

Rushcliffe Care Limited

Normanton Village 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 the service on 15 and 16 April 2015.

Normanton Village View Nursing Home provides accommodation for up to 80 people who require nursing or personal care. On the day of our inspection 40 people were using the service and two people were in hospital.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

During our last inspection on 2 September 2014 we asked the provider to take action to make improvements to protect people living at the home. The provider was not

Summary of findings

meeting four Regulations of the Health and Social Care Act 2008. These were in relation to people's care and welfare, cleanliness and infection control, staffing and supporting workers. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. While we found that the actions we required had been completed and these regulations were now met, the provider needed more time to fully embed these improvements.

People told us that they felt safe living at Normanton Village View Nursing Home. We were aware that the commissioners of the service that funded some people had concerns about the safety of people due to a high number of safeguarding incidents. We found the service had worked with commissioners to investigate concerns and had taken action where required to manage and reduce further risks. This included a review of some people's needs and additional training for staff. The service had developed a new system to record accidents and incidents including safeguarding incidents, to enable them to better analyse patterns and trends and to look at lessons learnt to protect people further.

The risk management plans to support people with behaviours that presented a risk to themselves or to others had improved since our last inspection. Staff had more detailed information about how to meet people's needs and keep people safe. Staff had also received awareness training in managing behaviour that staff spoke positively about and that they felt was of benefit. Where risks had been identified with people's healthcare needs these had been assessed and planned for.

People and their relatives told us they felt there were sufficient staff available to meet their needs and that they had seen improvements with the deployment of staff. This included staff being more visible within the communal lounges. People said that their requests for assistance were responded to by staff in a timely manner.

The registered manager regularly assessed people's dependency needs and had involved commissioners where people's needs had changed.

People and their relatives did not raise any concerns about how their medicines were managed or administered. We found people received their medicines as prescribed by their GP. Where people received medicines covertly this had been assessed and

authorised appropriately. However plans of care did not include the information that staff administering medicines required so that they could do so consistently safely.

People and their relatives were positive about the experience and knowledge of staff that supported them. The provider had recruited another deputy nurse who was qualified in mental health who would further benefit the service with their knowledge, experience and skills. Whilst staff had received additional training in dementia care we found that all staff still had limited awareness of dementia care. The registered manager was aware of this and had made arrangements for staff to receive further training. We spoke with a consultant psychiatrist who supported some people within the service. They told us they were planning to provide staff with additional support and guidance about the needs of people living with dementia.

The systems to support staff had improved and staff had received appropriate supervision and support to review their practice and training needs. Further improvements had been planned to ensure staff received consistent and regular support.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards legislation was adhered to but further improvements were required with regard to MCA assessments to ensure people's human rights were fully protected.

People told us they received sufficient amounts to eat and drink and that they were happy with the food choices. We observed people were supported where required with their meals and drinks and snacks were frequently offered.

Healthcare professionals involved with the service said that referrals were made in a timely manner and that their recommendations were followed. Improvement around staff communication was highlighted as an area of improvement by some healthcare professionals and staff employed at the service.

People and their relatives spoke positively about the staff's care and attitude. We observed staff to be kind, caring and compassionate. On the whole positive engagement was observed where people's care and wellbeing, dignity and respect were maintained.

Summary of findings

Whilst information recorded in care files had improved since our last inspection further improvements were required to ensure information was personalised. People told us how activities, hobbies and interests were supported. The provider was in the process of recruiting an additional activity coordinator. We saw people received opportunities to pursue their hobbies and interests but found the environment required further improvements to support people living with dementia.

The registered manager was praised by people that used the service and staff and had made a positive contribution in bringing about positive changes within the service. They were aware of the continued shortfalls required and showed a commitment in achieving improvement.

The provider had systems in place that monitored the quality and safety of the service. Some improvements were required to ensure these checks were consistent and robust.

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 there were sufficient staff available to meet their needs. At the time of the inspection we saw an example where there were some concerns with the staffing available to meet people's individual needs.

People's needs had been assessed and where risks had been identified plans were in place to manage these.

