Glancestyle Care Homes Limited

Purley View Nursing Home

Inspection report

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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

This inspection took place on 20 December 2016 and was unannounced.

Purley View Nursing Home is registered to provide residential care for up to 39 older people, some of whom are living with dementia. The home is purpose built over three floors with a passenger lift. At the time of our inspection 34 people were using the service.

The home had a registered manager who was also one of the registered providers. 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.

At our last inspection in February 2015 we made a recommendation for the provider to consult National Institute for Clinical Excellence (NICE) guidance on managing covert medicines in care homes. During this inspection we found guidance was being followed in this area.

People told us they were happy living at Purley View Nursing Home. They said they felt safe and staff were kind, caring and respected their privacy and dignity. They thought that the care they received was good and that staffing levels were adequate. There were procedures in place to recognise and respond to abuse and staff had been trained in how to follow these.

People were positive about the meals provided by the service and told us they were given a choice of something different if they asked for it.

We saw there were lots of different activities for people to be involved in and we heard about ways the service tried to involve everyone in activities to stop people from feeling lonely or isolated.

Care was planned and delivered to ensure people were protected against abuse and avoidable harm. There were sufficient numbers of suitable staff to help keep people safe and meet their needs. Staff had been recruited using a thorough recruitment process which was consistently applied. Appropriate checks were carried out before staff were allowed to work with people.

Medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe administration of medicines and kept records that were accurate. People's medicines were suitably managed so they received them safely.

People were cared for by experienced and knowledgeable staff . Staff had received relevant training and were supported to obtain further qualifications relevant to their roles.

The provider acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This provides a legal framework to help ensure people's rights are protected. Staff understood people's rights to make choices about their care and support and their responsibilities where people lacked capacity to consent or make decisions.

Arrangements were in place for people and relatives to share their views or raise complaints. The provider listened and acted upon their feedback. The provider obtained the views of people using the service and their relatives or representatives. There were systems to regularly monitor the quality of the service provided at Purley View Care Home.

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. People told us that they felt safe and well looked after. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Recruitment processes were robust and there were enough staff on duty to meet the needs of people living at the service.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective. Staff had the necessary skills, knowledge and experience to care for people effectively. People received a choice of nutritious meals and had enough to eat and drink. People received care and support which assisted them to maintain good health.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

Is the service caring?

Good

The service was caring. Staff treated people with dignity, respect and kindness. They knew people's needs, likes, interests and preferences.

People using the service and their relatives were happy with the care they received. People spoke positively about staff and said they were kind and caring.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and reviewed regularly so that they received the care they needed.

There was a variety of activities for people to get involved in if they so wished.

The provider had a suitable system for dealing with complaints. People and their relatives were confident to raise any concerns.

Is the service well-led?

Good

The service was well-led.

The quality of care was regularly monitored by the provider and timely action was taken to make improvements when necessary.

People, their relatives and staff were encouraged to put forward ideas for making improvements to the day-to-day running of 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.

Before the inspection, the provider completed a Provider Information Return (PIR).The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 20 December 2016 and was unannounced.

The inspection was carried out by two inspectors, a specialist advisor with expertise in care for older people 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.

We spoke with eight people who used the service and six relatives. Due to their needs, some people living at Purely View Nursing Home were unable to share their views. We 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 also spoke with the registered manager, the deputy manager, eight members of care staff and two healthcare professionals. We looked at seven care records, five staff records and other documents which related to the management of the service such as staff training records and policies and procedures and quality audits. We reviewed how medicines were managed and the records relating to this.

After our inspection the provider sent us additional information including the most recent quality assurance report, information on staff training and details of meetings undertaken at the service.

Good

Is the service safe?

Our findings

People told us they felt safe and well cared for living at Purley View Nursing Home. People told us, "Yes, I feel safe. I can't think of a better place", "I've always felt safe" and "I am happy, I feel safe here". Relatives told us, "We both and the family feel [our relative] is very safe here" and "I feel [my relative] has been safe. I am so certain as I come here every day".

Staff had a good understanding of how they kept people safe within the service. Staff had received training in safeguarding vulnerable adults as part of their induction programme and this was refreshed every year They knew about the different types of abuse they might encounter, situations where people's safety may be at risk and how to report any concerns. Information for people and staff about reporting abuse was clearly displayed on a notice board in the reception area.

Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe such as nutrition, pressure area care, mobility, continence and behaviour that may challenge. Staff showed an understanding of the risks people faced. Staff were attentive to people when they needed assistance with mobilising; they made sure individuals walked with their frames and kept communal areas free of obstacles.

