

Countryview (Warkton) Limited

# Country View Nursing Home

## Inspection report

Pipe Lane  
Warkton Village  
Kettering  
Northamptonshire  
NN16 9XQ

Tel: 01536484692

Website: [www.countryviewwarkton.co.uk](http://www.countryviewwarkton.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Country View Nursing Home is registered to provide personal or nursing care to older people and people with physical disabilities. The service can accommodate up to 29 people at the home in 10 double bedrooms and 9 single bedrooms. At the time of inspection, 28 people were living at the home.

The home is located within a small village in Northamptonshire and is a large adapted building. There are large communal areas and well-maintained gardens accessible to all people.

### People's experience of using this service and what we found

The provider did not have a registered manager in post. Specific responsibilities had been delegated to team members to help with continuity of the service.

The home was in the process of refurbishment to improve the environment and décor of the building. We found people would benefit from more dementia friendly signage to support them to orientate around the home. The provider told us this would be included as part of the improvement plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. Where able, people were involved in their care decisions.

People felt safe in the home and were supported by staff that treated them well. Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place and were encouraged to be independent as possible.

People received support to take their medicines by qualified nursing staff. Medicines were ordered, stored, recorded and disposed of safely.

Staff were recruited safely. Staff received an induction at the start of employment and ongoing training to support their role.

People, visitors and staff told us the provider was approachable and open to discuss any concerns. Staff worked collaboratively as a team and people felt supported by enough staff to meet their needs.

People's choices were respected, and their care was personalised with consideration of their likes, dislikes and preferences. Staff were aware of the importance to gain consent for care and treatment provided.

People were happy with the care they received and were aware how to make a complaint if they had any concerns.

People received end of life care that was individualised, compassionate and respectful to their needs.

The provider had implemented changes from lessons learned to improve the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Requires Improvement (published 6 November 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Country View Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors 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.

#### Service and service type

Country View Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the provider, business manager, finance manager, activities coordinator, holistic therapist, senior care workers and care workers. We also spoke with one professional visiting the service.

We reviewed a range of records. This included two people's records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management and quality assurance of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's individual risks had been assessed and reviewed for their health, safety and wellbeing. Staff were provided with clear guidance in people's care plans as to how to support them to mitigate risks identified. For example, one person's care plan for nutrition detailed how their food should be modified and how to best support them to eat their meal.
- The provider had appropriate risk assessments in place to support the safe evacuation of people in the event of a fire. The provider told us they had worked with the local fire officer to complete these personal evacuation plans to clearly indicate the level of assistance required for each person.
- Environmental risk assessments and health and safety checks of the premises were completed as appropriate. Equipment was maintained and serviced to make sure it was in good order and safe for people to use.

### Preventing and controlling infection

- Staff had a good understanding of infection control. We saw staff wore protective equipment, such as gloves and aprons, to protect people from the spread of infection. One person told us, "My room is kept clean and staff wear their gloves when they are helping me."
- The provider had regular audits in place to monitor whether the home was clean. For example, this included checks for cleanliness of surfaces and equipment in the treatment room. One person told us, "My room is cleaned daily and the sheets are changed twice a week."

### Staffing and recruitment

- The provider had reviewed staff files and implemented changes to improve and monitor staff checks. For example, the provider now used an electronic monitoring system to carry out and track Disclosure and Barring Service (DBS) checks for all staff.
- People were protected from the employment of unsuitable staff. The provider had implemented a summary sheet to help monitor that all references had been received and risk assessments had been completed prior to the staff starting work.
- People were supported by enough staff to meet their needs. Staff told us that agency staff would be used to cover any shortfalls in the event regular staff were not available. The provider reviewed staffing levels as required to ensure changing needs of people were supported safely.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and protected from harm. One person said, "I am safe here in my room, but they [staff] come and check on me all the time." Another person told us, "I have never seen anyone mistreated".

- People were protected from the risks of abuse. Staff had a good understanding how to identify signs of abuse and felt confident to raise any concerns. Staff received safeguarding training and policies were in place and accessible to provide additional guidance.
- The provider had worked with the local safeguarding team when any issues had been raised to mitigate future risk.

#### Using medicines safely

- People's medicines were safely administered by qualified nursing staff. One person told us, "I get my medication regularly in a little pot and they give me a drink to take them with while they watch."
- The provider had appropriate medicine administration records (MAR) charts in place. MAR charts were checked to ensure they were completed correctly, and medicines were reviewed regularly or as required, with the GP.
- People with covert medicines (for example, disguised in foods) had appropriate records in place to demonstrate this was in their best interest and guidance from the pharmacy advising how best to administer the medicine.
- People with medical conditions, such as epilepsy, had specific care plans in place to provide detailed guidance when to administer 'as required' medicines. This ensured people received this medicine in a timely and safe way.

