

Bothwells Ltd

Park View Nursing Home

Inspection report

Broad Bush
Blunsdon
Swindon
SN26 7DH
Tel: 0844 3814 160

Date of inspection visit: 12 October 2015
Date of publication: 26/11/2015

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 

Overall summary

This inspection took place on 12 October 2015 and was unannounced. Park View Nursing Home provides care for up to 41 older people, some of whom are living with dementia. On the day of our inspection 38 people were living at the service.

There was a 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.

Throughout our inspection we saw staff supported people in a caring, professional and friendly manner. People had their independence promoted as much as possible while staff were taking into consideration their abilities and any risks associated with their care. People we spoke with told us they were happy with the service and how their care and support was provided. People spoke positively about the way the home was managed.

Summary of findings

People told us they felt safe living at the home. There were systems and processes in place to protect people from the risk of harm. People were kept safe by staff that were knowledgeable about the policies and procedures in place to keep them safe.

People were protected by appropriate risk assessments. Management plans were in place to reduce and manage the risks and to ensure people's safety.

Medicines were stored and administered in a safe way. People received their medicines as prescribed.

There were enough staff to meet people's needs. The service followed robust recruitment processes to ensure that people were supported by staff of a suitable character. Staff received regular training and they were knowledgeable about their roles and responsibilities. People were supported by staff that had the skills, knowledge and experience required to support people with their care and to meet their needs.

The service was flexible and responsive to people's individual needs and preferences. People were offered a choice of activities to increase their sense of well-being and quality of life.

People's needs had been assessed before they moved into the service. People and their relatives had been involved in planning their care where required. Care documentation reflected people's needs and preferences in detail and was reviewed on regular basis.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People received a choice of good quality food that they enjoyed. People's weight and their nutritional needs were monitored and people were involved in meal planning.

People knew how to make a complaint or raise any concerns they had about their care. People told us they did not have any concerns, but would feel comfortable speaking to any of staff if they did. A complaints policy was available to people using or visiting the service. We reviewed the complaints file which reflected that when concerns had been raised these had been investigated and resolved promptly.

The service was led by a manager who was well supported by a team of committed staff. The manager and staff told us they wanted to provide good quality care for people. As a result a number of quality monitoring systems and processes were introduced to ensure that the service was continuously improving.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were clear on their roles and responsibilities to safeguard people.

People told us they felt safe and comfortable in the service.

Appropriate recruitment practices were in place which ensured that only people of good character were employed.

People's care requirements and risk assessments were regularly reviewed to ensure that the care provided was in keeping with people's current needs.

Good



Is the service effective?

The service was effective.

People's dietary requirements were met and people told us they enjoyed the food at the service.

People were supported by staff who felt supported and had received supervision.

The principles of the Mental Capacity Act 2005 were followed and were reflected in care documentation.

People had access to healthcare support which met their needs.

Good



Is the service caring?

The service was caring.

People told us staff were professional, kind and respectful.

People were cared for by staff that was concerned about people's well-being.

People were treated with dignity and kindness by care workers and were supported to make choices.

Staff were compassionate and caring in their approach to people, supporting them to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

People's care plans were reviewed and updated regularly so that their needs could be met consistently.

People had access to a range of social activities and were encouraged pursue their individual interests.

The provider sought the views of people and had made changes as a result of this.

People's concerns were dealt with proactively to reduce the need to raise formal complaints.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was a registered manager in post.

There was a positive culture and staff felt involved and supported in running the service.

Action plans were in place which ensured that any required improvements to the service had been completed.

Staff and relatives had confidence in the management of the service.

Good



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

This inspection took place on 12 October 2015 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We also contacted the local authority commissioners of the service.

During our inspection, we observed how staff interacted with the people who use the service and how people were supported during meal times and during individual tasks and activities.

We spoke to ten people who use the service. We also spoke with the registered manager, four care staff, the activities co-ordinator, the maintenance officer, a member of the housekeeping team and one member of the kitchen staff. We also spoke to two health care professionals who had been involved with the people living at the service. We also spoke to seven relatives.

We looked at records, which included seven people's care records, the medication administration records (MAR) for people living at the home and four staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance work schedules, staff training and support information, staff duty rotas, meeting minutes and the arrangements for managing complaints.

Is the service safe?

Our findings

People we spoke with told us that they felt safe and secure within the service. One person said, “I’m very safe living here”. Another person told us, “I feel safe living here”.

