Caring Homes Healthcare Group Limited

Deer Park View Care Centre

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

Overall summary

This was an unannounced inspection that took place on 24 and 26 June 2015.

Dear Park View Care Centre is registered to provide care for up to 60 older people and has specialised nursing and dementia units. The home is purpose built and provides accommodation for people in en-suite single rooms.

The home had 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 and associated Regulations about how the service is run.

In October 2013, our inspection found that the home met the regulations we inspected against. At this inspection the home met the regulations.

People and their relatives told us the home provided a good service, an atmosphere that was enjoyable and they

Summary of findings

liked living there. They were satisfied with the staffing levels and said the staff team were caring, attentive and provided the care and support they needed in a friendly and kind way.

The records were comprehensive and kept up to date. They contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties well. People and their relatives were encouraged to discuss health needs with staff and had access to community based health professionals, as GPs as required. They were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. Relatives were positive about the choice and quality of food available.

The home was well maintained, furnished, clean and provided a safe environment for people to live and staff to work in.

The staff we spoke with were very knowledgeable about the people they worked with and care field they worked in. They had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive way. Staff said they had access to good support and career advancement.

Relatives said the management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People said they were safe. They were protected from abuse by effective safeguarding and risk assessment procedures. The home had appropriate numbers of vetted staff.

People's medicine records were up to date. Medicine was audited, safely stored and disposed of.

Good

Is the service effective?
The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and balanced diets were provided. The home's was decorated and layed out to meet people's needs and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged as required.

Good

Is the service caring?
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. The care was centred on people's individual needs.

Staff knew people's background, interests and personal preferences well and understood their cultural needs. They provided support in a kind, professional, caring and attentive way that went beyond their job descriptions. They were patient and gave continuous encouragement when supporting people.

Good

Is the service responsive?
The service was responsive.

People had their support needs assessed and agreed with them and their families. They chose and joined in with a range of recreational activities. Their care plans identified the support they needed and it was provided. People told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Good

Is the service well-led?
The service was well-led.

There was a positive culture within the home that was focussed on people as individuals. They were enabled to make decisions in an encouraging and inclusive atmosphere. People were familiar with who the manager and staff were.

Staff were well supported by the manager and management team and advancement opportunities were available.

Good

Summary of findings

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Deer Park View Care Centre

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

This inspection was carried out by one inspector.

There were 56 people living at the home. We spoke with eleven people, three relatives, ten staff, and the deputy, manager and regional manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for six people living at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and their relatives said they thought the service was safe. One person told us, “A safe environment, you just press the button even at night.” Another person said, “I have no problem with the staffing levels.” A further person told us, “Staff even checks the outside at night.” A relative said, “There are enough staff and a lot of hard work goes on behind the scenes.” Relatives said they had never witnessed bullying or harassment at the home.

Staff had received safeguarding training and were aware of how to raise a safeguarding alert and the circumstances under which this should happen. Safeguarding information was provided in the staff handbook and a safeguarding pathway with local authority contact numbers was on display in the office. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from abuse and harm. Staff were trained in them and we saw them being followed during our visit. We asked staff to explain their understanding of what abuse was and the action they would take if they were confronted by it. Their response met the provider’s policies and procedures. They said protecting people from harm and abuse was part of their induction and refresher training.

People’s care plans contained risk assessments that enabled them to take acceptable risks and enjoy their lives safely. There were risk assessments for health and aspects of people’s daily living including social activities. The risks were reviewed regularly and updated when people’s needs and interests changed. There were general risk assessments for the home and equipment used that were reviewed and updated. These included fire risks. The home and grounds were well maintained and equipment used was regularly checked and serviced.

The staff shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be comfortable using. The care plans contained action plans to help prevent accidents such as falls from being repeated.

There was a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Successful candidates were short-listed for interview. The interview contained scenario based questions to identify people’s skills and knowledge of the client group they would be working with. References were taken up prior to starting in post. There was also a six month probationary period, during which new staff shadowed experienced staff at commencement. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them. All staff had completed security checks to keep people safe. There were no current staff vacancies.

People and their relatives told us they thought there were enough staff to meet their needs. There were suitable numbers of staff to meet people’s needs and the numbers of staff on shifts during the inspection matched those on the staff rota. This meant people’s needs were met in a safe, unrushed way.

The staff who administered medicine were appropriately trained and this was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked and found to be fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members who were authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs. Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required.

Good

Is the service effective?

