

# Crystal Nursing Services Limited

## Park View Nursing Home

### Inspection report

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Radford  
Nottingham  
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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

We inspected the service on 21 and 22 January 2015. Park View Nursing Home is registered to provide accommodation for up to 14 adults with learning or physical disabilities. On the day of our inspection 10 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

People felt safe in the service and staff and the manager shared information with the local authority when needed. However allegations were not always investigated appropriately and there were not always enough staff to support people in an emergency.

People were supported by staff that had not always had all of the checks needed to ensure they were safe to work

# Summary of findings

with vulnerable adults. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005 (MCA) which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. The manager had made the required applications and people were supported by these safeguards.

People were supported to maintain their nutrition. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people. However they could not be assured that staff would support them appropriately with their behaviour or that information about their care would be stored confidentially.

People enjoyed the activities and social stimulation they were offered. People also knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. Audits had been completed that resulted in the manager implementing action plans to improve the service.

# 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 felt safe and the provider had systems in place to recognise and respond to any allegations or incidents. However allegations were not always responded to appropriately, recruitment of staff was not always done safely and there were not always enough staff to support people in an emergency.

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

Requires Improvement



### Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutrition. Their health was monitored and staff responded when people's health needs changed.

People made decisions in relation to their care and support and were supported under the MCA.

Good



### Is the service caring?

The service was not consistently caring.

People were not always supported with their behaviour appropriately and their records relating to personal care were not treated confidentially.

People were treated with kindness, compassion and respect.

People were encouraged to make choices and decisions about the way they lived and they were supported to be independent.

Requires Improvement



### Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies.

People felt comfortable to approach the manager with any issues and complaints were dealt with appropriately.

Good



### Is the service well-led?

The service was well led.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

Good



# Summary of findings

There were effective procedures in place to monitor the quality of the service and where issues were identified action was taken to address these to promote continuous improvement.

# Park View Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health 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.

We inspected the service on 21 and 22 January 2015. This was an unannounced inspection. The inspection team consisted of one inspector 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted

commissioners (who fund the care for some people) of the service and asked them for their views. 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.

During the visit we spoke with seven people who used the service, two relatives, five members of care staff, the cook and the registered manager. We also spoke with two external activity providers who were supporting people with an art workshop. We observed care and support in communal areas. We looked at the care records of three people who used the service, staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider.

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.

# Is the service safe?

## Our findings

People could not be assured that all of the staff supporting them had been assessed as fit to work with the people who used the service. We looked at the staff recruitment records for three staff employed by the service. The recruitment process required applicants to complete an application form to provide information about themselves and their previous work history. We saw that one member of staff had not completed an application form or provided this information in any other way. This meant the manager did not have information about the staff member's employment history and the reasons they had left their previous employment.

In another file we saw that the member of staff had worked with vulnerable adults at four different services prior to applying to work in this service. However they had not detailed the dates they had worked there or the reasons for leaving. The manager had not investigated this during interview and had not sought references from any of these four employers to gain assurance this member of staff was of good character and fit to work with people who used the service. We asked the manager about this and she agreed the references should have been sought prior to the staff being employed. A lack of safe recruitment practices posed a risk that staff being employed may not be suitable to work with vulnerable adults.

We found that the registered person had not protected people against the risk of being supported by staff who had not been recruited safely. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people received support in a timely manner, if there was an emergency during the night there were not enough staff to support people safely. Prior to our visit we were alerted to an occasion where there were not enough staff during the night to allow staff to escort a person to hospital. Some people, including this person had been assessed as not being safe in the community alone. We discussed this with the provider and they assured us they would increase the staffing levels at night.

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help

then staff were quick to respond. We observed that staff responded quickly to people when they needed support through the two days we were in the service. Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. There were systems in place to adjust staffing levels to meet the changing needs of people during the day and the manager told us if they needed extra staff to support people to go into the community this was approved by the provider.