Staff had received further training on safeguarding people and the provider had introduced systems to monitor accidents, incidents and safeguardings to ensure risks were analysed and action taken to reduce further risks.

Requires improvement



Is the service effective?

The service was not consistently effective

People told us that they felt staff had the appropriate skills and ability to meet their needs. Healthcare professionals were positive that the service met people's healthcare needs.

Whilst staff had received additional training and support in dementia care, further training was required to fully equip staff with the knowledge and awareness they needed.

The support to staff had improved since our last inspection. Staff had received opportunities to review their practice.

Requires improvement



Is the service caring?

The service was not consistently caring

People said staff were kind, caring and compassionate.

Staff responded to people's distress or discomfort in a timely manner. We found on the whole staff approach had improved since our last inspection and positive engagement with people was observed.

Whilst information about independent advocacy information was not on display for people, we saw examples where people had been supported to access advocacy services.

Requires improvement



Is the service responsive?

The service was not consistently responsive

People felt staff responded to their needs in a timely manner and were confident to raise any complaints if required.

Requires improvement



Summary of findings

Staff were aware of people's needs and we observed support on the whole was personalised. The quality and detail of information recorded needed to be improved upon to ensure person centred care was consistently provided. People's cultural, religious and spiritual needs were not always met.

Improvements to the environment had been made but this required further action to enhance stimulation and meet the needs of people living with dementia.

Is the service well-led?

The service was not consistently well-led

Improvements had been made to the service following our previous inspection but further time was required for these to fully embed.

There were systems used to assess and monitor the quality of the service but these required a review to ensure they were fit for purpose and robust.

People, relatives and staff were positive about the leadership of the service and that they felt involved. They said improvements had been made to the quality and safety of the service.

Requires improvement



Normanton Village 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.

This inspection took place on 15 and 16 April 2015 and was unannounced.

The inspection consisted of three inspectors, a pharmacy inspector, a specialist advisor in nursing care for people living with dementia and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a provider information return (PIR). This 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 reviewed the information included in the PIR along with notifications that we had received from the

provider. A notification is information about important events which the service is required to send us by law. We also contacted commissioners who had funding responsibility for some people who used the service.

On the day of the inspection we spoke with seven people who used the service and four relatives for their experience of the service. We also spoke with the registered manager, a newly appointed service manager and seven support workers, a care team leader, two nurses, the cook, two domestic staff, laundry assistant, laundry supervisor and the provider's health and safety manager.

We looked at all or parts of the care records of eight people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. 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.

After the inspection we contacted two GP surgeries, a consultant psychiatrist, a community tissue viability nurse and the dietetic service for their feedback about the service.

Is the service safe?

Our findings

Our previous inspection found that the provider had not appropriately protected people because there were insufficient numbers of suitably qualified, skilled and experienced staff to safeguard people's health, safety and welfare. This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this breach in regulation was met, however further improvements were required to ensure people consistently received the right level of care and treatment they needed.

People we spoke with including relatives did not raise any issues or concerns about the availability of staff to meet people's needs. One relative said it had been a concern in the past but over recent months improvements had been made. Additionally, the majority of staff told us that they did not have concerns about the level of staff available. One support worker said, "At times I feel we could do with more staff but people get their needs met and are safe." Another member of staff said that they felt an additional nurse was required. All staff commented on the improvements within the service and said staff were working together much better and the awareness of people's needs with regard to safety had improved.

We identified a concern about the staffing levels upstairs where people had additional needs associated with dementia. On the first day of our inspection we observed a person who wanted to be on their feet, they were unsteady and at very high risk of falling. They were restless and had difficulty expressing their needs. One support worker remained with this person at all times to maintain their safety. Whilst they were engaged in this they were unable to offer any support to the other three people in the room for long periods of time. These people had similarly high levels of need for support. We discussed this with the registered manager and made a safeguarding referral to the local authority safeguarding team. The impact of the person requiring one to one support impacted on the safety of other people. It did not mean that the provider was not keeping people safe or meeting people's needs.