Our findings

During our visit people made decisions about their care and what they wanted to do. Staff were aware of people's needs and met them. They provided a comfortable, relaxed atmosphere that people said they enjoyed. People said they made their own decisions about their care and support and that their relatives were also able to be involved. They said the type of care and support provided by staff was what they needed. It was delivered in a friendly, enabling and appropriate way that people liked. One person said told us, "It's good here, book your seat early." Another person told us, "A first rate service." One relative said, "The staff are brilliant." Another relative told us, "There is a nice atmosphere here that is not intrusive."

Staff were fully trained and received induction and annual mandatory training. New staff spent time shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there. The communication skills of the staff we observed, particularly in the dementia unit, demonstrated that people were able to understand them and this enabled staff to meet people's needs more efficiently. There was a training matrix that identified when mandatory training was due. Training included infection control, behaviour that may be challenging, medication, food hygiene, equality and diversity and person centred care. There was also access to specialist service specific training such as Parkinson's disease and the home was participating in a dementia project with a university regarding managing anxiety and aggression. Group training needs were also identified during monthly staff meetings. Bi-monthly supervision sessions and annual appraisals were also partly used to identify any gaps in individual training. There were staff training and development plans in place.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Required applications under DoLS were submitted by the provider and awaiting authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. The home had a restraint policy that was based on de-escalation that staff had received training in. They were aware of what constituted lawful and unlawful restraint. There were no instances of restraint recorded.

There were specific areas within people's care plans that referred to their nutrition and hydration. This included the 'Malnutrition Universal Screening Tool (MUST) that was monitored and updated regularly. As required weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Nutritional advice and guidance was provided by staff and there were regular visits by health care professionals in the community as required. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. Staff said any concerns were raised and discussed with the person's GP. There was a GP practice that attended the home and people could choose to retain their own GP if they preferred. The scenario based recruitment interview questions included knowledge and importance of nutrition and hydration. This identified prospective staff awareness of the importance of nutrition and hydration and gave the home the opportunity to address any knowledge missing, regarding this area if the candidate was successful.

People told us they enjoyed the meals provided. A person using the service said, "The meals are first class." A relative told us, "I visit often and the food always looks and smells lovely." During our visit people chose the meals they wanted, there was a good variety of choice available, the meals were of good quality and special diets on health, religious, cultural or other grounds were provided. The lunch we saw was well presented, nutritious and hot. Meals were monitored to ensure they were provided at the correct temperature.

People's consent to treatment was regularly monitored by the home and recorded in the care plans. Staff continually checked that people were happy with what they were doing and the activities they had chosen throughout our visit.

Good

Is the service caring?

Our findings

People and their relatives told us that the service treated them with dignity, respect and compassion. The staff made an effort to ensure people's needs were met and this was reflected in their care practices. People said they enjoyed living at the home and were supported to do what they wanted to. Staff listened to what people said, their opinions were valued and we were told staff were friendly, patient and helpful.

One person spoke of staff as, "brilliant, vigorous people with high standards." Another person said, "Staff are always very respectful." A further person told us "Staff are lovely." A relative said, "Staff treat people extremely well." Another relative told us "They (staff) are very good with residents."

Staff were skilled, knowledgeable and familiar with people, knowing their needs and preferences very well. They made an effort to take an interest in people and ensure they were happy and enjoyed their lives. People were treated equally, with compassion and staff talked to them as their equals. The speech of staff was unhurried so that people could follow what they were saying and understood. People were addressed at eye level and open, suitable body language was used by staff to communicate messages to people who had communication difficulties. We saw that staff listened to people and acted upon what they were being told. One person continually repeated sentences over and over about different activities. Staff listened patiently and directed and supported them to participate in the activities they were referring to. The caring approach of staff was supported by the life history information contained in care plans that people, their relatives and staff contributed to and regularly updated. People's personal information including race, religion, disability and beliefs was also clearly identified in their care plans. This information enabled staff to respect them, their wishes and meet their needs. The care plans contained people's preferences regarding end of life care.

Our observations on the dementia unit, during lunch showed that people's needs were met, by staff in a patient, inclusive and encouraging way. The staff took time to give people meal choices in a friendly and respectful way. Staff spent time explaining to people what the meal was, what they were eating and checking they had enough to eat. This was repeated as many times as necessary to help people understand, re-assure them and make them comfortable. There was a lot of stimulation of people by staff that prompted conversations between them and people using the service and also between people themselves. Both types of conversations made the room come to life with an interactive, relaxed and convivial atmosphere.

