

Western Park Leicester Limited

Western Park View Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Western Park View Nursing Home provides accommodation and nursing care for up to 60 people accommodated over three floors. This includes the care of people with mental health and physical health needs. On the day of the inspection 54 people were living at the home.

At the last inspection on 13 October 2014 we asked the provider to take action to make improvements. We issued compliance actions to improve the care and welfare of people living at the home, staffing levels, supporting staff

with adequate training and supervision, improving complaints handling, and ensuring the provider had systems to check that services met the needs of the people living in the home. We were sent an action plan by the provider to deal with these issues. At this inspection we found the provider had made improvements.

This inspection took place on 24 and 26 August 2015 and was unannounced.

Summary of findings

A registered manager was in place. 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 and associated Regulations about how the service is run.

Since our previous inspection in September 2015 we had received information from the local authority safeguarding team which had partially substantiated issues of a person's monies not being held securely. At this inspection we found monies had been securely held for people.

Staffing levels had been improved to ensure people were generally safe, though staff cover did not fully cover people's needs. The provider quickly took steps after the inspection to ensure staff were able to more closely supervise people's safety.

People received their medicines in a timely manner. Medicines were stored safely and people were supported, where possible, to take their medicines.

Staff had a good understanding of people's needs and had had the training they needed to ensure they had the skills to deliver all aspects of care.

Staff were seen to support people in a confident manner and understand their needs. We saw people were relaxed in the company of staff. Staff supported people to attend regular health care appointments. Staff understood people's health care needs and referred them to health care professionals when necessary.

People's dietary needs were met.

People were supported by staff who had developed positive and professional working relationships with them.

People were supported to make their views known about the service. Complaints were investigated and followed up.

The registered manager and staff were committed to meeting the needs of people.

Staff were positive about the support they received from the registered manager. Meetings and supervision provided them with an opportunity to develop and influence the service provided.

The provider had a quality assurance system in place, which assessed the quality of the service though action plans had not always been put in place to ensure any identified issues were dealt with.

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 not consistently safe.

People said that they felt safe living in the service and their relatives agreed with this view.]

Staffing levels had not entirely protected people from situations that could affect their safety though the provider quickly acted after the inspection to ensure this was in place.

Staff understood their responsibility to safeguard people and reported safeguarding incidents to the Commission.

Medicines had been supplied to people as prescribed. Improvements were needed to the way medicines were stored and to how 'as required' medicines were given.

Requires improvement



Is the service effective?

The service was not consistently effective.

The provision of training to staff was largely in place to ensure all staff had effective skills and knowledge.

Staff received supervision to support them to provide care that met people's needs.

People and their relatives reported that care was available when needed. People reported that they enjoyed the food provided to them. We saw that their nutritional needs were met.

Requires improvement



Is the service caring?

Not inspected

Is the service responsive?

The service was not consistently responsive.

Not all relatives thought care had been provided when needed.

Care plans had not always contained full information on how to respond people's needs.

Staff had contacted medical and social care services when people needed support.

Complaints had been properly investigated by the registered manager and complainants had been supplied with a response to their complaints.

Requires improvement



Is the service well-led?

The service was not consistently well led.

Requires improvement



Summary of findings

A registered manager was in place.

We found systems had been audited in order to provide a quality service, though action plans were not always in place to ensure improvements occurred.

People told us that usually management listened and acted on their comments and concerns, although not always.

Staff told us the registered manager provided good support to them and had a clear vision of how individual care was to be provided to people to meet their needs.

Western 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 & Social Care Act 2008 Regulated Activities Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two inspectors and an expert by experience on the first day, and one inspector on the second day. 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 also reviewed information we received since the last inspection, including information from the local authority safeguarding team.

During our inspection we spoke with the registered manager, the deputy manager, a community nurse, six people that lived at the service, four relatives, and five care staff. After the inspection we spoke with the regional manager of the service.

We observed how staff spoke with and supported people living at the service and we reviewed people's care records. We reviewed other records relating to the care people received. This included the audits on the running of the home, staff training, staff recruitment records, and medicine administration records.

