Care Quality Commission

Glancestyle Care Homes Limited

Purley View Nursing Home

Inspection report

20 Brighton Road, Purley, Surrey, CR8 3AB
Tel: 020 8645 0174
Website: www.inmind.co.uk

Date of inspection visit: 10 & 11 February 2015
Date of publication: 08/04/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Purley View Nursing Home is a purpose built residential home that provides nursing care and support for up to 39 older people, some of whom are living with dementia. At the time of our inspection 34 people were using the service.

Our inspection took place on 10 and 11 February 2015 and was unannounced. At our last inspection in May 2013 the provider met the regulations we inspected.

We met with the newly appointed manager who had started their registration process with the Care Quality Commission (CQC) to become a registered manager. 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.

People told us they felt safe. Staff knew how to identify if people were at risk of abuse and what to do to help ensure they were protected.

Staff spoke with people in a friendly and kind way. They were helpful and polite while supporting people at mealtimes to make sure people had sufficient amounts to eat and drink. People and their relatives were positive about the food at Purley View Nursing Home. Special dietary requirements were catered for and people's nutritional risks were assessed and monitored.

Summary of findings

We observed that staff were caring. They showed people dignity and respect and had a good understanding of individual needs.

Staff made sure any risks to people's safety were identified and managed appropriately. The manager had identified areas where improvement was needed in the service. Improvements were on-going at the time of our inspection. This included essential maintenance needed to ensure the safety of people who used the service.

People had access to healthcare services when they needed it and received ongoing healthcare support from GPs and other healthcare professionals.

People and staff were asked for their views on how to improve the service. Staff felt listened to and supported by their manager.

Staffing numbers were managed flexibly in order to support the needs of people using the service so that they received care and support when needed. Staff received the training they needed to deliver safe and appropriate care to people.

The provider was aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) that ensured people's rights were protected.

The provider had systems in place to help them understand the quality of the care and support people received. Accidents and incidents were reported and examined. The manager and staff used this information to make improvements to the service.

People received their prescribed medicines at the right times, these were stored securely and administered by registered nurses. We found some records that related to people, who were given their medicines covertly, were not always complete.

We have recommended that the provider consults the National Institute for Clinical Excellence (NICE) Guidance on Managing Covert Medicines in Care Homes.

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?

Requires Improvement

The service was safe in most areas. However, some medicines records were not complete so staff did not have the written information they needed to administer medicines covertly.

There were arrangements in place to protect people from the risk of abuse and harm. People felt safe and staff knew about their responsibility to protect people.

Staff helped make sure people were safe at the service by looking at the risks they may face and taking steps to reduce those risks.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. The provider was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

Staff had received the training or skills they needed to deliver safe and appropriate care to people.

People were supported to eat and drink sufficient amounts of well-presented meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. People were happy at the service and staff treated them with respect and dignity. Staff knew about people's life histories, interests and preferences.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People's care records contained person centred information and detailed people's individual needs, their likes and dislikes and preferences.

A range of meaningful activities was available. Efforts were made to prevent people from feeling isolated or lonely.

The service responded to and investigated complaints appropriately.

Summary of findings

Is the service well-led?

Good

The service was well-led. People and their relatives spoke positively about the care and attitude of staff. Staff told us that the manager was approachable, supportive and listened to them.

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels.

The provider encouraged feedback of the service through resident and relative meetings and surveys.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Purley 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.

Our inspection took place on 10 and 11 February 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and we spoke with the local authority to obtain their views about Purley View Nursing Home.

During our inspection we spoke with seven people who used the service, three relatives, two visitors, eight members of staff and the registered manager. We observed the care and support being delivered and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at four care records, four staff records and other documents which related to the management of the service such as training records and policies and procedures.