All the other people we spoke with made similarly positive comments. People’s relatives told us staff were good at keeping people safe and this gave them reassurance. One relative said, “The home is definitely a safe place, as soon as the bell rings staff are there to help. It is very well managed”.

Risks to people’s safety and health were appropriately assessed, managed and reviewed. Appropriate checks to ensure the environment was safe were undertaken. For example, water temperatures, fire systems, emergency lighting, the nurse call system, window restrictors, wheelchairs and bed rails maintenance.

Accident and incident recording procedures were in place and showed appropriate action had been taken where necessary. A monthly analysis of accidents and incidents records was produced by the manager to identify any trends or patterns. This was used to identify ways in which the risk of harm to people who lived at the home could be reduced.

People were cared for by staff that had a good awareness of how to keep people safe. They were familiar with the home’s whistle blowing policy, understood local safeguarding procedures and were able to list the different types of potential abuse. Staff had received training and refresher training in safeguarding vulnerable adults. One staff member said, “If I had any concerns I would go straight to my manager and report my concerns, or straight to the local social services if required”. Another staff member told us, “We do keep an eye for risks and would explain these to the residents to make sure that they are safe”.

The registered manager was aware of the local authority’s safeguarding adult’s procedures. They understood their responsibilities in promptly reporting concerns and taking action to keep people safe. For example, when a concern had been raised about a person’s safety, the registered manager took action to keep the person safe and raised a safeguarding alert with the local authority safeguarding

team and the Care Quality Commission (CQC). Information about safeguarding was displayed throughout the home, together with contact details and telephone numbers to report concerns.

People’s care needs were regularly reviewed to ensure the care provided was in keeping with their current needs. Care plans contained risk assessments which included falls, nutrition, skin integrity and mental health. Where risks were identified risk management plans were in place that detailed the support people required to manage the risk and keep them safe.

People who were at risk of developing pressure sores had risk assessments in place and these had been reviewed regularly to ensure care was delivered in line with peoples changing needs. For example, one person was assessed as at risk of developing pressure sores, their care plan identified the person required pressure relieving equipment and regular repositioning. We saw the required equipment was in place and records showed that staff supported the person to change their position in line with instructions in the care plan. Another person had suffered from pressure sores. We saw that staff were monitoring this and managed the condition using prescribed treatment appropriately.

People who required equipment such as pressure relieving mattresses had these in place; staff told us how they ensured pressure of the equipment was set at the correct levels for each person according to the person’s weight.

Medication was given to people safely. People received medicines in line with their prescriptions and medication was kept securely. The amount of medication in stock corresponded correctly to stock levels documented on Medicines Administration Records (MAR). A MAR is a document which shows the medicines a person had been prescribed and recorded when they had been administered. People received their medicines as prescribed, there were no missing signatures on the Medicines Administration Records (MAR). The staff that administer medication had their competencies assessed.

The service had a robust recruitment process. This included a written application, interview, Disclosure and Barring Service (DBS) checks, references from previous

Is the service safe?

employers and proof of identity. This meant people who use the service were protected because the home had systems in place to make sure that staff were suitable to work with vulnerable people.

There was sufficient staff on duty to meet people's needs. People told us there were enough staff to support their needs. Comments included; "There are plenty of staff. They pop in and have a chat" and "There is enough staff, they come when I need help".

We saw that people who remained in their rooms had their call bells close to hand. We saw that throughout the

inspection the call bells were answered in a timely manner. One of the relatives we spoke with also told us, "Staff always answer promptly, the call bells are also answered promptly".

The manager told us there were no staff vacancies and the staffing levels were regularly assessed. The manager explained that staffing ratios were calculated accordingly to people's needs. Recent feedback from the nurses and the people who use the service and the provider increased staffing levels by an additional twelve hours per day. The manager told us one person required one to one support and this was provided by a regular agency staff member.

Is the service effective?

Our findings

People told us staff were knowledgeable and had the skills to meet their needs. One relative said, “Staff are very knowledgeable and treat people as individuals”. Another relative said, “My mother is very well cared for, looked after and secure, you can’t wish any more than that”.

