

MPS (Investments) Limited

Alston View Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alston View Nursing and Residential Home is a care home providing personal and nursing care for a maximum of 50 people in one purpose built building. One of the floors of the home specialises in providing care to people living with dementia. There were 35 people receiving care and support at the time of the inspection.

People's experience of using this service and what we found

People told us they did receive a prompt response when requesting support from staff with their call bells. People and their relatives told us staff were attentive and had time for them. They were particularly complimentary about the level and quality of staff.

Most people told us the management team were not familiar to them but it was noted the interim manager had only been in place a short time before the inspection. The home did not have a registered manager in place and had recently recruited a new manager who was to seek registration with CQC. This instability had led to some staff members feeling there was no clear position with leadership.

Some staff members raised concerns around the quantity and variety of meals in some circumstances. However, people who could engage with us were complimentary about the meals. We have made a recommendation about this together with other oversight issues that can be seen in the well-led section of this report.

The recruitment of staff was robust and staff received appropriate training. People had their needs assessed and risk assessments were in place. The service had recently started to completed regular checks of records to identify any changes in people's support requirements or any actions required.

Medicines were administered safely by well trained staff. Their competency to do this was checked. Staff had also received relevant medicines training. Safeguarding procedures, policies and staff training were in place to protect people from abuse. Staff were aware of the signs of abuse and what action to take if this was suspected.

People said their privacy and dignity was respected. We observed respectful and friendly interactions between people who used the service and staff.

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 at the service supported this practice.

Visiting arrangements were appropriate and safe processes were observed to mitigate the risk of infection. Infection control processes were robust and everyone was following the rules around the response to COVID-19.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 13 January 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations in the areas we inspected.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alston View Nursing and Residential Home on our website at www.cqc.org.uk.

Why we inspected

The inspection was prompted, in part, due to concerns received about infection prevention measures, nutrition and management oversight. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Alston View Nursing and Residential Home

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by an inspector.

Service and service type

Alston View Nursing and 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 did not have a manager registered with the Care Quality Commission at the time of inspection. A registered manager is a person who along with the provider is legally responsible for how the service is run and for the quality and safety of the care provided. An interim manager was in place and assisted the inspection process. A permanent manager had been recruited and they were to start employment in July 2021.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including a provider representative, interim manager, deputy manager, administrator, nurses and care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider and interim manager to validate evidence found. We looked at training data and quality assurance records. We also spoke with a staff member in a phone call to gather more information about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection, the provider had failed to sufficiently assess the risks to the health and safety of service users of receiving the care or treatment and risks associated with the spread of infections. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- People were supported safely by staff and measures were in place to reduce potential risks. There were individual risk assessments and support plans to guide staff on how to support people safely.
- Assessments and care plans considered people's needs, likes and preferences. Most of these had been reviewed but we noted they had only been put into a place four weeks prior to inspection. This was contrary to the action plan that had been provided after the last inspection report in January 2020 which supported these issues would be addressed sooner. The provider representative said they had encountered logistical issues around completing the action plan on time because of the COVID-19 pandemic and the effect of this on management and staffing. The interim manager said they had instigated a full programme of review and it was hoped these would be completed in the next two to three weeks.
- People told us staff knew how to care for them and had the appropriate skills. One person said, "Staff care and support me properly. They are all really good."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- People told us they felt there were enough staff on duty to meet their needs. Our own observations and staffing rotas supported this view.
- Although staff were often busy dealing with people's needs, we observed senior and nursing staff appropriately managing this to ensure support was provided in a timely way.
- Recruitment was well managed. Records showed that necessary checks were made to ensure staff were suitable for the role.
- Staff told us they were offered training regularly. The interim manager said the service was in the process of arranging refresher training in some essential areas of care and support.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to keep people safe. All of the people we spoke with told us they felt safe in the home.
- We observed good interactions between staff and people who received care. One relative told us "My relative receives good care and support and I know they are safer here than they were at home."
- Staff had received training in safeguarding people from abuse. All of the staff members we spoke with, including new recruits and inexperienced staff, had a good understanding of safeguarding and whistleblowing procedures.

Using medicines safely

- Medicines were managed safely. People had their medicines ordered and administered safely by trained and qualified staff. We noted staff also had their competencies checked regularly.
- At the last inspection, we remarked that some improvements were required with the storage of topical medicines. We noted improvements in this area at this inspection.
- Records showed appropriate information detailing when medicines should be administered and records showed us they were administered appropriately.
- Regular checks and audits of medicines were completed by the senior and nursing staff. This ensured that any issues were identified and remedied.

Learning lessons when things go wrong

- The service completed investigations when things went wrong. We saw that incidents, complaints and concerns were being investigated. In some instances, it was not clearly documented what action had been taken as part of any lessons learned. This was discussed with the service at the time of inspection and the interim and deputy manager explained a more formal system was in the process of being created around this.
- We saw evidence the service had recently instigated regular auditing of records. We noted appropriate action had been taken on any issues that were identified.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

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

At our last inspection, the provider had failed to ensure care and treatment was provided with consent. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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.

- The interim manager and senior staff took the required action to protect people's rights and ensure people received the care and support they needed. We observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. During the inspection, we noted people were offered a choice in areas such as meal provision and what music to listen to in the main lounge.
- We saw consent to care and treatment was sought in people's best interest. One person told us, "They [staff] are lovely and always ask permission before they do anything. We are never forced." Another said, "If I want to have a shave today, staff will assist me with this but I don't have to if I don't want."