After our inspection we looked at important information sent to us by the manager relating to essential maintenance and repairs required at the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe and the service was a safe place. People told us, "Yes I am safe", "We have a fire alarm" and "[The staff] say if you get into trouble press [the call bell] and we will come." Relatives told us, "[My relative] is very well looked after" and "It feels safe, [my relative] is not at risk." Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the CQC. Managers and staff knew about the provider's whistle-blowing procedures and had access to contact details for the local authority's safeguarding adults' team.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. The whistleblowing policy gave clear instructions to staff on what to do if they had concerns and who to report their concerns to. Details of incidents were recorded together with action taken at the time, who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. For example, new security alarms had been put in place following one incident involving a person opening a fire door.

People's care records had risk assessments in place, such as moving and handling, falls, nutrition and pressure area care. We saw some good examples where a risk had been identified and a management plan had been put in place. For example, one person's records contained notes from a healthcare professional giving strategies for managing that person's behaviour when they became upset or frustrated. Where people were identified as having developed a pressure sore, appropriate pressure relieving equipment was used and checked. Turning charts and notes from visiting tissue viability nurses were in place to help reduce the risk of deterioration.

During our inspection we observed the maintenance man busy painting and decorating communal areas of the service. The manager explained they had recently joined the service and had identified issues that needed to be addressed. They showed us the home improvement plan they were working with. However, we noted some areas needed urgent maintenance and repair to prevent risk of harm to people who used the service. For example, one bathroom had sharp broken tiles around the bath trim and a door that was hard to close. We noted loose radiator covers in main corridors and that bathrooms, shower rooms and sluice rooms were being used as storage for walking aids and wheelchairs thus limiting people's and staff access. We spoke to the manager about our concerns. They told us they would immediately prioritise these areas. Five days after our inspection we received robust evidence that these issues had been addressed.

People told us staff would answer their call bells promptly. They said, "Push bell-yes [the staff] come if you press", "[The staff] always come when I press the bell" and "Usually the staff come when I call." We noted there were two different alarm systems at the service that did not interlink. In addition, one person had their own personal alarm that also did not link in with the other systems. We tested a call bell during our inspection and found staff attended within a reasonable time frame. However, we found one system was old and there were issues with its functionality. For example, it was hard for staff to call for help in an emergency and lights on the panel indicating the room where people needed assistance was not always working. Staff told us they would report any faults to the manager. The manager confirmed an engineer had been arranged to come and look at the call bell system and we were shown a new weekly audit carried out by nursing staff to identify and repair any problems.

People using the service and their relatives felt there were enough staff available in the home to meet people's needs. However, four out of seven people we spoke with felt there could be more staff and that the staff worked very hard. They told us, "Few more staff needed, I'd feel more comfortable then", "Sometimes there aren't enough staff", "I think the staff here are overworked" and "[The staff] are busy working." We observed staff were visible and on hand to assist people when they were needed. The manager told us they had a flexible approach to arranging staffing levels and would allocate an additional member of staff when necessary. For example, when people needed to attend hospital a member of staff would go with them. Staff we spoke with confirmed this was the case.

The service followed safe recruitment practices. We looked at the personnel files of four members of staff. Each file contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. Staff records included up to

Requires Improvement

Is the service safe?

date criminal record checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK (where applicable).

People received their prescribed medicines at the right times, these were stored securely and only administered by registered nurses. Protocols for 'as required' medicine were in place, giving guidance to staff on the type of medicines to give and when people needed to receive them. We found no recording errors on the medication administration record sheets we looked at. We were shown the medicine audits that were carried out on a rotation system.

Some people were receiving covert medicines. Covert is the term used when medicine is administered in a disguised way without the knowledge or consent of the person receiving them. Records contained notes from the GP giving authorisation to give covert medicines and staff told us they had discussed these decisions with people's families. However, when we looked at people's care records it was not always clear how these discussions had been recorded or that a mental capacity assessment had been completed in respect of people's covert medicines. Guidance was available to staff on how to give peoples medicine covertly. For example, one person's care plan described how tablets should be grinded and given with a thickener. Staff told us they sometimes consulted with the pharmacist for their advice and occasionally they were given an alternative liquid form of medicine. However, we did not see any recorded advice from the pharmacist in the care records we looked at. Recording this information was necessary because grinding and adding certain medicines to food or drink can alter the way they work and how they affect people.