There were arrangements in place to deal with foreseeable emergencies and staff told us on call support was always available through the manager or senior staff. Staff were trained in first aid to deal with medical emergencies. Appropriate arrangements were in place for fire safety. People had personal emergency evacuation plans and fire alarm systems and equipment were regularly maintained and serviced.

People were kept safe in an environment that was kept clean. One person told us "It's usually clean in my room". Another person said, "Usually [the home] is kept very clean". Issues that had been identified during the last inspection regarding the maintenance of the service had been addressed. We noted that some bathroom/wet room flooring would benefit from being renewed before they became a risk to people and new light fittings were required in the ground floor wet room as some were not working . The registered manager told us about the ongoing home improvements that had taken place and those still to happen when funding became available. We were assured that all areas would be addressed as part of the continuing improvements.

Recruitment checks were carried out before people could work in the home. Each staff file had a checklist to show that the necessary identity and recruitment checks had been completed. These included proof of identification, references, qualifications, employment history and checks with the Disclosure and Barring Service.

People and their relatives told us there were enough staff to meet people's needs but staff were very busy. One person told us, "There is enough staff. Another person said, "There is a turnover of staff and they are busy all the time". A relative told us, "There seem to be enough staff around usually". Another told us, "Generally there are enough staff on duty". Throughout our visit people received support when they

requested or needed it. We observed that staff were present in communal areas at all times. Staff told us they felt staffing levels were sufficient and explained staffing was increased or adjusted appropriately according to people's needs. Records confirmed staffing levels at the service. The registered manager confirmed there were no current staffing vacancies. The provider employed separate domestic, kitchen, laundry and maintenance staff so care staff could focus on the people who used the service.

People received their prescribed medicine at the right times, these were stored securely and only administered by registered nurses. Each person had a medicine profile which gave information about their medicines, when and how they should be taken and in what dosage. Staff were required to complete medicine administration record charts. The records we reviewed were fully completed. There were protocols in place for 'as required' medicine, giving guidance to staff on the type of medicines to give and when people needed to receive them. These measures helped to ensure that people received the medicines they required safely.

At our last inspection we looked at records concerning people who received their medicine covertly. Covert is the term used when medicine is administered in a disguised way without the knowledge or consent of the person receiving them. We found advice received from the pharmacist about how medicine should be given, had not always been recorded and the decisions around people's capacity and the need for covert medicine were not clear. During this inspection we found improvements had been made. Records included details of best interest meetings where decisions were made about people's care and the medicines they received when they lacked the mental capacity to do this themselves. These meetings included the GP and pharmacist advice and where appropriate family members. This process was important to ensure people received the right medicine for them in a safe way.

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. One person told us, "The staff are good workers…mostly they are well trained, but some new ones are learning on the job". Staff told us they had received enough training to care for people and meet their needs.

The provider had a training and development programme that included a structured induction and mandatory learning for all new staff. An electronic training and development plan was used to monitor training provision for the staff team and identify any gaps. This was up to date and staff had completed refresher training in key areas such as fire safety, infection control, manual handling, safeguarding, food safety and the mental capacity act. Service specific training was also given to staff to help them provide appropriate care for people including those living with dementia and those receiving palliative care.

Staff confirmed they were supported by their line managers through monthly staff meetings, one to one supervision meetings and annual appraisals. We saw records to support this.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found related assessments and decisions had been properly taken. For example, when people were unable to give consent this was detailed in people's care records together with what actions were needed to protect and maintain their rights. Relatives and representatives were involved in the decision making processes when individuals lacked capacity. Records showed these decisions were reviewed regularly. When applications for DoLS had been made these were recorded in people's care records and when authorised we saw the provider was complying with the conditions applied to the authorisation. There was a record available to staff to show which people had DoLS authorised and where applications were in process for others. The provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act and the specific requirements of the DoLS.

People using the service told us they enjoyed the food provided to them and were offered a choice. People's comments included, "The food's not bad…if you don't like part of the meal, they will change it", "I like the

food and they give me an alternative if I don't like the menu" and "The food's very good, good choices." We observed staff offering people drinks throughout the day with tea or coffee and biscuits in the morning and afternoon. During lunchtime staff were kind and attentive and supported people when they needed assistance. People were very complementary about the chef and knew him well. We observed he regularly spoke with people over the lunchtime period to ensure people were happy with their meals and the choices they had made.

People with special dietary requirements were catered for and the chef explained how he catered for those people requiring a soft diet, those with diabetes and those who may have a specific diet because of religious or cultural reasons. Snacks and drinks were available for people throughout the day and during the night. Care records included nutritional assessments and individual care plans were in place to help make sure of people's nutritional wellbeing. We saw that individual food and fluid intake was being monitored where necessary.