Is the service safe?

Our findings

We were concerned at our last inspection that staffing levels were not sufficient to safely meet people's needs, medication had not always been supplied to people as prescribed, not all incidents of people's safety being compromised had been sent to us, and people's nutritional needs had not been met.

Everyone we asked, people living in the home and their relatives, said they thought people were safe in the home. One relative said, "It is perfect. A wonderful and brilliant place."

There was evidence that risk assessments regarding safety issues were in place. For example, there were risk assessments about relevant issues such as hot water temperatures, uncovered radiators, and legionnaires disease. This system was designed to keep people safe.

However, the issue of whether there was enough staff on duty to meet people's needs safely received a mixed response. Three people and three relatives said that there was "enough staff"; whilst one person and one relative questioned whether there were enough staff on duty. One person said "You have to wait a long time for calls to be answered." Another person said "Sometimes they come quickly and sometimes you have to wait a long time".

A relative said, "I have to go and ask for help as people need help to go to the toilet and they can't find someone". They also told us of an incident where a person who was unstable on their feet got up and fell over when no staff were present to assist them. At weekends and evenings one relative mentioned that staff seemed to "disappear" and often went on tea breaks together. They said that this issue had been dealt with by the manager but the relative believed that staff had returned to having breaks together again. The manager said she had instructed her senior staff to monitor this to ensure that it did not happen and would reinforce this message again.

Staff informed us that staffing levels were largely good enough to ensure that people could be protected from risks to their safety and the manager agreed with this assessment. She stated that staffing levels had increased since the last inspection and we found this to be the case.

During the course of the day there were periods throughout the home of up to 15 minutes when we saw no staff in the

main lounge or on the floors. We did see there was a chart in the lounge areas which instructed staff to check lounge areas every 15 minutes that people were safe and that their needs were met. We found these charts had been completed to meet this frequency of checking.

After the inspection, we spoke with the regional manager as to whether arrangements were sufficient to keep people safe. We were swiftly supplied with evidence stating that designated staff members would be present at all times in both main communal lounges to ensure people were safe, for example from falls.

Relatives thought that the reliance on agency staff to provide staff support caused issues. This was because regular staff had to provide shadowing to agency staff to show them what to do. This then meant they were not always available to respond to people. A relative said that unfamiliar staff can cause "upset" and their relative did not react well to changes. The manager stated that, if at all possible, agency staff were not used, their use had markedly decreased and that permanent staff were being currently recruited to further decrease their use.

Relatives did note they "had seen an improvement" with regards to staff and care over the past few months, following a recent recruitment drive recruitment drive to ensure more regular permanent staff cover and the reduction in the use of agency staff.

The Commission had been informed of incidents of possible abuse. This meant action was taken to help ensure people living in the home were protected.

In a person's records we found a recent letter from a social worker. This stated the social worker had received an anonymous alert about poor skin care relating to a person. The letter stated the social worker had investigated this and was satisfied there were no concerns with the person's care and safety.

A relative told us that staff had ensured their relative had appropriate treatment to deal with medical needs and nutritional needs and staff were encouraging exercise which had improved the person's medical condition. This showed that staff were safely meeting this person's needs.

Staff told us they administered medicines and said they had competency checks undertaken by the manager to make sure they could do this safely. We found that people had received their medicines as prescribed. People told us

Is the service safe?

staff managed their medicines for them. They said their medicines were always available and they were given them at the same times each day. We saw a staff member supplying medicines to people in a safe way.

We checked medication systems and found them to be secure, with records properly in place which indicated people had received their medication.

We inspected a medication room and found that the room temperature had been over the required 25 degrees for over half the time in the previous two months. A fan had been put in the room but this was ineffective in dealing with the issue. Medication fridge temperatures had been found to be within proper temperatures. We inspected another medication room and found over half the medications stored in this fridge did not have the date which they were opened written upon them.