We recommend that the provider should consult the NICE Guidance on Managing Medicines in Care Homes for covert medicines.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. People felt comfortable with the support staff provided. One person said, "They [the staff] know what they are doing", "Overall I think the staff are pretty good" and "[The staff] meet my purpose." One person told us they felt staff knew what they were doing but said, "New staff do need training up."

The provider kept records of the training undertaken by staff. The manager showed us how they monitored their system to ensure all staff had completed their mandatory training. This included fire safety, manual handling, infection control, food hygiene, first aid, safeguarding and Mental Capacity Act 2005 (MCA). Not all staff had completed their mandatory training, but their training needs had been identified. Training due for renewal had also been recorded with expiry dates clearly noted. Staff confirmed they were in the process of completing their mandatory online training. One staff member told us, "The new online training is OK, but I would prefer some practical face to face training." We spoke to the manager who explained in addition to the mandatory training he intended to introduce more specialist face to face training to give staff a better knowledge which would help them to meet people's needs. For example, some staff were attending wound management training on the day of our inspection.

Staff told us they received regular supervision meetings with their line manager to reflect on their practice and their own skills and development. Records were kept of these sessions.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider was in contact with the local authority to ensure the appropriate assessments were undertaken so people who used the service were not unlawfully restricted. We saw the DoLS applications that had been sent to the local authority and were awaiting authorisation.

When people lacked the capacity to make some decisions we saw some examples where the person's GP and relatives had been involved. For example, in making end of life care decisions. However, we noted one person's care record where there was limited information regarding the rationale for making a MCA decision. The manager explained the service was in the process of changing the way they recorded MCA assessments and they were currently working through everyone's care records. Staff showed us examples of the new format being used and saw that relatives and healthcare professionals were being involved, when appropriate, under the new system The new care record format also allowed for the reasoning behind any decision made to be recorded and reviewed regularly.

People told us they were offered a choice of food and drink at meal times. They said, "We tell [the staff] what we want and they bring it", "There are things I don't want to eat… you can ask for something else" and "[Staff] knock on the door in the morning and tell me what is on the menu." People and their relatives were mostly complimentary about the food at Purley View. Comments included, "I think the food is excellent", "I like the food" and "I have not chosen but [the meal] was what I would eat." Two relatives said, ""The food is excellent and the chef is good… [My relative] didn't like my food at home but they eat well here" and "The food is good, tasty and nicely served."

Staff regularly offered people hot and cold drinks throughout our visit. We observed lunchtime in the dining room and we saw how staff supported people to eat in their own rooms. Staff were kind and attentive, supported people when they needed assistance and the atmosphere was relaxed. They asked people if they wanted more to eat or drink during the lunch time period. After the main meal the chef came out of the kitchen to speak with people, asking them if everything was alright and what type of fruit people would like for their dessert.

People who had special dietary requirements were catered for. We spoke with the chef who had a good knowledge of people's dietary needs including any cultural preferences. Alternatives to the menu were available for people and we were shown the different menu choices made by people on that day. Staff told us how pictures were used to help one person understand the menu options available and choose alternatives if they wanted.

People's nutritional risk was assessed and monitored. Care records contained details of people's weight and nutritional assessments, healthcare professionals were involved when people were identified as being at risk, for example, from choking or malnutrition.

Good

Is the service effective?

People had access to healthcare services and received ongoing healthcare support. People told us, “The doctor comes once a week”, “The optician came about a year ago” and “The staff look after you.” Relatives told us that they felt confident that medical treatment would be sought promptly. One relative told us, “If there are any problems [the staff] always act on it straight away” and another said, “If there is any change [the staff] let me know…if [my relatives] mood changes they always check for reasons why.”