People could not be assured that allegations against staff would be investigated appropriately. Prior to our inspection, we were alerted to an allegation that had been made against a member of staff. The local authority had asked the manager to investigate this using the disciplinary procedure in the service. The investigation had not been robust and the local authority had needed to guide the manager to ensure the investigation was completed appropriately.

All of the people who used the service that we spoke with told us they felt safe and said they felt able to speak to staff or the manager if they had any concerns. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager had shared information with the local authority following incidents in the service.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. One person had been assessed as being at risk of falling and there was guidance in place informing staff of how to minimise this risk. Staff were aware of this risk and the action they should take, such as making sure the person was wearing well-fitting shoes. We saw the person was wearing appropriate footwear during our visit.

People were assessed to identify whether they could access the community alone safely. Where people had been assessed as safe the risks were assessed and guidance put in place so that staff knew how to minimise the risk. Where people needed staff to accompany them, we saw staff were available to do this. We saw from one person's care record that they had wanted to attend a work placement in the community. Staff had assessed how the person could do so and introduced a gradual plan to support them to be able to do so.

## Is the service safe?

People relied on staff to administer their medicines. The person we spoke with about medicines told us staff gave these to them when they were supposed to. We observed a member of staff administering medicines to a person and saw they followed safe practices. Staff had received training

in the safe handling and administration of medicines. We looked at the medicine administration for five people who used the service and we found the systems were safe and people were receiving their medicines as prescribed.

# Is the service effective?

## Our findings

People commented positively on the staff and how they provide them with care and support. One person said, “I like them.” Another person said, “They (staff) look after me.”

People were supported by staff who had been given training and development to carry out their role. We observed staff supporting people and they looked confident in carrying out tasks such as supporting a person who needed support to eat and drink. We spoke with staff and they told us they received the training they needed to enable them to do their job safely. Training records provided evidence that staff were being given regular training and on the day of our inspection we saw staff involved in a training session.

Staff told us they enjoyed working in the service and some had worked in the service for a number years. They told us they had regular support and supervision with the manager, where they were able to discuss the need for any extra training and their personal development. We spoke with a member of staff who had been working in the service for a short time and they told us, “All staff have been supportive. I had an induction and shadowed other staff until I was confident. It feels like a big family here.”

People felt they were supported to make decisions about their care and support. The manager and staff had an understanding of the MCA and described how they supported people to make their own decisions. We saw people had their capacity to make decisions assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. For example, one person had refused to have some tests and an assessment of this person's capacity to make this decision had been undertaken with input from their GP. This established the person did not have the capacity because they could not understand the risks to their health. Steps had been put in place to support the person with having these tests as it was in their best interest to do so.

The manager and staff displayed an understanding of the DoLS. The manager told us they had recently submitted applications for people she felt were having their liberty restricted and we saw evidence of these applications. This meant people would have their rights under the MCA protected.

People's health needs were monitored and their changing needs responded to. People told us they were supported to see a doctor when they needed to. We saw one person visited the dentist for a check up on the day of our visit. We also heard the manager getting advice from the GP about one person whose health condition had deteriorated recently. We saw from care records that staff sought advice from a range of external professionals such as dietitians, occupational therapists and the Speech and Language Team (SALT). We saw that one person who had health condition was being supported to maintain a healthy blood sugar level and this was regularly monitored.

Where people were at risk of developing a pressure ulcer staff had obtained specialist equipment to help manage the risk. We saw from two people's care records they were at risk of developing a pressure ulcer had a plan in place informing staff how to minimise the risk of an ulcer developing. We saw staff were following the guidance such as supporting people with repositioning as detailed in the care plans. We saw this care was effective with neither person having a pressure ulcer.

People we spoke with told us that the food was good and that they were given enough to eat and could ask for more if they wanted it. One person said, “The food is nice, we sometimes have a Chinese.” We observed people in the dining area in between meals, asking for drinks and snacks and they were given these.