On the second day of our inspection we observed a person who was showing high signs of anxiety which resulted in

them throughout the day displaying behaviours that were challenging. Staff closely monitored the person for their safety and wellbeing and the registered manager provided frequent support to reassure and calm them. This interaction had at times a positive impact but this level of support could not be maintained without having an impact on the safety and care of others. We discussed this with the registered manager who told us that they had concerns about the home's ability to meet this person's dependency needs without extra staff. They were in discussion with the commissioning authority about this.

Whilst the number of staff deployed across the service had not been increased since our last inspection the number of people living at the service had significantly decreased. This was because commissioners who funded some people's care had suspended placements due to concerns they had about the safety of the service. The registered manager told us that they regularly assessed people's dependency needs which informed them of the staffing levels required. Additionally they said that staffing levels would increase in the future when the suspension on placements was lifted.

People told us that they felt safe living at Normanton Village View Nursing Home. A relative said, "I can sleep at night knowing my relative is safe."

Staff told us that they had appropriate checks carried out before they began working at the service. We looked at staff records that confirmed this. For example, criminal record checks were completed and staff's work history and employment references were requested and reviewed. We also checked that nurses employed at the service were registered with the Nursing and Midwifery Council and found their registration was up to date. This meant people using the service could be confident that staff had been screened as to their suitability to care for the people who lived at the service.

Our previous inspection found the registered manager in post at that time had not protected people against the risks associated with cleanliness and infection control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this

Is the service safe?

inspection we found this breach in regulation was met. However further improvements were required to ensure cleanliness and infection control measures were fully embedded within the service to minimise risks.

People that we spoke with including relatives did not raise any issues or concerns about the standard of hygiene and cleanliness. One person said, "The cleaning is good and the domestics clean two or three times a day in the lounge." A further three people told us, "It's clean in the home" and "It's clean, I like it, I want to stay." A relative spoke positively about how clothes were laundered and returned to the right person which was important to them.

Domestic staff were knowledgeable about the procedures to follow to minimise the risk of cross contamination and infection control. The service did not have a sufficiently detailed infection control policy. However; during our inspection the registered manager requested a copy of the provider's infection control policy and procedure which reflected best practice guidance in the prevention and control of infections.

We found that some action was required to ensure people's safety within the environment and to reduce the risks of cross contamination associated with infection control. The service manager took immediate action and ordered additional equipment such as a shower chair and commodes. On the second day of our inspection all en-suite bathrooms were provided with liquid soap and towels, inappropriate equipment stored in some bathrooms was removed and the outside garden and patio area was cleaned and made safe. We met with the health and safety manager on the second day of our inspection. During our visit they reviewed the fire risk assessment. As a result of this they developed an action plan due to some shortfalls that were identified. For example, fire drills were not being conducted and some fire doors required attention due to gaps.

Personal fire evacuation plans had been completed. Staff had detailed information available to them about how to support a person in the event of an emergency. The provider had specialist equipment available, such as hoists and wheelchairs, to keep people using the service safe. The

equipment had been appropriately maintained and staff had received training in how to use the equipment. Staff used equipment safely when supporting people with their mobility needs.

We were aware that there had been a significant amount of safeguarding incidents in the last 12 months. Before our inspection we had attended meetings with commissioners and the provider to discuss the action required to protect people from avoidable harm. As a result of this staff had received safeguarding refresher training and we saw arrangements were in place for staff to receive further training provided by the local authority. The provider had also analysed these safeguarding concerns for themes and patterns to identify any action to reduce further risk. This system of analysing risks, accidents and incidents had been implemented on a monthly basis. In addition the registered manager told us they reviewed incidents daily to ensure appropriate action had been taken. Staff had received awareness training in managing behaviours that challenge to support staff to understand people's needs and how to keep them safe.

Staff said they had a better understanding of people's individual needs and the possible triggers to behaviours and how to avoid these and manage them more effectively to reduce risks. They were knowledgeable about the whistleblowing policy and procedure and described the actions they would take if they had concerns.

We saw information in behavioural plans of care and associated risk assessments had improved since our last inspection. Staff had detailed guidance of what may affect a person's behaviour, what this may mean for the person and the support required during this time of anxiety. Where people had risks associated with skin care or specific health conditions we saw these had been assessed and plans were in place to minimise these risks and reviewed regularly.

