

Church View (Nursing Home) Limited

Church 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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced inspection of Church View Nursing Home on 29 and 30 April 2015. Breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection on 2 November 2015 to check whether the provider had followed their plan and to confirm that they were meeting legal requirements. This report only covers our findings in

relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Church View Nursing Home on our website at www.cqc.org.uk.

Church View Nursing Home provides accommodation, personal care and nursing care for up to 40 people, including people living with dementia. At the time of this inspection there were 31 people living at the home.

The service is set in a detached building in a residential area in Accrington in East Lancashire. Accommodation is provided on the ground floor and there is a separate

Summary of findings

self-contained unit for people living with dementia. Both units have their own lounge and dining room. Bedrooms do not have ensuite facilities however there is access to suitably equipped toilet and bathroom facilities on both units. There are gardens and a car park for visitors and staff. The home is close to local amenities.

At the time of our inspection the service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was being managed by the registered manager of another nearby nursing home, also owned by the provider. This manager told us that the provider had recently appointed a new manager for Church View Nursing Home and the Commission would receive their application for registration in due course.

At this inspection we found that the provider had followed their plan and legal requirements were being met.

We saw evidence that people's medicines were being managed properly and safely. Medicines management policies and procedures had been updated to reflect current practice and best practice guidance. Staff had

received training in medicines management and their competence to administer medicines safely had been assessed. There were appropriate processes in place for the ordering, storage, administration and disposal of medicines.

Infection control had improved at the service. Guidance relating to infection control was available to staff and an additional member of domestic staff had been recruited.

The home environment was clean and there were no unpleasant odours.

We saw that people were being offered a choice of meal at all mealtimes.

Improvements had been made to the home environment, making it more suitable for people living with dementia. Furniture had been replaced and some areas of the home had been redecorated.

We noted that people looked clean and well dressed. However, one person told us they had not been supported appropriately with their personal care.

People were involved in planning and reviewing their care.

Audits were completed in relation to many areas of the service. We saw evidence that they were effective in ensuring that appropriate levels of care and safety were achieved.

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?

We found that action had been taken to improve safety.

People's medicines were being managed safely.

Infection control at the service had improved. Infection control policies and procedures were in place and were effective.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will do this during our next planned comprehensive inspection.

Requires improvement



Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

People were being offered a choice at all meal times and a record of the meals served each day was kept by staff.

Improvements had been made to the home environment making it more suitable for people living with dementia

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will do this during our next planned comprehensive inspection.

Requires improvement



Is the service caring?

We found that some action had been taken to improve how caring the service was.

We saw that people looked clean and were smartly dressed. However, one person told us they had not been supported appropriately with their personal care.

Requires improvement



Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

We saw evidence that people had been involved in planning and reviewing their care.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will do this during our next planned comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve how the service was managed.

Requires improvement



Summary of findings

Audits of the service were being completed and were effective in ensuring that appropriate levels of safety were being achieved.

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will do this during our next planned comprehensive inspection.

Church View (Nursing Home)

Detailed findings

Background to this inspection

We undertook an unannounced focussed inspection of Church View Nursing Home on 2 November 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in April 2015 had been made. The team inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by two adult social care inspectors.

Before this inspection we reviewed the information we had received about the service since our previous inspection in April 2015. This included the provider's action plan, which

set out the actions they planned to take to meet legal requirements and statutory notifications received from the service. We also reviewed information received from Lancashire County Council contracts and safeguarding teams.

During the inspection we spoke with two people who lived at the home, one visitor, the nurse on duty and the acting manager. We observed care staff providing care and support to people throughout the day. We reviewed people's care records and looked at service records including those relating to staff training, agency staff, medicines administration, policies and procedures and records of audits completed.

During the inspection we also spoke with a visiting district nurse who gave us feedback about the service.

Is the service safe?

Our findings

During our comprehensive inspection of Church View Nursing Home in April 2015, we found that people's medicines were not being managed safely. There were gaps in the recording of PRN (as required) medicines and checks had not been completed to ensure that staff were administering medicines safely. In addition, we found that policies and processes for the ordering, administering and disposal of medicines did not reflect current practice or best practice guidelines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We issued the provider with a warning notice, advising that they were required to become compliant with Regulation 12 by 30 June 2015 or we would consider further action. The provider subsequently sent us an action plan detailing the improvements they would make and advising that actions would be completed by 31 August 2015.

At this inspection we found that the provider had followed the action plan and was meeting the requirements of Regulation 12.

We noted that policies and procedures had been reviewed and were available to staff along with NICE (National Institute for Health and Care Excellence) guidance. The service had a designated member of staff for ordering medicines, and prescriptions were seen prior to dispensing. A copy of medication requests was retained.

MAR (medication administration record) charts were detailed. They provided a picture of each tablet and stated whether the medication was in blister packs, which is where the medicines for different times of the day are received from the pharmacy in colour coded packs. We saw evidence that medicines not included in the blister packs were counted regularly to ensure that the quantity in stock reflected the information on the MAR charts.