Although there was not an alternative choice of meal displayed on the daily menu, staff told us that if people did not want what was on the menu they asked for an alternative and this was provided. They told us that people's requests were catered for. We saw this happening in practice during our inspection.

People were supported with their nutrition. One person required a special diet and this was provided to them. We spoke with staff and the cook and they were all aware of the special diets people required due to their health needs. We saw people's weight was monitored and where there had been any weight loss or gain, this had been assessed and a plan put in place to inform staff how respond to this. Staff we spoke with were aware of who needed support with their nutrition.

# Is the service caring?

## Our findings

We saw that confidential information about people was left on display in the service. We saw that records in relation to behaviour, food and fluid intake and daily records were left on tables in both of the lounge areas, despite lockable cupboards being available. This meant information which should be confidential could be read by other people who used the service and by visitors. The manager told us she would remind staff of the importance of locking these records away.

People who expressed themselves through their behaviour sometimes had negative comments written about them by staff. We also saw systems used to support people to understand and manage their behaviour were used punitively. For example staff had recorded that they had given one person a 'caution' in response to their behaviour. The charts were designed to capture information about people's behaviour to assist staff support the person with their behaviour in the future. From the charts we viewed this was not always the case. The manager told us this was an issue she had identified and was working to improve this with the staff responsible.

People we spoke with told us that staff respected their privacy and dignity. We observed staff respecting people's privacy and dignity when supporting them. For example, one person needed support to wipe their face and a member of staff discreetly asked if they could do so. We observed staff speaking to people discreetly about matters of a personal nature and knocking on bedroom doors and waiting for an answer prior to entering.

We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this. In the provider information return the manager told us that staff were trained in how to respect people's privacy and dignity and we saw records of this training.

People told us that staff were kind to them. One person told us, "[staff member] is nice, they are all nice." A relative we spoke with told us, "Staff know [relation] and they are very good." We heard staff speaking to people in a kind tone of voice. We saw staff were patient and understanding when supporting people.

People had positive relationships with staff and we saw there was much banter between staff and people who used

the service. Staff spoke warmly about the people they supported and told us that staff and people who used the service were, "Like a family." We heard staff commenting on people's appearance in a positive way and people looked pleased at the comments made. One member of staff said to one person, "That's a nice top. Your key rings look nice." We saw the person smiled when this comment was made. One person was taking part in the art session and a member of staff praised the person for the work they had done saying, "Well done, we are proud of you."

People told us they felt comfortable with the staff and felt that staff knew them well and we saw this during our observations of staff interacting with people. The staff we spoke with had a good knowledge of the likes and dislikes of the people they were supporting. They knew about people's life and what they had achieved prior to and since moving into the service. People's life histories were documented in individual care plans so that new staff could get to know people more easily.

People were supported to have a say in how they were cared for. We observed staff asking people prior to supporting them and explaining what they were doing. One person was being supported to go shopping by staff and the member of staff was involving the person by continually explaining why and where they were going, and how they would get there. Staff told us that if people could not verbally communicate a choice then picture cards were used to help people choose what they wanted, such as what they were going to eat. We saw there was a communication plan in place for a person who was not able to communicate their needs verbally. The plans gave staff guidance on how to interpret the person's needs through their body language. Staff we spoke with understood the person's body language and knew how to support them when they showed signs of discomfort.

The manager told us that people had been supported to access an advocate in the past, although there was no-one currently using one. She told us there was information available for people if they wished to use an advocate and we saw this information was displayed in the lounge in a format people would be able to understand. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to be independent. We saw one person had been encouraged to develop skills to enable

## Is the service caring?

them to go to a day service independently. People also had daily tasks in the service, which they were responsible for. One person was the 'cup monitor' and staff told us the person enjoyed this role.

# Is the service responsive?

## Our findings

People were involved in making decisions about their care and support. We saw examples of this such as one person told a member of staff they wanted to get their hair cut and within a few hours we saw the person had been supported to go and get their hair cut. Another person asked if they could see the reflexologist who was visiting the home and this was responded to by staff.