We looked at a person's MAR (medication administration record) which indicated some medication had been discontinued. However, there was no information from medical personnel confirming this. Two PRN (medication supplied when needed) protocols were not in place as to when to supply the medication. We found the home had

some PRN protocols though they were over two years old and had not been reviewed. These issues were potential risks to people's safety. The manager said these issues would be followed up.

There was no protocol in place to indicate when drugs for palliative care should be used. This was a potential risk to people's safety. The manager said relevant health professionals would be contacted for advice on when to supply the medication.

We found there was an appropriate controlled drugs procedure with two signatures and daily counts in place. We counted these and found that stocks were accurate.

The manager confirmed that appropriate staff had received medication training and that medication competencies were checked annually. Not all relevant staff had received refresher training for medication. The manager later sent us evidence that this training would be provided in the near future.

We checked the financial records of some people. We found finances were safely and securely kept and checked on a regular basis.

Is the service effective?

Our findings

We were concerned at our last inspection that staff had not received training and supervision to ensure they have the necessary skills to meet people's needs.

When asked if staff were well trained, a person said, "Yes, I can't say anything against them."

Staff told us they were up to date with their training from the organisation. They said they had training on relevant issues such as dementia which helped them meet the needs of the people they supported. The staff we talked with said they were encouraged by the manager to identify training they felt they needed or would like to complete.

The manager supplied us training records which showed a system was in place to provide staff with training. Staff had been provided with relevant training, although we saw that some staff had not had training on issues such as wound care, diabetes and epilepsy. The manager stated that more training had been organised and we were later sent evidence of this. This meant staff would be fully supported to be aware of and able to respond effectively to people's needs.

The staff we talked with said they had regular supervision and we saw evidence of supervision in records. They said they had the opportunity to raise issues and problems themselves and they also had the opportunity to discuss people's care needs. This provided staff with effective support.

We spoke with people about how effective staff had been at supplying the care they needed. People told us they were "very happy" with this. A person said, "They look after me. I don't need to think of anything anymore."

We looked at the care plan of a person with nutritional needs. We found the person had received specialist medical attention. Proper records were in place including how much the person had eaten and drank to monitor and respond to any risk to the person's health.

We found that another person with diet controlled diabetes had proper care plans in place to monitor the person's nutrition. We spoke with a nurse who was aware of the person's reduction in fluid / food intake as well as general

overall health deterioration and we saw a specialist had been contacted to see the person. In summary they were aware of the situation and were acting on responding to this person's needs.

We saw that care plans described the support people required and their preferences. We saw risk assessments in place in people's records of care we looked at. For example, there was a risk assessment relating to nutrition, which stated that the person needed to have a soft diet and staff supervision to ensure a choking risk was prevented. We saw that the person was supplied with a soft diet. Staff were also nearby within eye range to be able to react quickly if they had difficulty swallowing food.

We found that the home had referred people to medical services in a timely manner to deal with both one off and ongoing medical issues. In all cases relatives said they had been informed of this. Relatives said they were kept up-to-date with future hospital and doctor appointments. One relative said "They tell me the things that have happened or that I need to know." Another relative said, "They ring me if there are any concerns."

A relative told us that her relative needed food to be of a soft consistency. Initially this had not been provided but when she spoke with the manager this was acted on to supply a diet that met the person's needs.

The cook was aware that a person had lost a considerable amount of weight and was in the process of assisting in "building him back up again" by providing supplements such as cream and ice-cream to help the person regain weight.

People told us they were satisfied with the food they received. There was evidence in people's care plans that they could have the food of their choice. The people we saw eat lunch said that they enjoyed it and there were good portion sizes. We observed staff offering people drinks throughout the day, which would prevent dehydration. These issues indicated that people were assisted to effectively meet their nutritional needs.

People told us if they were unwell or wanted to see a doctor, staff would contact their family doctor and arrange for a visit or an appointment for them. Relatives told us they were confident staff would access health services for their relative if they became unwell. We found evidence of this in people's records.

Is the service effective?

