and improper treatment.	Regulation 26
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**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

The service provider must ensure arrangements are in place to ensure medicines are administered safely.	Regulation 58(1)
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The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	Regulation 57
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The Responsible Individual must put suitable arrangements in place to establish and maintain systems for monitoring, reviewing and improving the quality of care and support provided by the service.	Regulation 80(1)
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Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

**Areas where priority action is required**

None	
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**Areas where improvement is required**

Ensure the care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	Regulation 21(1)
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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.	Regulation 34(1)(b)
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Ensure all people working at the home receives appropriate supervision.	Regulation 36(2)(c)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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