People talked of choices in activities and holidays they were able to take part in. People told us about a range of places they enjoyed going to and told us staff supported them to go there. One person was attending further education, another person had always wanted to go horse riding and staff were supporting them to do this. There were art classes held in the service and the pictures and other items people made were displayed around the home which meant people were supported with achievements. People were supported to go on holidays of their choice and they told us they enjoyed these. On the day of our visit there were two activities to choose from and we saw people participating in these.

People had been involved in developing their care plans and their preferences for how they were supported were

documented for staff to follow. People had been supported to complete records about what was important to them and what they could do for themselves. We spoke with staff and they knew the likes, dislikes and preferences of people they were supporting.

People felt they could speak with staff and tell them if they were unhappy with the service. They told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. One relative told us they had raised some concerns with the owner of the service the day prior to our visit and changes had been made straight away.

People could be assured their concerns would be responded to. There was a procedure for staff to follow should a concern be raised. Staff we spoke with knew how to respond to complaints if they arose and report them immediately to the manager.

In the provider information return the manager told us that there had been one complaint received. We saw this had been recorded in the complaints log, investigated and resolved with the person raising the complaint, within a short timescale. There was a complaints procedure on display in the service which was in a format people who used the service would understand.

# Is the service well-led?

## Our findings

People commented positively on the management team and told us they were, “Nice.” We observed the manager interacting with people who used the service and we saw people were comfortable approaching the manager throughout the two days we were there.

People were supported to have a say in how the service was run via regular meetings held in the service. We saw that at each meeting different subjects were discussed with people, such as safeguarding. Staff told us they were going to be discussing healthy eating at the next meeting. We saw people were encouraged to raise any concerns they may have and to give suggestions for activities and food choices during these meetings.

We saw staff supporting each other and working well as a team. They were organised and efficient in their work. Staff told us they received direction from the management team and always had a leader they could approach if they had any issues. They told us the manager was a visible presence in the home and that registered nurses worked with them as part of the team. Staff told us they had regular meetings and were involved in making decisions. They told us the manager was open to suggestions and welcomed these from staff and people who used the service.

There was a registered manager in post and she understood her role and responsibilities. Records we looked at showed that the manager sent the required notifications to us within the required timescale. This meant we were kept up to date with events in the home in between our inspections. Whilst the manager was on leave a notification had not been sent to us in a timely way and the manager told us she had addressed this. The manager kept up to date with current best practice by attending forums for adult social care providers and she told us she used these to identify improvements she could make in the service.

People were given the opportunity to have a say in what they thought about the quality of the service they received. The provider told us they regularly sat with people and asked them for their views and records we saw confirmed this. The provider was acting on any suggestions and concerns raised and were recording the actions taken following these discussions. For example one person had told the provider they wanted their medicines later in the day and this had been actioned.

Relatives had completed a recent survey and the provider was in the process of supporting people using the service to complete a survey. The completed surveys contained positive comments such as, “[Relation] is happy and well looked after here and is treated with respect” and “I can’t ask for more. [Relation] can’t speak but I know they are happy.”

There were systems in place to monitor the quality of the service provided. These included a monthly ‘provider inspection’ during which time the provider spoke with people who used the service and staff. They also checked complaints and any incidents in the home to make sure they were being responded to appropriately. The manager also completed audits in the home and where issues were identified actions to be taken were recorded and acted on.

The manager and provider were aware of what improvements there needed to be in the service. In the provider information return they told us they were planning to have a ramp installed to enable easier access to the service for wheelchair users. There was also work due to commence on the installation of an independent living kitchen to provide people with an area to make their own drinks and meals. They acknowledged that the environment was in need of some upgrading and they had employed a second maintenance person to start work on this.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  The registered person did not have effective systems in place to ensure staff were recruited were suitable to work with vulnerable adults.