

Crystal Nursing Services Limited

Park View Nursing Home

Inspection report

13 Gedling Grove
Radford
Nottingham
Nottinghamshire
NG7 4DU

Tel: 01159790776

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19 February 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Park View Nursing 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 home is registered to provide accommodation for up to 14 people with learning or physical disabilities. At the time of our inspection there were 13 people living at the service.

At the time of our inspection there was an experienced registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Rating at last inspection:

At our last inspection of the service on 1 July 2017 we rated the service overall as 'Good' and 'Requires Improvement' in Effective. The service at that time was not consistently effective. Further improvements were required with regard to how the principles of the Mental Capacity Act (2005) and Deprivation of Liberty's Safeguards were applied.

During this inspection, we found that there were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's experience of using the service:

Risks to people were assessed and managed safely. Medicines were managed, administered and stored safely. People were protected from the risk of abuse and staff knew what action to take to ensure people's safety.

Accidents and incidents were recorded and reported in a timely manner. There was evidence that they were monitored and lessons were learned and shared with staff appropriately.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs in a timely manner. There were systems in place to ensure staff were inducted into the service appropriately. Staff received training, supervision and appraisals.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when required and staff worked well with external agencies.

People were treated respectfully and staff ensured their privacy and dignity was maintained.

People's diverse needs were met and staff were committed to supporting people to meet their needs with regard to their disability, race, religion, sexual orientation and gender.

People were involved in making decisions about their care.

There was a wide range of activities available to meet people's interests and needs.

The service provided care and support to people at the end of their lives. People's needs were reviewed and monitored on a regular basis.

There were systems in place to monitor the quality of the service provided. People's views about the service were sought and considered.

Concerns were discussed relating to the cleanliness of some parts of the service. We saw evidence that the home had an action plan in place to address the issues identified in a recent audit. The provider gave assurance that the refurbishment programme would address the key concerns identified in this, relating primarily to new bathroom provision.

The provider worked in partnership with the local community and other professionals to ensure people received appropriate levels of care and support to meet their needs.

Why we inspected:

This planned inspection took place on 19 February 2019 and was unannounced.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Park View Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one Inspector and a Specialist Advisor with experience of supporting and caring for people who lived with learning disabilities.

Park View is a small nursing home for up to 14 people with learning or physical disabilities set out over two floors, with access via a lift for people who reside on the first floor. It is set in a residential area of Nottingham, with a small garden area to the rear. The home has full access for wheelchair users, and is in the process of a refurbishment programme, which the provider spoke to us about during the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection took place on 19 February 2019 and was unannounced.

Before our inspection, we reviewed information we held about the home. This included previous inspection reports and notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We contacted local authority commissioners of adult social care services, the local clinical commissioning group (CCG) and Healthwatch and asked them for their views of the service provided. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection, we spoke with the registered manager, the provider, the clinical lead, one nurse, three care staff and the cook. We reviewed a range of records. This included six people's care plans and

medication records. We also looked at four staff files in relation to recruitment, training and supervision records. We reviewed records relating to the management of the home and a broad range of policies and procedures which had been developed and implemented by the provider.

Due to people's communication needs their feedback about all aspects of the service was limited in parts. We used SOFI (Short Observational Framework for Inspection) observation to help us understand people's experience of the care and support they received. We spoke with a visiting relative to ask about their experience of the care their relative received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. Records showed staff had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. One member of staff commented, "Firstly, I would report any concerns to the manager. If I felt they hadn't done anything about the concern I would then take it higher."

- Safeguarding information was displayed around the home for staff and people's reference. Safeguarding records we looked at included local and regional safeguarding policies and procedures and a safeguarding monitoring tool to learn from any on-going enquiries and to assist in managing any concerns if required.

Assessing risk, safety monitoring and management

- There were arrangements in place to deal with foreseeable emergencies and records confirmed staff received training on fire safety and the home had a fire risk assessment in place with regular fire drills carried out. People had individual emergency evacuation plans in place (PEEPS) which highlighted the level of support they would need to evacuate the building safely in the event of an emergency. One member of staff told us, "We have training so we know what to do if we need to evacuate. We take people out to the where the assembly area is, we have done this on several occasions. We have practiced getting people out of the building."

Staffing and recruitment

- People were supported by a sufficient amount of staff to keep them safe and meet their needs. There were sufficient numbers of staff deployed to provide support and respond to people's needs appropriately. The registered manager provided evidence of staffing levels in the form of rota's covering the previous six weeks, which showed that the home had sufficient levels of staff.

- Staff we spoke to told us they felt that there were enough staff employed at the home. One staff member we spoke with told us they felt "very confident that the staff worked well as a team, and that there were enough of them." They also felt that the staff were well trained to do their jobs.

- People using the service and their relatives told us that there were enough staff available to meet their needs effectively.

- People could be assured that safe recruitment processes were followed. Before staff had started working at the service, a check had been carried out through the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that proof of identity and appropriate references had been sought prior to staff commencing work. This

meant that the provider had taken appropriate steps to ensure people were protected from receiving care from staff who may not be suitable to support them.