Staff had received the training they needed to care for people. The training plan demonstrated that training relevant to the care needs of people such as dementia care and end of life care had taken place. Staff we spoke with said that the training had been useful and they had been given an opportunity for further development by shadowing an experienced member of staff. Staff also said “The training I had, helped me realise that our (care staff) role is the key role within the home”. Staff we spoke with had received training which enabled them to appropriately carry out people’s care. Another person said, “I can do my work confidently”. Staff training was on-going and arrangements were in place for staff to access additional training if required, one person said, “If only we feel like we need more training, the manager will arrange this for us”.

Staff were able to demonstrate the correct procedure for the safe use of a hoist to ensure that people who required assistance with their mobility were transferred safely. We observed two members of staff when they were using a hoist to move people. We noted that they applied appropriate moving and handling techniques to transfer people and ensured they were comfortable and re-assurance was given throughout the process.

There was a system in place to provide staff with regular support sessions and an annual appraisal of their work. Staff files, and comments, showed supervision sessions had been provided. One member of staff said, “I have my supervision every two months or so, I’m very happy to work here”. Another said, “Yes, I have supervision, I can raise anything with the manager, she is very approachable”.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best interest. Care staff we spoke with had a general awareness of the Mental Capacity Act and had received training in this subject to help them understand how to protect people’s rights. One person said, “The residents are

always given a choice and they are always consulted in all aspects of their care. People can be limited by the fact that they live in a care home so we (staff) need to help them to make the most their lives”.

The registered manager had made referrals in relation to the Deprivation of Liberty Safeguards (DoLS). DoLS aim to protect people who lack mental capacity, but who need to be deprived of liberty so they can be given care and treatment in a hospital or care home. We saw that one person had been admitted to the home and had been assessed as lacking capacity in relation to some decisions relating to their care and support and in relation to where they lived. Since moving to the home the person’s condition had improved and the person had now been assessed as having capacity. The restrictions in place were regularly reviewed to ensure any restrictions were the least restrictive and in the person’s best interest. The registered manager was arranging a multi-disciplinary meeting to ensure the person’s views were being heard. We saw that the decisions made had been thoroughly documented. One of the health professionals we spoke with said, “I have no concerns at all, all documentation regarding DoLS come in clear and well written”.

The registered manager was aware of people where a Lasting Power of Attorney had been assigned. However for one person there was no copy of the Lasting Power of Attorney’s available in the service. The manager told us that they were going to obtain the copy from the family immediately.

People were positive about the food they received in the home. One person said, “The food is good and there is usually a choice. If you don’t like what’s on offer they will get you something else”. One relative told us, “My father was losing weight prior to the admission to Park View, they are very good here at monitoring this and I have every confidence in them. I know he would be assisted with his meal if needed. He’s gained weight and it is back to normal now”. Another relative told us, “The food is first class here”.

Care plans contained details of people’s dietary requirements and we saw people received food in line with their care plans. The cook had a list of people’s requirements such as people’s likes and dislikes, pureed foods and foods suitable for people with special

Is the service effective?

requirements. When new people came to live at the home a list of any allergies, preferences and dislikes was sent to the kitchen to inform the cook. We saw that the list was updated regularly.

The mealtime atmosphere was warm and welcoming. We saw that staff engaged with people throughout their mealtime. Some people were assisted with their meal others ate independently. One person who sat alone in the corner of the room had several members of staff engaging with them and checking if anything was needed. We saw people were supported to eat and drink at their own pace. Where people preferred, they were served meals in their room.

The manager told us that all service users had been reassessed recently with the regards to their nutritional

needs and colour coded place mats were introduced to discretely reflect who required additional assistance during the meal times. We saw the evidence of this in the dining room.

People were supported to maintain good health and had access to healthcare services. We saw that people were referred to health professionals when their condition changed. One person told us they could see their GP whenever they wanted. Care plans contained details of visits from health professionals, this included GPs, opticians and other. One of the health professionals we spoke with said, "The home is absolutely spot on, they (staff) know what they are doing".

Is the service caring?

Our findings

People were looked after by staff that developed positive caring relationships with them. People told us staff were very kind. Comments included; “They look after me very well” and “I absolutely love it here. It’s homely and staff will do anything I ask”.

We saw many kind and caring interactions. Staff laughed and chatted with people. When people were anxious staff showed concern and understanding, sitting with people to calm and reassure them.

Staff explained to people what was going to happen before they provided support and continued to explain when supporting people. For example, one person needed support to transfer from their wheelchair using a hoist. Staff supported the person in a caring and professional way, explaining and reassuring throughout the transfer.