People received their daily medicines as prescribed. When people were prescribed medicines on a when required basis may not have had these medicines given in a consistent way by the nurses. We found that people's records had insufficient information to show the nursing staff how and when to administer these medicines. The service stored medicines correctly and disposed of them safely.

Is the service effective?

Our findings

At our last inspection we found that the provider had not protected people against the risk of being supported by staff that were appropriately supported in relation to their responsibilities. Staff had not received appropriate training, supervision and appraisal. This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that they thought the staff were trained and experienced enough to meet their needs. We observed that staff were more confident and showed a greater understanding of people's needs since our last inspection.

Staff told us that the arrangements for their support had improved since the new manager had been appointed. This included opportunities to meet with their line manager to discuss any issues or concerns and to review their practice and development needs. The registered manager showed us a supervision and appraisal matrix that showed when staff had received one to one supervisions, observational assessments on practice and an appraisal to review their performance. We were aware that the provider had arranged all nursing and support staff to have their practice observed. Staff confirmed that this had been happening and that they had received feedback. The registered manager gave examples of where concerns had been identified what action had been taken. This included additional training and in some cases the provider's disciplinary procedures were implemented.

The registered manager told us about the provider's induction plan for new staff. Support workers confirmed they had received an induction which consisted of training and shadowing more experienced staff. We also saw examples of induction workbooks completed by staff. However, we were concerned that a new deputy (nurse) who had started two days before our inspection had not received an induction. We were aware that they had received an opportunity to shadow the other deputy employed at the service but had not received an induction plan or were clear about their roles and responsibilities. We discussed this with the registered manager who confirmed that they had not planned appropriately or provided

sufficient support but would address this as a matter of urgency. This showed that whilst the provider had an induction procedure in this instance it had not been implemented.

Staff told us about the training they had recently received and that they felt they had benefited from it. This included information and questionnaires on dementia care in addition to the in-house training on dementia. Staff had also recently received awareness training in managing risky behaviour. Some staff had received training in care planning and safeguarding. The provider had also introduced an annual competency assessment booklet for all staff to have their practice assessed in a wide range of areas. This meant that the provider had taken action to improve the training and support opportunities available for staff.

Whilst staff told us they found the quality of the training to be good in dementia care, we found both nurses' and support workers' knowledge and understanding of dementia care was limited. We received information from the consultant psychiatrist that visited the service that there was a need for staff to be "upskilled in dementia care." The registered manager acknowledged that more was required to further develop staff's skills, knowledge and understanding. They told us that they were in the process of arranging for staff to enrol on a local college course for training in dementia care which they had already completed themselves. We saw confirmation that a request for nine nurses to start this training had been made with a further request for support workers and care team leaders. They also confirmed that a nurse qualified in mental health had been appointed. The registered manager and the consultant psychiatrist confirmed a community nurse from the mental health team was to accompany the psychiatrist on their clinic sessions with an aim to provide some mental health nursing training for the staff. Whilst concerns were identified about staff's skills, awareness and knowledge in dementia care the provider had taken appropriate action to address this.

The Mental Capacity Act 2005 (MCA) is legislation that protects people who do not have mental capacity to make a specific decision themselves. Staff demonstrated that they gained people's consent and involved people as fully as possible in day to day decisions. We saw mental capacity assessments had been completed for people who lacked capacity to make decisions about their care and

Is the service effective?

treatment; however these were not decision specific and therefore did not fully meet the requirements of the MCA legislation. The consultant psychiatrist told us, “Staff had limited understanding of capacity issues and the best interest decision making process.” We discussed this with the registered manager who agreed to address these issues.

To protect people with limited capacity to make decisions about their own care or treatment, the service did not always follow correct procedures when medicines needed to be given to people without their knowing.

Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted. We were aware that the registered manager had made applications to the supervisory body that had responsibility for assessing if authorisations to restrict people were necessary. Where the supervisory had granted an authorisation with conditions that the provider must meet, we saw examples that confirmed the registered manager had ensured this action had been taken.