We saw that people had a range of health appointments such as dental and optical appointments. We spoke with a community nurse. They told us that if there were any concerns about people's health then staff quickly referred

this to them so that proper treatment could be provided. This told us that staff had properly monitored people's health and responded to the need to provide appropriate health appointments when needed.

Is the service caring?

Our findings

Is the service responsive?

Our findings

At the last inspection we found that care had not always been provided to people properly and that complaints were not always followed up.

We found that everyone was positive when discussing the staff and said how caring they were in providing care to them. People living in the home praised the staff. They told us, “they know me well”, and “pleased with them”. One person called them “beautiful staff”; while another person said, they “are very good”. We saw staff show compassion and care. We observed a staff member bring a person into a lounge in a wheelchair, explain what she was doing, and ask where they would like to sit and how they would like to wear their hat. We observed staff asking another person and gaining their permission to see if it was okay to move their wheelchair slightly to allow another wheelchair to be put next to them.

Relatives also agreed with the positive comments about the staff. One said, “they [staff] know them.” Another relative said, “regular staff are absolutely fine, they know what they are doing.” Other relatives said that “they are so caring”, “my mother sings their praises”, “[they have] lovely manners” and “I have every faith in them”.

Another person said, “The carers come in and turn me every four hours in the night. They are very kind to me, they all come and greet me and chat if they can.” Another person said to us, “I had some antibiotics last week, the infections has gone now.” Another person told us that she used to be turned every two hours overnight but that disturbed her too much so the schedule was changed to every four hours. Records we saw reflected this change.

Another person told us, “I can’t think of anything that needs improving, it’s generally OK. They are looking after me properly, it’s nice here.” These were examples of people being satisfied that staff provided care responsive to their needs.

We found care plans had been reviewed regularly. There was one person who had pressure area care. The care plan contained appropriate information on how to care for the person. For example, there was evidence that the person had been provided with proper care to protect their skin.

Staff told us, “We do a care plan per wound so we can deal with them separately. We use a diary to show when the dressings need to be changed and the care plans detail what we have done.”

A person's continence needs had been raised with the manager by a relative and a two hour checking period was introduced. However, the relative said this had not totally solved this issue as there were still occasions when relatives arrived and the person was wet. The manager said this would be followed up with staff to ensure the person received continence care when needed.

We looked at another care plan for a person with behaviours that could challenge. We found professionals had visited to give advice regarding this behaviour. A general support plan was in place, but information for staff about how to support the person and their behaviours was not detailed. The deputy manager was confident with what to do and how to offer support. However, this method of working was not recorded. The manager said the plan would be reviewed to ensure it provided staff with information about how to respond to this situation.

We saw that where people needed turning to prevent and treat pressure sores and this was carried out at the assessed frequency. Where people needed continence care, this had been generally recorded as having been carried out. However, it did not specifically state whether the required frequency had been carried out. The manager said this would be followed up to ensure that all continence care would be recorded in the future. This will then prove all necessary personal care had been supplied to respond to people's care needs.

People told us that they had not needed to make a complaint, but had confidence they could raise an issue if needed. One person said, “I could go to anyone really”.

We spoke with four relatives and they were also confident they could speak with management if there was anything that they felt needed to be addressed. One relative said, “I can ask any questions.” Another relative told us, “Yes, I would be happy to go to anyone and say something”. Two relatives we spoke with had raised issues. A historic complaint was “dealt with, I was informed it had been done. It was a very efficient and quick process”. The other relative who had raised concerns had spoken several times with the manager regarding various incidents. These issues were looked into and dealt with. However, the relative was

Is the service responsive?

not always convinced that issues such as staff presence were fully implemented as “things are worse when (the manager) is not here.” The manager said spot checks were being carried out, and senior staff directed to closely monitor care, to ensure people's needs were always responded to.

We looked at details of complaints records. We found that complaints had been investigated by the manager and followed up. The complainant had also been notified of the results of the investigation. This responded to people's concerns.

