

From Eileen Chubb, Compassion in Care©

10th June 2019

To CQC Deputy Chief Inspector for Registration

Dear Ms Frederick,

In response to your email dated 2nd May 2019, I deal with each point as follows,

Your Review of the Applicants Employment History.

You have not answered my question re the Parkview registered managers assertion that she (WD) works for “The National Medical Council” An Organisation that does not exist. As you state this person’s employment History was checked by yourselves then either you have failed to do proper checks or WD has lied on oath in Bolton Coroners Court, which is a criminal offence and should reflect on her fitness.

Nursing Home.

I asked how many nurses were employed at Parkview, you have not responded to my question but you state,
“Parkview has not provided nursing care since 2014, the registration condition was updated in 2018 to reflect this position”

Given the evidence we have brought to the authority’s attention regarding this home I now ask you to provide me with the following as a matter of urgency as I am sure you must have checked this,
How much NHS funding has this home received since 2014?

The Manager WD also said in her sworn evidence to Bolton Coroners Court that Parkview was a nursing home, again this is perjury as this evidence implied that the care given to Mrs Millicent Fishwick would have been Nursing care rather than residential.

There would clearly be a crucial difference between residential or nursing care, I would argue it was the difference between life and death when serious injuries have been sustained.

This care home has only recently changed its website to state that it is only a residential home, prior to this it was advertising 24hr nursing care.

In your inspection report dated April 14th 2015 you describe Parkview as “A **nursing** and residential Home”

In September 2015 again you describe Parkview as “A **Nursing** and residential home.

It is not until April 2016 that it is described as a residential home for the first time, but it is a further year before the owner says they want to apply to change their registration category. There are clearly residents and families in this home who believe it to be nursing.

There are also residents in this home with alcohol dependency and have been for some time, why was this never noted in your inspections? The home is not registered for this care category.

You state that prior to registering WD you did a face to face interview with her, did she declare that serious allegations about her conduct were being investigated by the NMC? If she did not declare this then does this failure to declare not in itself reflect on WDs fitness.

You state that you reviewed the NMC information on WD, did you contact the NMC to check if there were any outstanding concerns about WD?

You state that all the checks did not identify WD as being responsible for any concerns at Parkview. This is totally incorrect, I passed detailed concerns about both Parkview and about WD to Bolton Safeguarding. I also published several detailed reports highlighting serious concerns about Parkview and WD.

You state the past serious failings and the most recently highlighted in your inspection reports did not reflect on WD and that is why you registered her as fit, I totally disagree, the following extracts are from your most recent inspection report, Which you disregarded when making the decision that WD was a fit and proper person.

“We looked at how new staff had been recruited since our last inspection. We found staff were not always recruited in line with the home's recruitment policy and procedure. This was because two references from previous employers were not always obtained. We looked at the systems regarding fire safety and the suitability of the premises. We found prompt actions had not been taken following the last fire risk assessment in 2018. A number of recommendations had been made and needed to be acted upon by the provider. We referred these concerns to Greater Manchester Fire Service after the inspection. Where accidents and incidents had occurred such as falls, timely referrals were not always made to other health care professionals. The principles of the MCA were not always being adhered to. This was because mental capacity assessments and best interest discussions had not always been held where people were unable to consent to their care and treatment. Quality assurance systems needed to be improved to ensure the concerns from this inspection were identified and acted upon in a timely manner. The home has a poor inspection history and although improvements were noted during some of our previous inspections, these were not always being maintained.

“Parkview Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager at the time of the inspection, although they were not yet registered with the Care

Quality Commission. An application had been submitted and was being processed by our registration team.”

“People were not always safe and protected from avoidable harm. Legal requirements were not always met.

Assessing risk, safety monitoring and management

● *Each person living at the home had their own risk assessment in place covering areas such as mobility, falls and nutrition. Where risks were identified, there were details about how risk needed to be mitigated.*

Personal emergency evacuation plans (PEEP) were completed for each person and provided details about people's needs in an emergency.

● *Our inspection was supported by an occupational therapist who had expertise in falls management and they looked in detail at how falls were managed. It was noted that where people had fallen at the home, the investigation reports stated referrals would be made to other health professionals such as the independent living service (ILS) for further assessment. It was not clear within if these referrals had been made, although we contacted the service after the inspection and they confirmed this had had not been completed by the home.”*

● *We looked at how staff had been recruited since our last inspection in May 2018 and reviewed four staff personnel files. We found appropriate references had not always been obtained from previous employers prior to staff commencing employment. The recruitment policy and procedure stated if these were not in place, an assessment needed to be completed to ensure no risks were presented to people living at the home. Two (of four) of the staff files we viewed did not have two references. However, the policy and procedure had not been followed and both staff had started work at the home. A reference for one of the*

members of staff was submitted on 11 January 2019, however the reference was not dated and was not on letter headed paper. A reference for the second member of staff was also sent, although this was dated after the inspection (11 January 2019) and was from a previous land lord, whereas the policy and procedure stated references should be from previous employers.”

“Where people lacked capacity, appropriate consent had not always been sought to the use of restrictive practices. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Need for Consent.”
The service was not well-led.

● *The home has a poor inspection history and although improvements were noted during some of our previous inspections, these were not always being maintained to ensure regulatory requirements were being met.*

This meant there had been a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.

The above failings being described as merely poor governance is incredible: even if you ignored all the concerns that were known to you via safeguarding, Compassion in care reports, family’s concerns, you can hardly justify ignoring your own inspection reports. If WD passes your criteria for Fit and proper persons, then your standards are not only flawed but downright dangerous.

Your registration of categories of care being provided in different homes leaves the system wide open to abuse and misuse of public money via NHS nursing funding and Local Authorities paying for nursing care in homes that have no 24hr nursing cover.

I want the above questions answered without further delay

Eileen Chubb