People’s care records contained details about GP visits, including medicine reviews, dentist and hospital appointments. There were examples where the service had contacted other healthcare professionals for advice on how to support people when they became upset or angry. Staff explained how they took peoples key information with them on hospital visits which included personal details and any medicine they were taking.

Good

Is the service caring?

Our findings

People told us, "I know most of [the staff] by name…I like them all" , "I love it here, no problems at all…it's warm and cosy and the staff are alright", "I've been here for years, I'm very happy, the staff are very kind and helpful" and "You get different staff at different times…I trust them all." Relatives told us, "[My relative is very well looked after, the staff are very caring", "[My relative] has been here four or five years, the care is excellent …the staff work so hard" and "I have visited every day …I'm pleased with what I see."

People's diversity was respected. For example, people's spiritual needs were understood and supported. We spoke with two ministers who told us they came each week to offer prayers and support. They told us, "It's lovely here, really very good. It's been transformed in the last couple of months. There are new curtains, fresh paint, new pictures on the walls. Visually it is much better."

We observed staff were friendly, caring and kind when they spoke to people. They took the time to ask people how they felt and were unhurried when supporting them. During lunch one person needed assistance with their meal, staff asked if the person was ready before offering more food. We heard staff have conversations with people while working and it was clear that many staff had a detailed knowledge of people and their preferences. For example, one staff member sat with one person helping them with their tea. The staff member took time to chat and provide reassurance, we noted the interaction was comfortable, relaxed and not task driven. Other staff chatted openly with people asking if they had finished their meal, wanted anything else or would like a cup of tea.

After lunch the chef came out and sat with people for a while and chatted with them, listening and involving people in the conversation.

Staff treated people with respect and dignity. People told us, "Yes, fortunately I can prompt [staff] what I want them to do" and "Sometimes [the staff] knock, sometimes they don't…but they always tell me what they are going to do." Staff told us how they always asked people what they wanted and respected their wishes. We observed staff knock on people's doors before entering and closing people's doors while giving care. In shared rooms, we saw curtains in place around people's beds to offer privacy during personal care.

Relatives told us they were able to visit whenever they wanted. They said, "You can visit anytime you want, there is never any fuss made" ," I visit [my relative] nearly every day" and "At first I came at different times during the day to make sure [my relative] was well looked after … I've never seen anything to worry about."

People were supported to be as independent and were encouraged to do as much for themselves as they were able to. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

Good

Is the service responsive?

Our findings

People who used the service and their relatives felt they were involved with the assessment and planning of care. People told us, "You have to list everything (about yourself) when you get here" and "Staff talk to each other but always involve me." Relatives said, "They tell me if anything is wrong" and "One lady came to talk about [my relatives] care… the nurse explained why they wanted to put [my relative] to bed earlier to help their pressure sore."

We looked at people's care records and found some documents that reflected how that person would like to receive their care and support. For example, we found details of one person's history, their likes and dislikes and things that were important to them this included singing, reading and seeing friends and family. However, we found the guidance for staff for peoples care planning was generic and did not focus on people as individuals. We saw monthly reviews were taking place but sometimes the handwritten notes were hard to read. The manager was aware of the issues around peoples care records and we were shown how the service had begun to transfer records to a new computer based system where care records would focus on the person and their individual needs. Notes were typed so everyone could read and understand them. We looked at one record that had been transferred to the new system. We were satisfied that the new system would provide a more person centred relevant care plan for staff to work with.

People were supported to make their own choices and have as much control over their life as possible. One person's relative told us how they were able to personalise their family member's bed room to make it more homely and how their relative made choices, for example, about the food they ate. They told us, "We only have to ask the chef and he will make something different for [my relative]." Staff told us how they encouraged people to make choices in their everyday life. For example, choosing what to eat, what to wear, activities to take part in and when people wanted to go to bed. When people were unable to communicate verbally staff explained the methods used to help people make choices. We observed one person was writing on a small wipe board to communicate with staff. Another person had various pictures of everyday items such as toiletries, clothes and food. They used these pictures to tell staff what they needed. A member of staff explained how they paid attention to one person's non-verbal cues and behaviour. They said," I have learnt [the persons] likes and dislikes…I read their body language."