Using medicines safely

- Medicines were stored, administered and managed safely. Including topical creams and controlled drugs. People received their medicines from staff who were suitably trained to do so and who had regular assessments of their skills and knowledge to ensure they remained competent to administer medicines safely. We observed nursing staff administered medicines to people in a patient and kind manner. People's medicines records were organised, complete and up to date. There were up to date medicines procedures in place and medicines error incident reporting systems to report any errors should they occur.
- Information / guidance for staff included important information such as allergies and a photograph of individuals for correct identification. Some people were prescribed medicines that required specific monitoring, for example, with regular blood tests. Additional information was available to staff and included warning signs to look for if someone should become unwell due to a particular condition, such as diabetes or epilepsy.

Preventing and controlling infection

- There were procedures in place to protect people from the risk of infections, including staff wearing personal protective equipment (PPE) when needed. There was evidence of infection control and hand washing technique signs around the home. Alcohol gel dispensers and liquid hand soaps were available to protect people from unnecessary infections. The provider completed regular thematic audits which included monitoring areas such as hand hygiene, the home environment, cleanliness of the kitchen area, laundry, disposal of waste, spillage and or contamination and PPE.
- Concerns were discussed relating to the cleanliness of some parts of the service. These had been identified in a recent Infection Control Audit carried out by Nottingham CityCare Partnership. We saw evidence that the home had an action plan in place to address the issues identified in this audit. The provider gave assurance the refurbishment programme in place would address the key concerns identified in this relating primarily to new bathroom provision.

Learning lessons when things go wrong

- We saw evidence that the management team had a robust improvement and quality monitoring plan in place for all aspects of the service. Staff meeting records showed evidence of learning from any errors and current best practice guidance on relevant conditions for staff to read.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs, risks and preferences were assessed before they moved into the home to ensure staff and the home environment could meet their needs safely and effectively. Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. They also showed how risks would be minimised. Each person and their relative or advocate had been involved in writing and agreeing their care plan.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and records showed that all staff had completed training which the provider has identified as being necessary. Staff described the training they had received in relation to area such as moving and handling, safeguarding adults, the Mental Capacity Act (2005) and food and nutrition.
- Staff told us they felt supported in their roles and received regular supervision. One member of staff commented, "I have regular supervision now, and we have more staff here. Yes, I feel very supported."
- Supervision and appraisal meetings and observations were recorded and signed by both the staff member and their line manager. Records confirmed that regular supervisions were conducted and supervision topics included core value objectives, key learning points and training needs amongst others.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and preferences were met and respected and people received their meals and support where required promptly. People told us they were happy with the menus and food served at the home and their choices were respected.
- The kitchen was observed to be clean and well organised, with a good range of fresh fruit and vegetables available. The chef was knowledgeable about individual's dietary needs and requirements and how people were supported at meal times. They showed us people's meal time information such as food preferences, cultural requirements and consistency of food and drinks for example normal, soft or pureed foods. They told us they met regularly with staff who advised them when people's dietary needs changed or following meetings with the speech and language teams (SALT) to ensure people received the correct meals and support.
- We saw mealtimes were relaxed and sociable, with staff sitting down to eat with people, and talking about their plans for the day. One person told us "I enjoy the food here, we have got pie and mash today, and I like

baked beans too."

Adapting service, design, decoration to meet people's needs

- The service was spacious and adapted appropriately for people's mobility needs. Visitors and families had access to communal areas so they could visit and maintain relationships. There were stimulating and brightly decorated separate areas where recreation and activities could take place. Each person had their bedroom decorated to their own individual taste, and we saw that they had their own furniture and personalisation in each room.

Supporting people to live healthier lives, access healthcare services and support; and Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and well-being and when required were referred to health and social care professionals for intervention and support. Information and guidance from visiting health and social care professionals were retained in people's care plans to ensure staff were aware of people's presenting health and social care needs. We saw evidence in people's care plans that advice had been appropriately sought from specialist teams when needed.

- Care plans demonstrated that people or their family and advocates were involved in the planning and meeting of their health care needs. General health records confirmed people were supported to access health appointments such as sight and hearing tests, health screening tests and flu vaccines. We saw that each person had a hospital and health passport in their care plan which clearly showed what their needs were. This meant that people's specific needs could be communicated to other health care professionals.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, which we found that they had. Staff we spoke with demonstrated good knowledge of the MCA and DoLS, including people's right to make informed decisions independently, but, where necessary to act in someone's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service complied with the Equality Act 2010 and ensured people were not treated unfairly due to any characteristics that were protected under the legislation. People could be assured that information held about them was treated confidentially which complied with the General Data Protection Regulation (GDPR). We found that people's records were stored securely in the registered manager's office.

- The service supported people to access external bodies such as advocacy services when required. We saw advocacy contact details displayed in the service. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were happy with the care that they received.

Some people living at the home had varying levels of communication so we therefore used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing the support provided to people in communal areas, at meal times and the interactions between people and staff.