People were satisfied with the choice of food and drink available at the service. Some people said that the food choices had improved in the last few months. People told us they had a choice of meal and the cook was always willing to provide other alternatives. People told us they had enough to eat and drink throughout the day. One person said, “The food in here is okay and I always get a choice, I get plenty to eat.” A relative told us, “My relative has liquidised food now but it’s all arranged attractively on the plate.” We observed during both days of our inspection that staff regularly offered people a choice of drinks and snacks. Whilst staff said that fruit was offered and we saw fruit stocks in the kitchen, we did not observe that people were offered any fruit.

People and their relatives told us that they were supported with their healthcare needs and the service made

appointments for healthcare professionals to visit when required. One person said, “I occasionally get a pain, I tell the nurse and they come and sort it out. Staff will get a doctor to come as soon as I need one.”

We spoke with the dietetic service which had worked with the service. They said that staff contacted them if they had any concerns or needed information clarifying. Comments included, “At our last visit documentation showed there was an increase in weight or it was maintained indicating that actions were followed.” Additionally, they said they found some concerns with people’s records that they described as ‘disorganised’ and suggested staff did not always appear to know what was going on. Some people were at risk of malnutrition or dehydration and had their weight monitored and their food and fluid intake recorded. We saw plans of care included recommendations made by the dietetic service, and that 24 hour individual need charts seen were up to date. This meant that whilst record keeping could be improved upon there was not a negative impact on people’s needs being met.

People had their healthcare needs monitored and appropriate action was taken when changes occurred. We spoke with a tissue viability nurse who also supported the service. They told us that referrals were made by the service in a timely manner when concerns were identified and that recommendations made were followed and actioned. For example, people had the correct equipment they required to support them with needs associated with their skin.

A GP told us of some concerns they had that related to the care provided to two people with their physical health. The registered manager told us of the action they had taken to address these concerns. In addition to NHS physiotherapy and occupational therapy support, the provider’s physiotherapist had assessed these people’s needs. Plans of care advising staff of how to provide appropriate support was in place and we saw one person was positioned correctly according to their plan of care. Additionally, the provider’s physiotherapist had provided training for staff in 24 hour postural care.

Is the service caring?

Our findings

People and their relatives spoke positively about the care and attitude of staff. This included treating people with dignity and respect. One person said, “Staff are kind, nice, they make me laugh.” Another person told us, “Yes, staff are kind and respectful.”

We carried out observations throughout the inspection to see how staff interacted with people. We found on the whole that staff interaction with people using the service was of a good quality. Staff were seen to be warm, friendly and respectful. They communicated effectively and knew what people liked to talk about and engaged people as much as possible in discussions and choices.

We found some improvements had been made to support people with their communication needs. For example, pictures of food had been developed to support people with their food choices. However, menus were hand written on display and provided limited benefit to people with communication needs. We found clocks around the service did not all show the correct time or the same time which may have disorientated people.

Some people living with dementia had behaviours that meant at times they became anxious or restless. Staff were seen to respond positively and showed they had a good understanding of people’s needs. During the first day of our inspection we observed a person was anxious and agitated for long periods of time. This resulted in them being vocally loud which affected other people who lived at the service. We observed the support workers and nurse to be kind, caring and patient. They offered constant support and tried techniques to reduce the person’s distress and make them comfortable, such as a change of environment, different sitting position and reassurance. On the second day of our inspection the registered manager told us that the GP had visited and the person had been identified to have an infection which caused the agitation. The person was seen to be calm and relaxed. This showed how staff were attentive to peoples' needs and the action they took to relieve distress or discomfort.

The observations during the lunchtime period downstairs showed good interaction by a nurse. They were seen to talk with people as they were assisting them with their meal and encouraged other people around the table to engage in conversations. We saw examples by two different

support workers, where the interaction with people could have been better. This was during the lunchtime period downstairs when they were supporting people with their meals. For example, engagement with people was limited and not always respectful. In one instance a person’s apron was used to wipe excess food from the person’s mouth, in another a tissue was used but there was no communication with the person. A support worker did not seem to notice the person they were assisting was talking whilst they were putting a spoon of food into their mouth. After the meal the support worker got up and walked away without communicating with the person and whilst the person was still talking to them.