Protocols and guidance for PRN (as required) medicines were in place and when PRN medicines were offered this was indicated on the MAR charts.

We noted that when medications were disposed of this was recorded and signed by two members of staff in a register. Medicines for disposal were stored securely and there were appropriate arrangements in place for the disposal of controlled drugs.

MAR charts included a photograph of the person, their date of birth, allergies and GP contact details. At the time of this inspection no homely remedies were being used. However, a GP approved list of homely remedies was available. We were advised that no one living at the service was self-medicating.

There were separate MAR charts for the administration of external creams and staff recorded this appropriately. Warfarin books were kept with the MAR charts and there were specific MAR charts colour coded to the dosage of the Warfarin tablet being administered. We saw evidence that people's blood sugar levels were monitored.

A checklist was completed during each medicines round by the nurse on duty and signed to demonstrate they had administered medicines safely. We noted that staff had signed the forms but had not ticked the individual statements to indicate which statements applied to that medicines round. We discussed this with the manager who assured us that she would address this issue with staff.

We saw evidence that staff had completed medicines management training and had been assessed in relation to their competence to administer medicines safely.

People's consent or preferences regarding managing their own medicines was addressed as part of their pre-admission assessment and as part of the admission process. We noted that the home's handover process included a sheet indicating whether there were any medication issues or new medicines in place.

One person was receiving covert medicines. This is when medicines are administered without a person's knowledge, when a person lacks the capacity to make a decision about the medication and it is felt to be in their best interests for them to take it. We saw evidence that a best interests decision had been made and their care plan was reviewed regularly.

We noted that medicines audits had been completed by the manager regularly and action plans were created where improvements were identified. However, there was no indication whether actions had been followed up until the next audit was completed. We discussed this with the manager who advised that in future she would document when actions had been completed.

During our comprehensive inspection in April 2015, we also found that people were not being protected against the

Is the service safe?

risks associated with poor infection control. Some furniture at the home was worn and grubby and there were offensive odours in various areas around the home. Infection control policies and procedures did not reflect best practice guidance and the audits that were being completed were not effective in identifying the improvements that needed to be made.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received an action plan from the provider advising us that improvements would be made by 31 August 2015.

At this inspection we found that the provider had followed their action plan and was meeting the requirements of Regulation 12.

We noted that the manager had completed an assessment of infection control processes within the home, which included an action plan of improvements that were required. We saw evidence that many of the actions had been completed.

Infection control and cleaning policies and procedures were in place at the service and we reviewed the daily cleaning schedules. Guidance documents relating to infection control were available to staff and the contact details for the local Infection Prevention and Control Team were also available. The manager told us that an additional member of domestic staff had been recruited in June 2015 and we saw evidence of this in the staff rotas.

During our inspection we observed cleaning being carried out by staff and noted that the home environment was clean and there were no unpleasant odours. Furniture had been replaced in communal areas and some of the bedrooms. Many areas of the home had been redecorated. Liquid soap and pedal bins were available in the bathrooms we looked at.

We spoke with a visiting district nurse who told us that she had no concerns about cleanliness and infection control at the home. She told us that the district nurse service visited the home daily.

We noted that a number of infection control audits had been completed and saw evidence that these audits were effective in ensuring that appropriate standards of hygiene were being achieved.

During the inspection in April 2015, we also found that a number of areas of the home were in need of attention to ensure that the environment was safe, clean, appropriate and comfortable for people to live in. Some of the furniture in people's rooms was damaged, curtains were not secured properly and people's personal items were not stored safely.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's action plan advised us that improvements would be made by 31 August 2015.

At this inspection we found that the provider had followed the action plan and was meeting the requirements of Regulation 15.

Many areas of the home had been redecorated and the flooring in some areas had been replaced. Some of the furniture in communal areas and people's rooms had also been replaced. We noted that an action plan was in place which addressed the improvements that needed to be made to the home environment and saw that many of the actions had been completed. We saw that improvements at the service were ongoing and the staff member responsible for maintenance and repairs told us that progress was being made daily. We saw that curtains were secured properly and people's belongings were stored safely in the rooms we looked at.

During our inspection in April 2015, we found that the service did not have sufficient checks in place to ensure that agency nursing and care staff were suitable and qualified to work in the home. We also found that agency staff were not given a basic induction to the service. We recommended that the service satisfied themselves that agency staff were suitable and qualified to work in the home and that a record was maintained to demonstrate this and their basic safety induction.

During this inspection we found that confirmation of the registration details of all agency staff was received from the care agency prior to them working at the home. We also saw evidence that

agency staff received a basic induction which included health and safety, infection control, dementia, basic life support, moving and handling, safeguarding vulnerable adults complaints, conflict management, information governance, fire safety and food hygiene. We did not see

Is the service safe?

evidence of an induction regarding medicines management. We discussed this with the manager who assured us that this would be added to the induction received by agency staff.

During our previous inspection we noted that staff had not received training in how to support people who displayed behaviour that could challenge the service. We recommended that the service sought advice from a reputable source about supporting people who exhibit behaviours that challenge the service.