The complaints procedure showed that people could complain to management but this information did not include information about how to raise concerns with the local authority that had responsibility for investigating complaints. The manager said the procedure would be amended to include this and we were later sent an amended procedure detailing appropriate information to make it clear to people how they could complain.

Is the service well-led?

Our findings

At the last inspection we found the provider did not have appropriate quality assurance systems in place to ensure the service was meeting people's needs.

The home had a registered manager in place. It is a legal requirement that services have a registered manager in post. This is to help ensure the efficient organisation of the home to enable appropriate care to be provided to meet people's needs.

We saw evidence that issues of potential abuse had been reported to us, and to the safeguarding team of the local authority. The provider has a legal duty to report such incidents to CQC.

During the day we observed good and kind care at all times. People looked well-cared for. The manager and staff appeared knowledgeable about people's needs and were person centred in their approach. Staff told us that they thought the new manager was efficient, would listen to their views and they felt supported.

A staff member told us "It's a lot better with the new manager... I feel supported by the manager, she's altogether better. We're having clinical supervisions and team meetings and I do feel supported." Other staff members we talked with said the manager was approachable and supportive to them in carrying out their tasks of providing personalised care to people. This indicated a well-led service.

We found that the manager had a good relationship with people and their relatives. They were happy to discuss issues with the manager. One relative said they were "happy to speak to the manager." Other relatives told us they were "happy to speak to the manager, although I have not had to. Relatives also said they were generally satisfied with the service. One relative said "Overall I am very pleased with the home" and "it's a perfect place." Another relative said, "I whole heartedly love this place and I would recommend this to anyone".

We found that people knew who the manager was if they needed to talk. We observed a person approach the manager to have a chat, and the manager made time to sit in her office with them.

We saw that the home supplied relatives with newsletters and personal letters to communicate what was happening in the home.

These issues indicate a well-led service.

When asked if they felt included in the day to day running of the home, two people told us they had been. One person said, "I am really happy with it" and another person said, "I think everyone is happy." However, another person said, you can "voice concerns but you are not listened to." The regional manager said people's views would be divided and offered assurance that any concerns they raised would be looked into and acted upon as needed.

The manager stated that it was the intention to provide staff surveys to staff so that they could comment on the running of the service and act on any feasible ideas to improve the service.

Staff told us there were staff meetings, which we saw evidence of. Staff could ask for items to be added to the agenda. This meant the service was aiming to build teamwork to ensure it was running efficiently meet people's needs.

We saw that people and their relatives had been provided with a satisfaction questionnaire to give their views of the service. There was an action plan to translate any issues into action. This meant people's issues had received attention.

We saw evidence of other audits. These included health and safety issue. People's care plans were reviewed on a monthly basis to ensure they met their individual needs, although action plans were not always in place to deal with any identified issues. The manager said action plans would be produced in the future and followed-through accordingly. A medication audit was in place to ensure that medicines were properly handled and issued to people.

We later received information from the regional manager who stated on a weekly basis she visited the home and reviewed staffing levels, staff supervision, staff recruitment, reviewed safeguarding, complaints, staffing issues and spoke to people, their relatives and staff. We were supplied with monthly providers audits. This covered relevant issues with regards to the management of the home, with an action plan in place to ensure action is taken on any issues arising.

Is the service well-led?

Issues audited included accidents and incidents, infections, medication, health and safety, maintenance checks, and the kitchen audit. Staff training was also reviewed by the regional manager and the manager and staff are directed to what training required updating and any other training planned.

However, the issues we highlighted in this report such as completely ensuring people's safety, were not identified in this auditing process, which does not indicate a fully well led service.

We saw minutes of residents meetings that had been held. Meetings provided an opportunity for people to feedback

comments or concerns to the management team. Minutes included activities that people wanted such as shopping, and day trips to places they wanted to go to. However, there was no evidence that these issues had been actioned. The manager recognised this and said this would be carried out in the future.

Staff told us that the management had emphasised that people's rights should be protected and promoted. This gave a positive message to staff as to the importance of this.