People were able to make choices in their day to day decisions. On arrival to the service we noted that some people had chosen to get up from bed early in the morning and have their breakfast at an earlier time. They confirmed they had their breakfast at the time they wished to have it and that staff facilitated this.

We saw people’s choices in where they wanted to spend their time were respected, with some people choosing to stay in their rooms while others sat in communal areas.. Relatives we spoke with said they could visit without restriction. We saw visitors freely coming and going as they wanted during our inspection visit. They were very involved in supporting their family member. One relative told us, “They (staff) will phone us on regular basis if needed”. Another person said, “I’ve experienced very good communication with the home and do feel involved, the manager is open and transparent, I would not have it any other way”.

People were treated with dignity and respect. When people were being supported with personal care doors were closed and a ‘do not disturb’ sign was displayed on the door.

One relative told us, “We feel they know our relative well, the staff were present on my father’s assessment and were able to answer questions as well as the family. Dignity is a big thing for them. The atmosphere is calm, the staff are professional and they never talk over him but to him”. Another relative said, “I visit regularly and stay quite late, I do feel welcome here and the care is great including nursing care”.

One person said that “The staff are professional and never discuss other people in front of us”. We saw that confidentiality was upheld by staff as conversations about peoples care requirements were carried out in a professional way. Handovers between staff were held in a separate room so that information could not be overheard by people or their relatives.

People’s diversity was respected. One relative told us that there was a service on a regular basis to meet people’s religious needs. Staff told us “It’s a very friendly culture here, we are a diverse team and we all respect each other”.

Staff had received training on end of life matters. There was no one on end of life care on the day of our inspection living at the service. The manager told us that one person was admitted to the home with an expectation that they would require end of life care but their condition had improved greatly since the admission.

The advocacy service was involved as necessary. The advocacy service’s role is to represent a person when they need an independent representative to act in their interests and help them to obtain the services they need. Positive feedback has been received from the professional who was involved recently. They said “I visited one person who was recently admitted to the home, this person was quite unwell and now is a different man, so much happier and healthier. I would be happy for my mother to be there”.

Is the service responsive?

Our findings

People we spoke with said they were happy with the care provided by the service and complimented staff for the responsive way they delivered care and support. One person told us “I’m well looked after”. One relative told us, “It feels friendly at the home, the staff are very quick to assist him (dad)”.

The home employed an activities coordinator to facilitate social activities and stimulation. They told us they aimed to provide stimulation for everyone living at the home, either in one of the lounges or in their own rooms. People had access to activities that interested them. During our visit we saw people were engaged in activities. For example, in the lounge we saw people putting socks into pairs, sorting ties, knitting, sorting buttons, threading food on strings for the birds and doing puzzles. People were happily chatting to each other and staff and were clearly enjoying the activities.

People in their rooms were visited regularly and spent one to one time with the activity coordinator. Activities included quizzes, puzzles and chatting. One person told us that they played bridge with their friends on a regular basis. They commented how good the atmosphere was at the home.

The home’s activities coordinator had recently set up a home choir which was very popular amongst people. One person who was not keen on joining in with the other activities told us that they really enjoyed the singing.

People told us that the service was responsive to their changing needs. One relative told us, “My father requires his medication to be administered to him five times per day, the staff are very good here at monitoring this regime and they ensure that he receives his medication on time”. One member of staff told us, “We ensure that people’s needs are met but also that they do not feel different. For example, the cook prepares the diabetic jelly for people who need diabetic diet so they can have the same pudding as everyone else as the jelly does not look any different to the non-diabetic one”.

Care plans were detailed and individualised. One person has been diagnosed with acute conditions. Their care plan contained all relevant information that informed staff how the person’s care should be managed. We saw there were regular updates and reviews to ensure that the person’s condition was closely monitored. Another person was

assessed to require a pureed diet. Their care plan reflected this and we saw that staff followed this plan during the meal time. Care plans included information about people’s life histories and what was important to them. Care plans were written in a person centred way and used language that was respectful. For example one care plan stated, ‘We will do with him not for him’ and ‘We will respect (person) and appreciate who he is and who he was’.

We saw on people’s bedroom doors there was a description of ‘what is important to the person’, ‘what those who know the person say they like and admire about the person’ and ‘how best to support the person’. These were written respectfully and enabled staff to understand the person.