There was an advocacy service available through the local authority. Currently people did not require this service.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on going training and contained in the staff handbook. There was a policy regarding people's privacy, dignity and right to respect that we saw staff following throughout our visit. They were very courteous, discreet and respectful even when unaware that we were present.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

Good

Is the service responsive?

Our findings

People and their relatives said that staff and the management team asked for their views, opinions and choices, formally and informally. Both types of interaction took place during our visit. Staff enabled people to decide things for themselves, listened to them, took action and needs were met and support provided appropriately. Staff made themselves available to talk about any problems and wishes people might have throughout our visit. This was when they were aware we were present and when they were not. One person said, "People are never ignored here." Another person told us, "Anything I want, I get when I want it." A relative said, "Staff are very alert and respond quickly."

Prior to moving in people were provided with written information about the home and what care they could expect. People, their relatives and other representatives were fully consulted and involved in the decision-making process. They were invited to visit as many times as they wished before deciding if they wanted to move in. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. One person said "I spent a lot of time looking at nursing homes and this is the best."

People were referred privately and by local authorities. Assessment information was provided by local authorities and sought for the private placements where possible. Any available information was also requested from previous placements and hospitals. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home then carried out its own pre-admission needs assessments with the person and their relatives. This covered areas such as personal information, medical and psychological history and current medication. Other information, if applicable included dementia diagnosis, health, interests and daily living skills.

People were consulted by staff about what they wanted to do and when, throughout our visit. One person said that they chose the time they had lunch rather than having to have lunch at a specified time. Another person told us they were reminded of and encouraged to join in activities and staff made sure people were not left out. We saw this during activity sessions were encouraged but not pressurised to join in. People were also encouraged to interact with each other rather than just staff. There were daily activities provided by two activities co-ordinators seven days per week. A relative said, "Staff are always concerned that people are stimulated." The activities provided included music quizzes, bingo, cinema club, walks in Bushey Park, reminiscence sessions and arts and crafts. There was also a visiting hairdresser. The home had participated in the 'National care homes day' where the general public were invited to visit and there was an animals' day held where animals of different types were brought to the home which people said they really enjoyed. One person said, "The animals visiting was a great day." Another person told us, "The animal visit was something you remember for ages." Relatives said they thought the activities provided were appropriate and that people enjoyed them. People had care plans that were focussed on the individual and contained their 'Social and life histories'. The care plans including the life histories were live documents that were added to by people using the service and staff when new information became available and if they wished. The information gave the home, staff and people using the service the opportunity to identify activities they may want to do.

The home's pre-admission assessment formed the initial basis for the care plans. The care plans were comprehensive and contained sections for all aspects of health and wellbeing. As well as activities, hydration and nutrition, they included safe environment including avoiding falls, health promotion and medical conditions, communication, mobility and dexterity, personal care, tissue viability, sleeping patterns, consent to care and treatment, and last wishes.

People's needs were regularly reviewed, re-assessed with them and their relatives and care plans changed to meet their needs. The plans were individualised, person focused and developed by identified lead staff and people using the service. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed and daily notes confirmed that identified activities had taken place.

People and their relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There

Good

Is the service responsive?

was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

People and their relatives were invited and encouraged to attend regular meetings to get their opinions. The meetings were minuted and people were supported to put their views forward including complaints or concerns. The information was monitored and compared with that previously available to identify that any required changes were made.

Good

Is the service well-led?

Our findings

People were actively encouraged to make suggestions about the service and any improvements that could be made during our visit. There were quarterly minuted meetings for people who use the service to voice their opinions and views.

Relatives told us there was an open door policy that made them feel comfortable in approaching the manager, staff and organisation. One person told us, "The manager and team are approachable and could not do enough for you." A relative said, "The manager is always available to discuss any issues."

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said that they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties.

There were clear lines of communication within the organisation and specific areas of responsibility and culpability. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Staff told us that they received very good support from the manager and management team. They thought that the suggestions they made to improve the service were listened to and given serious consideration by the home. They told us they really enjoyed working at the home. A staff member said, "There is good management here, they listen and are supportive." Another member of staff told us, "I left and came back because I missed working here; people using the service are part of my family."

Records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. This included hospital admissions where information was provided and people accompanied by staff. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well.

The home used a range of methods to identify service quality. Quality checks took place monthly and ran on a yearly cycle. Areas audited included health and safety, infection control, supervision, medication and fire drills and evacuation. The audits also checked if meetings for staff, people using the service and relatives, heads of department and meeting the chef took place. There were also staff, relatives and people who use the service questionnaires. Manager and staff audits included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also shift handovers that included information about people and any incidents that may affect them. Age UK and the local authority also conducted quality audits.