We observed the upstairs meal time where people had a choice of having their meals either in the dining room, from two lounges or in their room. We were aware that the registered manager had been working to improve the experience of mealtimes for people and had tried various options such as staggered meal times. On the first day of our inspection we were concerned that one support worker was left alone to support six people with various support needs. Whilst we found the support worker to be attentive, caring and respectful towards the people they were supporting, there was an impact of the quality of the support people received due to the support worker being alone. We raised this with the registered manager and on the second day of our inspection additional staff were seen to be supporting people. This was a much improved lunchtime experience. People received the support they required and the atmosphere was calmer.

People told us they were able to express their views and be actively involved in making decisions about their care and treatment. One person said, “I have not seen my care plan but staff go along with what I say.” Another person said, “Staff are being taught by me how I want to be treated, they know me well.” A relative said that staff involved their relative as fully as possible in decisions and they were involved and consulted in discussions and decisions about their relatives care. We saw some examples in people’s care files that showed they had given written consent to the care and treatment they received. This showed that people had been involved and consulted in the development of their plans of care. Other people could not recall if they had seen their plans of care but told us they felt involved in their care and treatment, that staff listened to them and acted upon their requests. One person said, “Staff know what’s important to me and how to care for me.”

Is the service caring?

Whilst we did not see on display information available for people about independent advocacy services, a person who used the service gave an example of when they had used an independent advocate. In addition the registered manager gave an example when an advocate was used to support a person who had limited mental capacity to make a decision about a healthcare procedure. The registered manager also told us that they would seek appropriate independent information to put on display to enable people to know how to access this information and support if they wished.

The provider had policies and procedures with regard to confidentiality. Staff were seen to adhere to this and people's personal and confidential information was stored safely. The registered manager also gave examples where information was shared on a need to know basis. This meant people could be assured personal information was treated sensitively and appropriately.

People and their relatives told us there were no restrictions on visiting times. They said visitors could visit without giving notice. Some people told us they went out with their relatives which they enjoyed.

We saw examples where people's independence was encouraged and prompted where possible. Some people needed verbal prompts and reminders to eat and drink independently. Whilst we saw some appropriate aids to encourage independence this could have been better. We observed some people who ate independently had difficulty keeping the food on the plate; this resulted in food going on the table which may have caused people frustration and was not dignified. We discussed this with the registered manager who said they would review people's needs with a view of exploring what additional aids could be purchased to support people's independence better.

Is the service responsive?

Our findings

At our last inspection we found that the provider had not protected people against the risk of receiving care that was person centred and based on assessed needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this breach in regulation was met. However further improvements were required to ensure people consistently received person centred care that was appropriate, met individual needs and reflected their preferences.

Five people told us that they had no concerns about call bell response from staff. One person said, “Mostly answered promptly.” Another person said, “They respond in a reasonable amount of time,” and, “Generally good.” Additionally, a person told us, “I can have a shower whenever I want one.” We spoke with a person who was in their room, they looked comfortable in their bed and they told us the room was decorated with rose print wallpaper at their request. They said, “They [staff] come and help me get washed and dressed when I am ready and let me sleep whenever I want to.”

We asked five people if they had been asked about their preference of having either male or female staff support them with personal care. All said they could not remember if they had been asked and if this was recorded to inform staff. For some people this was more important than others. The care files we looked at did not consistently record people’s preference. This was a concern for people living with dementia who relied on staff knowing their likes, dislikes and preferences.

People and their relatives told us that they were involved in the pre-assessment before the person moved into the service. This was to ensure that the service could meet the person’s needs. Additionally, they said that they felt involved in the development and review of people’s care and treatment. A relative gave an example where they had recently been asked to attend a review meeting about their relatives care and treatment. People had a designated keyworker and named nurse who had additional responsibility that people including relatives and visiting

professionals could talk to. This information was displayed in people’s rooms and was an additional method for people to request information about people’s care and treatment.