People were supported to keep well and had access to the health care services they needed. People told us they had regular visits from the chiropodist, the GP and the dentist and one relative told us how a staff member would accompany them to medical appointments. Details of visits from healthcare professionals including the GP and the district nurse were recorded so staff had access to the information. We spoke with the chiropodist and speech and language therapist (SALT) during our inspection both were complimentary about the service and spoke positively of staff reaction to people's healthcare needs. The registered manager explained how they were working on individual hospital transfer information to make sure that all professionals were aware of people's individual needs in the event of an admission.

Good

Is the service caring?

Our findings

All the people we spoke with told us they thought staff were kind and caring. Comments included, "All the staff are kind and considerate", "The staff are nice to me. They are kind, always willing to help out", "The care is good, staff are so nice" and "The staff are great." Relatives told us, "[Relative name] is very well cared for, we are very happy she is here" and "The staff seem to love her…we are very pleased she is here. She gets good care."

We spoke with two healthcare professionals who regularly visited the home they told us, "The staff are extremely welcoming and caring…they support people to remain as independent as possible" and "People are happy here, they don't moan."

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. At lunchtime one member of staff saw that one person did not have their glasses with them, they told the person they would fetch their glasses so they could read the menu. We observed staff were friendly, caring and kind, one staff member was unable to assist a person with their meal straight away so they made sure the person's meal was kept warm and explained to the person what they were doing and why.

A questionnaire was used to capture background and life story information when someone first came to stay at Purley View Nursing Home. The level of information appeared to be dependent on the information provided by friends and relatives, more detailed accounts told of early life experiences, jobs, family and significant events in more recent years. Some people had only limited information in their records and this was not readily available for staff to refer to. The deputy manager explained sometimes it was hard getting information from friends and relatives. We discussed other sources of information that was readily available that could be used such as staff knowledge gained through the conversations and experiences they had with people. The deputy manager agreed to look at ways of recording staff knowledge in addition to that already provided.

People told us staff responded to their needs promptly and the registered manager told us about a new call bell system they had introduced that was more reliable than the system they had before. One person was unable to use the call bell system so the registered manager researched a device that enabled the person to activate their call bell by blowing; they explained this had helped the person get the care they needed when they needed it.

Some people who used the service had Do Not Attempt Resuscitation (DNAR) agreements in place. These are decisions made in relation to whether people who are very ill and unwell would want to be resuscitated if they stopped breathing. Staff were aware of who these people were and information was available in care files. The forms had been completed correctly in consultation with the person, doctors, and where appropriate family. This ensured that people's wishes would be carried out as requested.

Staff respected people's privacy and dignity and described the ways in which they did this. We observed staff

knocking on doors before entering people's rooms and calling people by their preferred names. Staff respected people's choices such as what they wanted to eat or wear and if they wanted to take part in activities.. We saw examples where staff respected people's choices, for example, to have their meals in their own room. The service had just appointed one staff member as their dignity champion to help promote and encourage dignity and respect in the service.

Purley View had recently passed a reaccreditation of commended, from the National Gold Standards Framework Centre in End of Life Care. This is a system of training and accreditation in end of life care which enables front line staff to provide a 'gold standard' of care for people nearing the end of life. We looked at examples where people's end of life care needs were considered and recorded. Information and requests from people and their relatives were recorded including information about people's religious and cultural beliefs, where they wanted to be and who they wanted to be with. The service worked hard to support people at the end of their life; we were given one example where one person's close family members were accommodated at the service so they were able to be with them for the last few days of their life. We were shown letters of thanks from relatives who appreciated the work of staff and the kindness shown. Comments included, "Thank you for all the care and kindness you have given [my relative]", "[My relative] was cared for with dignity and respect and for that we thank you" and "We especially appreciate the care and support provided to both [our relative] and us in the last few days, we will always be eternally grateful."

Good

Is the service responsive?

Our findings

People felt they received care that was responsive to their needs. They told us, "I think I get what care I need", "I more or less get the care I need" and "I do feel I get the care I need. I am reliant on the carers…If I wanted to be in my room, they would take me." Relatives we spoke with told us they felt involved in the care of their family member, one relative explained how they were included in discussion regarding their relatives care and another how they were working with staff to get their relative to bathe. Comments included, "[My relatives] care plan is discussed and I am party to any changes" and "We are working with staff to get [our relative] to have a bath".

People's needs were assessed before they began to use the service and re-assessed regularly thereafter. People's assessments considered their dietary, social, personal care and health needs. People's specific needs and preferences were taken into account in how their care was planned. People's care plans were accurate and up to date, reflecting the care and support people needed.

Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and information about how to meet people's individual needs. For example, people's food preferences were listed, how they liked their tea or coffee and if they preferred male or female care staff assisting them.