People told us they felt listened to. One person told us, “You only need to mention a problem and it’s sorted”. A relative said, “Issues are resolved very quickly”.

We saw that manager was proactively responding to any minor incidents and concerns. We saw the evidence that following a recent near miss scenario that involved a person using a wheelchair outside the premises the manager escalated this with the parish council for the necessary repair to be made to the surface of the pavement.

The organisation’s complaints procedure was displayed throughout the home. We saw that a complaint that had been made earlier on this year was responded to promptly. The relatives spoken to all knew how to make a complaint. They all said however they never needed to make a complaint as they were able to raise any concerns with staff and these would be addressed before they escalated to a complaint.

People and their relatives had opportunities to provide feedback and drive changes to the care and the service provided. The manager told us that there were regular residents’ meetings and we saw evidence of this. The minutes of the meeting reflected that the people who use the service had been consulted, for example the most recent meeting minutes reflected that the entertainment of choice had been booked for the Christmas Party.

There were surveys in place that ensured people and their relatives could provide more formal feedback to the provider. We saw the summary of the responses received to the Quality Survey conducted in October 2014. The summary had also been prepared as an easy read pictorial

Is the service responsive?

document. The feedback and responses indicated that people and their relatives were content with the care provided. The manager told us that this year annual surveys questionnaires were due to be sent out this month.

Is the service well-led?

Our findings

People and their relatives described the home as well managed. They told us the home had a “Friendly feel to it”, that the service was “As good as you can get” and that “The home is first class, I’d have a job to fault it”.

The service had a registered manager who had been working at the service for 25 years and had been in a management position for the last 15 years. Her experience and the continuity she provided contributed to the stability of the service.

People and their relatives were very complimentary about the registered manager. Comments included: “The manager is extremely approachable, always has time for you” and “I see her (registered manager) all the time”. Throughout our visit we saw the registered manager was seen speaking with people and their relatives. The registered manager was extremely knowledgeable about people and their needs.

The registered manager promoted a culture that put people at the centre of service delivery. The “Aims and Objectives” of the service were an integral part of the service’s Statement of Purpose were displayed throughout the home. The aims reflect that the safety and general well-being of the people are key in the day to day service delivery.

Staff praised the registered manager for her commitment and support. Comments included: “She (Registered manager) is great. She’s a friend and manager. Any problems she will always listen. I can’t fault her”; “The manager is very good. Always available” and “We can ask for anything and she (registered manager) will try and get it”. One person said, “She is the boss but you can go to her with anything”.

There was an open and supportive atmosphere. Staff told us “We’re like a family, if I had to work at different home, I’d rather change the industry”. Another member of staff said, “We’re very happy to work here, it’s a very friendly home”. Staff told us that regular contact with the manager and staff meetings allowed them to drive changes to improve

people’s care. One staff told us, “I can discuss any concerns with the nurse on duty so they follow up immediately. We work very well as a team here”. Another person said, “I think we’re one of a kind”.

We saw the evidence that the staff meetings were a regular occurrence and that the positive culture was promoted during the meeting. The minutes reflected that the appreciation of each other roles has been discussed to ensure good team work and staff morale.

The feedback received from the professionals also reflected the positive culture of the service. One person said, “The whole ethos of the place is positive, the staff are always happy and cheerful and they look as they want to be (work) there”. Another person said, “The home is very well run, staff do go extra mile. They do genuinely care and I can’t praise them enough”.

Three different relatives told us that they chose Park View Nursing Home following a local recommendation either from an external professional or from someone who had their relative previously living at the home.

During our visit the staff were motivated, well organised and there was no rush. Each unit had a team of designated staff so the continuity of care was maintained. The teams worked together well and people’s needs were met appropriately and in a timely manner. Staff told us that they were allocated to work on the same units so they were able to “Get to know people well”. One of the relatives confirmed this and they said, “My father has regular carers who got to know him very well”.

We saw various audits and questionnaires had been used to make sure policies and procedures were followed and the quality of the service was monitored. We saw that where shortfalls were found action plans were devised to address them. For example, some concerns have been identified during the Environmental Health Inspection carried out in the home’s kitchen earlier on this year. In the response to this a thorough internal audit has been conducted by the manager and a detailed action plan was put in place. Some of the actions involved additional training, implementation of the new cleaning schedule and equipment maintenance work. The action points were successfully implemented and the home was scored well during on their next inspection.