Plans of care showed that they were evaluated monthly or earlier if required for any changes to people’s needs. However, staff were writing ‘care plan effective or updated and reviewed’ but there was no reference to the person. We saw examples that showed staff were responsive to people’s needs and wishes, indicating they were knowledgeable about people but information recorded was not always personalised. The recording of personalised information is important to ensure continuity and consistency in the delivery of care and treatment. Whilst staff employed at the service had this knowledge new staff and agency staff would not. We were aware that the registered manager was in the process of reviewing and updating information recorded about people’s needs to ensure it was up to date and reflected people’s current needs.

We found some inaccuracies in people’s plans of care. For example, information recorded stated a person was able to walk around when they wanted but we found this person was immobile.

We found support workers knowledge and awareness of people’s religious or spiritual needs limited. For example, one person’s care file described the person’s religious and communication needs. We were told this information was obtained by a member of staff from the same ethnic group as the person and who speaks the same dialect. This person did not speak and could not read English. Additionally, information was recorded of how they preferred to spend their time. This included listening to culturally appropriate music. We observed this person during the two days of our inspection. Interaction from staff was limited and no aids to support communication were used. A support worker told us there was a translation sheet of common words to support staff in the person’s room. However, the support worker could not find this information to show us. We were concerned that more could have been done to stimulate this person and cater for their cultural needs.

We identified at our last inspection that the environment required some improvements to meet the needs of people living with dementia. At this inspection we found that some improvements had been made such as the service had

Is the service responsive?

recently been decorated and corridors had mood boards of different textures on display for people to explore. However, further improvements were still required to support people's needs. We saw an environmental assessment tool based on recognised research in dementia care the provider had completed since our last inspection. This identified actions required to improve the environment. We asked to see the action plan of the work to be completed. This was not available during the inspection but forwarded to us by the service manager after our inspection. This showed the planned improvements to be made within the next three months.

The provider employed an activity coordinator that supported people to participate in activities, interests and hobbies for people living on the ground floor. An activity coordinator for people living upstairs was in the process on being recruited. The activity coordinator told us that they tried to see everyone every day (Monday to Friday downstairs) and this was a mixture of group and one to one activities. During our inspection we saw people were encouraged to participate in a music session based on their choice and known likes. We also saw a sensory session that involved outdoor flowers being shown to people to touch and smell, people were seen to be engaged and enjoying this. A person told us that people received a choice if to participate in activities and said they preferred to remain in their room. This person raised a concern that if staff offered them a choice of activity or drink and they declined this was recorded as 'refused'. They told us that they objected to this terminology as it sounded they were being 'awkward' when they were just making a choice not to do or accept something.

We saw some positive examples that showed staff were responsive to people's needs. For example, some ladies had dolls that they referred to as 'their baby' and were seen to get comfort from this. Another person was observed to sit listening to their chosen music which they indicated to us they were enjoying. A support worker was seen to support three people living on the first floor spend some time in the garden.

However, there was a lack of stimulation in all the communal lounges for people such as aids to spark a conversation or memory. The lack of stimulation affected people's mood and behaviour. This resulted in some people being very sleepy and others called out. When staff provided attention this behaviour stopped or was greatly reduced. We observed a person who was anxious, they were known to enjoy and respond well to books of a certain type. However, none were readily available to hand and the support worker had to leave the room to find some, when the books were offered this was seen to have a positive effect on the person.

We saw the provider had a complaints procedure that was available for people. This was provided in an easy read format to support people with communication needs. People we spoke with including relatives told us they would not hesitate to make a complaint if they needed to and that they felt confident it would be responded to appropriately.

We saw since our last inspection there had been eight recorded complaints. We saw that these had all been concluded and that the registered manager had responded to these in a timely manner.

Is the service well-led?

Our findings

People we spoke with and their relatives were comfortable with the new manager the provider had appointed since our last inspection. People felt the manager was approachable and commented they were regularly seen walking around the home and speaking with people. A person said they knew who the registered manager was and said that she sometimes came and asked them if they were happy. A relative described the registered manager as, “Available and approachable.” Another relative told us that their relative moved to the service after our last inspection and that the registered manager told them there were concerns with the service. They described the registered manager as, “open and honest.” All people we spoke with were confident in approaching the manager to raise concerns or discuss matters in relation to their care and treatment.