During our recent inspection we noted that improvements had been made. We saw evidence that staff had received training in positive behavioural support, which addresses how to support people who display behaviour that challenges. We reviewed the care files of two people living at the service and noted that a behaviour support plan was in place for each person. The plans included a behaviour assessment, which detailed the types of behaviour that could be displayed, and a plan of support, which described how best to support the person.

Is the service effective?

Our findings

During our comprehensive inspection in April 2015, we found that people were not being offered a choice of meal at lunchtime. We recommended that the service sought advice and guidance about offering a choice of nutritious meals at each mealtime and recording people's choices.

During this inspection we found that people were being offered a choice at all meal times and saw that a record of meals served was kept by staff. The information regarding the meals served demonstrated that alternatives to the menu were being offered. One person we spoke with told us they had enjoyed lunch that day. We noted that during a recent residents meeting, people had said they were happy with the meals and the choices available. We saw evidence that people could have supper and refreshments in the morning and afternoon.

During our inspection in April 2015, we also found that some aspects of the service were not dementia friendly. Bathrooms, communal areas and people's rooms were not easily identifiable and carpets were highly patterned. We recommended that the service find out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia.

During this inspection we saw that improvements had been made and the environment was more suitable for people living with dementia. On the dementia unit, pictorial signs were used to identify bathrooms and toilets and there were pictures or photographs on some people's doors to help them to identify their room. During our visit we saw a game of bingo being played in the lounge on the dementia unit and people being supported appropriately to participate. Records showed that 76% of staff had completed dementia awareness training.

Is the service caring?

Our findings

During our inspection in April 2015, we found that not everyone had been supported appropriately to maintain their appearance and personal hygiene. We recommended that the service sought advice on how people's dignity could be respected in line with the preferences recorded in their care plan.

During our inspection we saw that people looked clean and were smartly dressed. A visiting district nurse told us she did not have any concerns about people's personal care. However, one person and their visitor told us they had not been supported by staff to have a bath or a shower for two weeks, despite requesting this on a number of occasions. We discussed this with the manager who arranged for the person to be supported to have a bath on the day of our visit. She told us she would review how support with personal care was managed at the home and would ensure that people received appropriate support when they needed it

Following our inspection the manager informed us she had spoken with staff and one staff member had advised that the person who had raised the concern during our visit had received a bath the previous week. However, this had not been documented. The manager told us she had reviewed how personal care was managed at the home and found that staff were recording baths in people's daily care records, however, this was not always being documented. She told us that she has introduced a process to ensure that everyone living at the service is offered a bath once a week and that this is clearly documented and signed by staff on each unit. The manager told us that she visits the home regularly and checks that people are receiving personal care and that appropriate records are being maintained. She advised that she speaks regularly with the person who raised the concern, who has confirmed that they are receiving regular baths and are happy with their personal care.

Is the service responsive?

Our findings

During our comprehensive inspection of Church View Nursing Home in April 2015, we found that not everyone had been involved in planning or reviewing their care. We recommended that the service sought advice and guidance from a reputable source, about formally involving people in decisions and choices about their ongoing care, treatment and support.

During this inspection we saw that improvements had been made. We reviewed two people's care plans and saw

evidence that they have been involved in planning their care and in the monthly care plans reviews that were completed by staff. People had signed to demonstrate their involvement. We asked one person we spoke with if they had been involved in planning and reviewing their care and they told us they had. They told us they were involved in everyday decisions about their care and could make choices, including what they ate at mealtimes, where they ate their meals and what they wore each day. They told us they could spend time in their room if they did not want to socialise.

Is the service well-led?

Our findings

During our inspection in April 2015, we found that the provider did not have suitable arrangements in place for assessing and monitoring the quality of the service and acting on their findings. Matters needing attention in relation to the environment, staffing, medicines management and infection control had not been identified or addressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's action plan stated that actions would be completed by 31 August 2015.

At this inspection we found that the provider had followed the action plan and was meeting the requirements of Regulation 17.

We saw that an audit of the home environment had been completed and an action plan was in place. We noted that a number of the necessary improvements identified had already been completed. These included the replacement of flooring and furniture in bedrooms and communal areas and the redecoration of many areas of the home. We observed that the work relating to some improvements, such as the replacement of one of the bathrooms with a wet room, was ongoing.

We observed that improvements had been made which meant that the home environment was more suitable to meet the needs of people living with dementia.

We saw evidence that appropriate checks were being made to ensure that agency staff were suitable to work at the home and they received an appropriate induction.

Staff had received up to date training in medicines management and their competence to administer medicines safely was assessed. Medicines management policies and procedures had been updated to reflect current practice and best practice guidance.

Infection control had improved at the home. We saw evidence that audits were being completed and were effective in ensuring that appropriate levels of cleanliness and hygiene were being achieved.

At the time of the comprehensive inspection in April 2015, there was a registered manager in post. However, at the time of this inspection there was no registered manager at the service. The service was being managed by the registered manager of a nearby nursing home, also owned by the provider. This manager told us that a manager had recently been appointed for Church View Nursing Home and the Commission would receive their application for registration in due course.