Daily handover meetings and the communication book were used to share and record any immediate changes to people's needs. This helped to ensure people received continuity of care and helped staff share information at each shift change to keep up to date with any changes concerning people's care and support. A general overview of notes were kept at the nurse station so staff could quickly access the information they needed to care for people. We saw this included some person centred information mainly focused on people's health care needs.

The service had recently employed an activities coordinator and we observed the positive impact they had on people at the service. Comments included, "There is entertainment here. There is always something to do", I go for the entertainment if I fancy it" and "There is enough to do." We spoke with the activities coordinator who explained they scheduled activities for people over seven days with staff helping at weekends when they were off. They explained "I try to vary the entertainment, so that all residents can enjoy some items, if they wish." They went on to tell us how they would visit people in their rooms to read, play music or talk and this helped them feel less isolated. Trips to local garden centres and coffee shops had also been organised. On the day of our inspection we observed ball games and people enjoying a carol service. One relative told us, "[My relative] doesn't take part in any activities but [they] did enjoy the carols today… the activities co-ordinator does visit residents rooms. She is marvellous."

People were encouraged to bring items into the home to personalise their rooms. We found most bedrooms were decorated and furnished as they liked with items of personal value on display, such as photographs, memorabilia and other possessions that were important to them.

People were able to maintain relationships with people that matter to them. People told us, "I do get visitors" and "I get visits from the family." All the relatives we spoke with told us they were made to feel welcome at the service.

People and their relatives told us they knew how to complain and who to complain to if they needed to. 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 took complaints about the service seriously and confirmed there had been one complaint in the last 12 months. We saw the complaint had been investigated thoroughly and the concerns raised had been used as an opportunity for learning and improvement The registered manager explained he had an open door policy and encouraged relatives to raise any issues with him directly.

Good

Is the service well-led?

Our findings

The atmosphere in the home was open and welcoming. The registered manager had a detailed knowledge of the people using the service and knew them well. People told us the registered manager was accessible and approachable. "The manager is a nice person" and "The manager is good. He has an improvement program and things have improved recently." Relatives said, "The home seems well run" and "I can approach the manager, as I can all the staff." A healthcare professional told us "I see the same staff, it's well run and the manager is on the ball." We found the registered manager had made many improvements since our last inspection and was able to use the resources available to further improve the service.

People were encouraged to have their say through regular meetings and surveys. Relatives' meetings were held throughout the year. Agenda items for the November 2016 meeting included improvements made, activities, staffing levels and events over the Christmas period. The last survey was sent out in July 2015 and the registered manager explained another was being sent out at the time of our inspection. We looked at the action plan the registered manager had created following the results from the 2015 survey and information gathered at relative meetings. We saw positive responses from relatives about the way their family member was cared for at Purley View Nursing Home. Where areas of improvement had been identified these were noted with action taken and who was responsible with the date of completion.

Staff had clear lines of accountability for their role and the service had a clear management structure. There was always a senior member of staff on duty to ensure people received the care and support they needed and staff were able to seek advice and guidance. Staff were positive about the management of Purley View Nursing Home. They told us they felt supported and could go to the registered manager if they had any problems. Comments included, "The manager is all right, he does his best" and "The manager is very good". Staff told us they worked well as a team. One staff member told us, "The staff make the home, it's a good team."

Staff meetings were held regularly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included feedback from relative meetings, staff training, staffing levels, up and coming events and guidance on the day to day running of the service.

Accidents and incidents which occurred in the home were recorded and analysed. This enabled the service to identify any patterns or trends. It also gave an indication of where people's general health and mobility was improving or deteriorating. We were shown one example where the registered manager had analysed data on falls within the home and identified a pattern of the time and place the falls were occurring. This enabled them to take action and put new procedures in place to reduce the number of falls at the service. We were shown records indicating that for some months there had been no falls at the service.

The service worked closely with local collages to support those students who had an interest in Health and Social Care. The registered manager explained they wanted to encourage the next generation of health care professions and found the placements had benefited both the people using the service and staff. For example, students were able to speak with people and staff were able to develop their supervisory skills.

One staff member had previously been a student placed at the home and another student had brought in their musical instrument to play to people using the service.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Our records showed that since our last inspection the registered provider had notified us appropriately of any reportable events.

Information from the service fed into the providers intergraded governance report. Management meetings at provider level shared intelligence over the five CQC domains of safe, effective, caring, responsive and well led. Information was used to assess how well the service was doing and identified areas for shared learning and improvement. We spoke with the maintenance man and saw detailed daily, weekly and monthly checks and audits were completed covering areas such as equipment, fire checks and health and safety audits. Regular audits were completed to assess, monitor and improve the quality and safety of the service provided. These audits included medicines, use and safety of bedrails, pressure ulcers, people's weight and any other areas related to the carrying on of the regulated activities.