Some people and relatives gave examples of the action taken by the registered manager when they had expressed some concerns in relation to their care and treatment. One person told us how they preferred to have a shower on certain days; they discussed this with the registered manager who arranged for the changes to be made. Another person told us how they had raised some concerns about the attitude of a staff member, they said they talked to the registered manager who addressed the concerns and the person was happy with the outcome. A relative also gave an example of when they had raised issues about their relatives care and the action taken by the registered manager.

Staff we spoke with were equally complimentary about the registered manager and changes that had been implemented by the provider. One support worker said, “There’s been a massive improvement, we’re more organised and better involved in saying what needs changing to improve things.” Another support worker said, “Having a regular team of staff working upstairs has made a difference, we work well as a team, familiar staff are better for people. Before, staff were stressed and this affected people, it’s more organised, relaxed and calm.”

We spoke with the registered manager who started working at the service at the end of September 2014 and was

appointed registered manager in February 2015. They were open about the continued improvements the service required and the time needed for changes that had been implemented to fully embed.

The service had a new service manager who was being inducted into their position. They told us that they would in addition to other services the provider had, oversee Normanton Village View Nursing Home and support the registered manager to continue to make the required improvements. We found both the service manager and registered manager committed to improving the service further and developing a sustainable and inclusive service.

The registered manager was aware of the culture, values and behaviour of the staff team. There was an ongoing assessment of staffs competency and staff supervision, appraisals and in some instances the providers capability procedure, was being used where concerns had been identified with staff’s practice.

The service had quality and safety assurance systems in place but these required a review to ensure they were fit for purpose. The provider told us that they were reviewing the systems used within the organisation, they were aware there were gaps and areas that required improvements. For example, the service had not identified some of the concerns that we found in relation to the environment. Liquid soap and towels were identified at our last inspection as an action that needed addressing but this had not been completed until we raised it again at this inspection. Whilst the provider had completed an assessment on the environment for people living with dementia and had identified the improvements required, an action plan had not been developed until after we asked to see one.

A concern with staff handover and communication was identified by a GP, they told us that requests by night staff for advice on treatment had been made which the day staff and manager were not aware of. Additionally, a nurse told us that they felt the handover system in place could be improved upon to be more person centred and effective. We saw a copy of the handover documentation used that showed information recorded and shared was limited. This meant that people’s needs may not always be communicated effectively. We discussed this with the registered manager who said they were aware of some concerns with the documentation used and that it was to be reviewed.

Is the service well-led?

People that used the service and relatives received opportunities to share their views and experience about the service. The provider completed an annual satisfaction survey that was not due until later in the year. In addition there was a suggestion box people could use to share any concerns or compliments. A newsletter was also provided for people and relatives as a way to exchange information about the service. The registered manager also arranged 'resident and relative' meetings. We saw the records of two meetings that had been provided since January 2015. Meeting records showed the provider had informed people about the commissioner's concerns about the service and the action taken by the management team to address these and the changes made to improve the service. We also saw information on display advising relatives that the registered manager was available every Tuesday between certain hours should they wish to make an appointment. In addition the registered manager said they like to have an 'open door' policy that relatives could approach them at any time. This showed the provider was transparent and gave people assurances of the action that was being taken to improve the service.

Staff told us that since the new registered manager had been appointed staff meetings were happening more frequently. They said they found this beneficial and that meetings enabled them to be aware of what was happening within the service. They also felt involved in discussions and decisions about how the service developed. We looked at the records of various staff meetings that had occurred within 2015. There were separate meetings for example, for nurses, support staff, domestic staff and all staff. We found that discussions and decisions were not clearly recorded, where actions were required, it was not recorded who was responsible and the timescales required. Nor was this information carried over to the next meeting to review if any required action had been completed. This may have affected how the registered manager was able to keep a track of discussions, decisions and actions required.