- Assessments considered and reflected individuals' personal histories to help develop personalised care plans. Care plans included information about people's health and wellbeing and demonstrated their involvement and their relatives where appropriate. We saw evidence of best practice guidance within care plans for specific conditions. We saw that people and their families or advocates had been involved in developing and reviewing their care plans regularly. The service supported people to express their views and be actively involved in making decisions about their care and support as far as possible

Respecting and promoting people's privacy, dignity and independence

- People in the home were receiving a caring service. We saw staff treated people with kindness, respect and compassion. One person we spoke with told us, "The staff here are my friends." We observed good interactions with people throughout our inspection and saw that staff knew people they were supporting well and understood their changing needs. In the lounge we observed staff interacting in a positive way with people. They were engaging people in meaningful occupations, such as building with the Lego bricks. The interaction was very natural from both parties, who were enjoying the activities on offer.

- Staff talked to people in a respectful and caring way. It was evident that care was individualised and tailored to each person. The service enabled people and their families to be involved in any decisions about

their care and that regular reviews were held with people and their families to discuss any additions or changes to support. Support plans contained information on how people communicated. This enabled staff to understand what people were saying when a person was unable to communicate verbally. We saw various methods of communication including computer-aided technology.

We saw that staff knocked on people's doors before entering and staff gave people time to respond to questions to make any decisions about the way they wanted to spend their day. Visitors were able to visit without any restrictions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service supported people to engage in activities and social events. There were planned activities which included options for both in house and community activities. People told us they enjoyed the activities that were available and said they often accessed the community to take part in events or to go shopping.

- We saw various activities taking place on the day of our inspection which people were engaged in. One person told us they were going out later that evening to a disco, with several other people from the home, this is a regular activity that people attend. The home had a minibus which supported people to be active and engaged citizens of their local community.

- People were encouraged to be as independent as possible. On the day of our inspection three people were going out to participate in a horse-riding activity, that they went to regularly. When they returned, one person told us "I love going horse-riding, it is my favourite thing. Even though I'm quite wobbly, I love being on the horses, they are so soft."

People were encouraged to be as independent as their conditions allowed. One person told us that they 'had just got back home' as they had returned from a shopping trip into the local town. This person was very pleased that they had gained more confidence recently to do this independently. We saw one person being supported by a member of staff to go to the local barbers for a hair cut. On their return they indicated to us that they were very happy with their new hair.

- One family member we spoke with told us that the home had a good, stable staff group, who are very knowledgeable. They felt that their relative was well supported and that last year the staff supported them to arrange a birthday party for their relatives family, which was a memorable occasion.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and this was displayed within the home for people and visitors to refer to. The policy included information in an accessible format on what people could expect if they raised any concerns and actions to take if they remained unhappy with the outcome. Complaints and concerns records we looked at showed that when complaints were received these were responded to timely and appropriately in line with the provider's policy.

End of life care and support

- People had been assisted to make decisions about how they would like staff to support them when they neared the end of their life. People's end of life care and final wishes had been discussed with them before they had started using the service. These had been developed into detailed and meaningful care plans, which included people's personal preferences. These included details about people's faith (or wish for a humanitarian service) and the people they wished to be involved and/or informed about their death. People had been involved in discussions about how they wished to be cared for when they neared the end of their life, and if they wished to remain in the home or go into hospital. An advocate or family member had been involved in these discussions with people (when appropriate), and we saw evidence of this was clearly documented in people's care plans. People had been asked about whether they wished to be resuscitated (DNA/CPR) if they were to become unwell, and this was documented and discussed with families or advocates as appropriate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw the provider had a comprehensive quality assurance systems in place. Regular audits were carried out with actions identified which had been followed up and signed off as completed by the appointed member of staff. Systems were in place to ensure any safeguarding issues were followed up and acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection there was an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and were aware of the legal requirement to display their CQC rating. They demonstrated an in-depth knowledge of people's needs and the needs of the staffing team. During our inspection we observed the registered manager was available within the home to people, visitors and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory loss can access and understand information they are given. We saw notices were displayed throughout the service which enabled people to have access to information such as community events, recent meetings and activities taking place. We saw these were in an easy read format using pictures and symbols. There was a comments and suggestions book available for residents, relatives and staff, which was regularly reviewed and action taken where necessary.

Continuous learning and improving care

- There were systems in place to recognise and acknowledge excellence in the work place. Where staff had provided good standards of care their efforts were recognised and celebrated through an employee recognition scheme. The registered manager told us that they had a 'Employee of the Month' award whereby staff voted for the person they felt deserved recognition that month. They expressed that the staff

work extremely hard and a small gesture really boosted the morale of the team. We saw evidence of this in the form of a poster of the staff member on the noticeboard in the entrance hall of the home.

- Throughout our inspection we observed that staff were motivated in their roles and were passionate about providing good care and support to people. Staff worked well as a team, communicated clearly with each other at meetings and offered support to one another when required. There were good lines of communication within the home and staff told us they regularly attended meetings to ensure they carried out their jobs well. One member of staff said, "Yes, we have regular meetings where we can discuss the running of the home and people's care. It gives us the time if we have any concerns to bring them up with management."

Working in partnership with others

- We saw evidence that people were supported to access health and social care services as required. We saw that people had been referred appropriately to specialist health teams and that the GP visited regularly and had a good relationship with the home management team and staff.