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

- Senior staff had assessed and documented people's eating and drinking needs. People's dietary needs had been shared with the kitchen staff.
- Two staff members expressed concern around the type and quantity of food available. They said this had led to some people with specialised diets not having sufficient choice. They also said that on occasions others with 'normal' diets had sometimes had to have reduced portions because of the popularity of some dishes. This matter was explored in detail at the inspection. We were satisfied the issue was as a result of

communication errors and linked to the absence of a senior kitchen staff member.

- We were satisfied the issues around the choice and quantity of food were temporary and quickly resolved at inspection. We have however made a recommendation about lack of oversight in this important area in the 'Well-led' section of this report.
- Although people's weight was being recorded, monitoring had only been formally recognised in the five weeks before the inspection. This was as a result of work done by a registered manager from another service run by the provider and continued by the interim manager. No one had been harmed as a result of this omission.
- Relatives told us staff supported their loved ones to eat and drink. On our observation at a lunchtime sitting, there were enough staff members on duty to support people with their meals. We noted some people were supported individually in their own rooms if required.

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

- People were supported to access healthcare professionals such as district nurses and their GPs. There was evidence of good practice in relation to the prevention of hospital admissions.
- People's wellbeing was monitored and considered as part of ongoing reviews. We noted these reviews had become more regular since the appointment of the interim manager. One visiting relative said, "Staff and nurses ring me if my relative's health changes or they need to discuss anything."
- One healthcare professional said, "The nursing staff here are proactive and are quick to elevate any concerns. They follow expert guidance and make appropriate referrals to specialists. They work really well with us"

Staff support: induction, training, skills and experience

- Staff were trained and supported appropriately. This included nursing staff who had received appropriate learning and development sessions to maintain their nursing registration.
- There were arrangement to provide staff with supervision sessions but we noted these had only occurred in the four weeks before the inspection. The provider representative told us that they had encountered challenges with this during the COVID-19 pandemic and other logistical issues. An interim manager had been appointed to deal with management and oversight issues in the home and the routine of monthly supervision sessions would be continued when the new manager started work. Staff told us they could speak with nursing and senior staff for support most of the time.
- Staff had received an induction at the start of their employment and we saw records of this in their employment file together with education and learning certificates.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager in place at the time of inspection. The service was in the process of recruiting a registered manager and a temporary manager had been appointed in the interim. Staff told us that in the absence of a recognised manager, there had been a degree of instability in the home with unclear leadership. However, a member of staff said, "Things are looking up. Recently we have noted a change and the home now seems to be on the right track."
- A visiting healthcare professional said, "We have noted a lack of leadership and direction at the service. Sometimes it has appeared chaotic but there has been definite improvements in the past few weeks. Staff seem calmer and are working with a purpose." Healthcare professionals were complimentary about staff members' caring attitude and the clinical skills of nursing staff.
- People gave us positive views about the service but many said they were not aware of who was in charge. However, a relative who visited regularly said, "I think the home is improving. They have promoted someone to deputy manager and I know a new manager has been appointed. It's a better place because of this."
- Some staff said there hadn't been a recognised outlet to raise issues and suggestions. We noted it was only recently that the interim manager had instigated these with regular staff meetings and supervision sessions. The issue around meal choice and quantity described in the 'Effective' part of this report had not been raised by staff in a clear and progressive way. There was confusion about what had been previously raised by staff on the issue and this demonstrated a communication concern between staff and management. It also supported that a lack of auditing and checking on meal quality, quantities and people's views.

Although it was recognised governance in the home had improved, this was a relatively recent development and not always consistent with the action plan provided since the last inspection. We recommend the current programme of improvements is expanded to cover all essential areas of care and support and this is carried forward to the new manager and monitored by the provider. This should focus, amongst other things, on staff/management communication and embed the improvements that have already been made in this area.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The position around people being included and feeling empowered was mixed. People living at the service told us they had only recently had opportunity to provide feedback on care, their wishes and support requirements. However, one relative told us "I am here most days, staff are great and they can't do enough for you. They respond the same day if I have any concerns or suggestions."
- People told us there had been changes to the management which meant that the service had not always been consistent. People noted recent improvements in this area.
- Staff said they welcomed recent developments around management and structure and there was now an open door policy to encourage staff and people to raise suggestions.
- A healthcare professional said, "The home consistently obtains good outcomes for people."

Continuous learning and improving care; Working in partnership with others

- The home was committed to learning and improving the lives of people. Staff were now attending meetings and said this allowed them opportunity to air their views about running the service.
- Staff told us they were encouraged to complete training and were able to request additional training courses if they were unfamiliar with an area of care.
- The service worked with other health and social care professionals to ensure people's needs were met and in the records we reviewed, referrals were made to relevant professionals when required for specialist advice and support.
- The service had received training that was NHS/local authority approved together with other specialists in infection control relating to Covid-19.

Planning and promoting person-centred, high-quality care and support with openness

- The plans of care we saw were of good quality. We noted a recent review of this. Most were well written, person-centred documents, which provided the staff team with clear guidance about people's needs and how these were to be best met.
- Systems for supporting staff had been implemented and this included training, inductions, supervision and appraisals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The interim and deputy managers told us they were always honest with people if things went wrong and made the necessary referrals to the local authority safeguarding team. There was a policy to inform staff of the action to take if something went wrong with a person's care.
- The interim manager said they would always apologise for any failings.
- We noted an incident where a person had sustained an injury and required hospital treatment. The management team had engaged with the person and family. The contact was open and fully inclusive around the concerns and outcome.