Staff were clear about the importance of daily handovers. Notes about people's immediate care were recorded in the communication book such as GP visits or details of relative conversations. A general overview of people's individual needs was kept at the nurse station so staff could quickly access the information they needed to care for people. This detailed people's likes and dislikes, including food preferences and dietary requirements and their health needs. For example, one person required regular turning every three hours and another gave guidance about one person's pressure ulcer. Information was reviewed monthly or sooner if a person needs changed.

People had mixed views about the activities available to them at the service. Comments included, "Oh yes…we arrange our own things…in the afternoons we just take it easy" , "[The staff] do an arm massage which I like", "Music playing all the time but I don't mind" and "I would like to go out but I don't walk very well … I like watching football but they don't have Sky." One family member told us, "[My relative] is not interested in activities, but I have seen others do some bingo, play ball and watch films and TV … Sometimes people go out shopping or to the garden centre."

At the time of our inspection there was a vacancy for a full time activities coordinator, the manager explained how they were encouraging staff to become more involved in the meantime. We observed staff giving people a hand massage and playing ball games. There was also a quiz and a game of hangman. One staff member told us, "The quality of care has changed. There is a new cinema lounge and there are more activities. The care is getting better."

The service had a procedure which clearly outlined the process and timescales for dealing with complaints. Complaints were logged and monitored at provider level. The manager confirmed there had been no complaints in the last 12 months. The manager told us he has an open door policy and relatives were encouraged to raise any issues with him or during relatives meetings.

Good

Is the service well-led?

Our findings

At this time of our inspection the manager had just started to work at the service and was in the process of applying for CQC registration. People and their relatives knew who the new manger was, they told us, “The manager told my wife he has not had time talk to all the residents yet” and “The new manager has put in a cinema and is hoping to organise bingo and quizzes which will be good.” Relatives told us, “I have met the new manager, he seems very nice” and “I haven’t met the new manager, but I can see the changes he has made.” Visitors to the service told us that the new manager had improved the service they said, “It’s better straight away. There are more activities going on and sometimes the music is on.”

Staff were positive about the management of the home. They told us, “The new manager understands and you can speak to him whenever you need to”, “We seem like a family, [people who use the service] are very happy here. I am happy working here” and “The new manager looks after staff and residents.” Staff explained how they were consulted about changes and asked what they thought and how things could be improved.

People had been asked to complete surveys to give their feedback about the home including the quality of care, their surroundings and activities on offer. The manager showed us the most recent survey completed in July 2014. The provider had analysed the results and created an action plan for improvement with the person responsible and the timescales for action clearly noted.

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels. Minutes included areas for improvement and guidance to staff for the day to day running of the service. For example, we noted discussion around people’s choice, personalised care records and activities. Staff were encouraged to promote a positive culture and work as a team.

The manager had identified issues that needed to be addressed when they first started working at the service. We were shown an improvement plan detailing the concerns raised and action required. This included improving care plans, improved staff training, amending policies, essential maintenance, data protection and environment. During our inspection we were able to see the changes that had already been made and the manager discussed the other changes he wanted to make to improve people’s lives. These included some of the issues highlighted in this report concerning maintenance issues and personalising peoples care records.

Quality assurance systems were in place. Weekly and monthly checks were in place to ensure peoples safety. For example, weekly call bell audits and fire drills and monthly medicine audits. The service monitored essential contracts that included regular legionella testing, electrical checks, fire checks and maintenance of hoists and lifting equipment took place. The provider conducted quarterly audits in line with the CQC’s essential standards. Where issues had been identified, recommendations were made and improvements monitored.