#### Learning lessons when things go wrong

- Staff were honest and transparent about areas that had required improvement. The provider had worked with the local authority and commissioners to improve the service when concerns had been identified.
- Systems were in place for staff to report accidents and incidents. These were reviewed to identify themes and ensure action was taken to reduce the risk of reoccurrence. For example, when there was an increase in falls, individual care plans were reviewed, and changes made where appropriate, to ensure people's risks were safely managed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training in MCA and DoLS. Mental capacity assessments had been completed for specific decisions and people's best interests had been considered. Relatives and professionals had been involved in this process when appropriate, however, this was not always reflected in records.
- The provider had submitted DoLS authorisation applications, where appropriate, to ensure people were not being deprived of their liberties unfairly.
- Staff understood the importance of gaining people's consent before providing care. We also saw in care records that people, where able, had been involved in their care plans and signed to consent to decisions, such as the use of bedrails, sharing a room and personal care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to moving into the home to ensure the service could meet their needs. One relative told us, "They assessed [person] before [they] came and [they] have been here years now. It has definitely been the right choice."
- People were supported by staff that understood their needs. Staff delivered care in line with standards of care and promoted choice and we saw examples of this during inspection.

Adapting service, design, decoration to meet people's needs

- The home was undergoing refurbishment. The provider told us plans included updating the décor and furniture, and ensuring the home was 'dementia friendly'. For example, by using pictorial signs to help people find their way around.

- People had been informed of the plans for redecoration and changes in lay out of the building, and a hair salon had already been put into place as planned. There was also a large pull-down projector screen in the dining room for people to watch films.
- People were happy with their environment. We saw people had personal belongings in their rooms, such as family photographs or pictures of musical artists they like. One person told us, "I would recommend this place to anyone. It beats a lot of the fancy ones and I like the homely feel". Another person said, "It's nice here and we have our own room."
- Technology and equipment were used effectively to meet people's care and support needs. This included sensor alarms in place to alert staff that people may be at risk of falling and access to staff call alarms within people's bedrooms.

#### Staff support: induction, training, skills and experience

- The provider had systems in place to improve and monitor staff training. For example, new e-learning modules were in place and overseen effectively by management to ensure all staff had received training relevant to their role. One staff told us, "We have done a lot of training since the last inspection."
- The provider supported staff to complete their training. For example, a financial reward had been introduced for staff based upon their online training being completed on time. We saw records that additional training had also been provided to enable staff to meet specific needs of people in the home, such as syringe driver training and catheter care.
- Staff were encouraged in their personal and professional development. The provider told us they had sponsored a carer with an overseas nursing qualification to attend a conversion course to become a registered nurse in the UK. Staff were also attending a 'train a trainer' moving and handling course at the time of inspection. This was to ensure this training could be provided to new staff in a timely manner and could be monitored more effectively on a day to day basis.
- Staff received supervision and appraisals in line with the providers policy. Staff told us they were able to approach management at any time.

#### Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food available to them. One person told us, "The food here is really good. We always get enough to eat and if you don't like anything, you just have to say."
- People were supported by staff to meet their needs at meal times. We saw several people were assisted with their meals; staff were patient and encouraged people in a kind and respectful way.
- The provider had systems in place to monitor people's weights and had acted upon any changes appropriately. One relative told us, "[Person] has a good appetite and has put on the weight [they] lost at the other care home." Food and fluid charts were in place; however, records were not always fully completed.

#### Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with other agencies to provide personalised care. The provider told us they would seek advice from professionals to ensure care was being provided to meet people's needs. For example, seeking guidance from the Macmillan team to support with pain management. People's care records evidenced input from other agencies such as speech and language therapy, community psychiatry services, the local stroke team, pharmacists and GP.
- People were supported to access health care services in a timely manner. One person said, "I can easily get to see the GP if I need to, but there is a Nurse on hand here 24 hours, so I don't usually have to see them [GP]. There is a Chiropractor that comes, and I do see the hairdresser fortnightly." Another person told us, "Everyone goes out of their way to make sure you are happy. We have a good laugh sometimes, but if I don't feel well, I just say, and they sort it out".

- People were supported with their oral health needs. We saw people received mouth care and were supported to attend dental visits where required. The provider was in the process of organising talks in oral health by external agencies to provide further understanding and awareness for staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly by staff that understood them well. One person told us, "Staff are great. Very kind and caring. Not easy for me now, but they understand and cheer me up." Another person said, "I couldn't wish for a better level of care than I get here. There is always someone popping their head around the door during the day, just to make sure I am ok."
- Staff took an interest in people and recognised what was important to them. Staff told us they would like to spend more time with people, however people told us they felt supported. One person said, "The staff have a good sense of humour and always have time for you. It's like a family home here."
- The provider promoted equality and diversity. Staff were respectful of people's choices and care plans reflected people individual needs and wishes. We saw staff used people's preferred names and appropriate body language when supporting people. One relative told us, "Staff treat everyone with respect. They are all family to them."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views, and these were listened to and acted upon. For example, we saw resident meetings had taken place and people agreed they would like a period of quiet time in the day. This was supported by staff and every day for half an hour, TVs were switched off to allow people to rest in communal areas.
- Staff told us advocacy services were available to support people, if required. An advocate is someone independent who can offer support for people to make decisions and have their voice heard.
- People's care plans reflected their preferences, likes and dislikes. One person told us, "Staff know I like my classical music, so they will take me to my room [to listen to it] if I ask them. Sometimes they suggest it."

Respecting and promoting people's privacy, dignity and independence

- People's care plans were kept securely in an office and were available to relevant staff. However, we found people living in shared bedrooms had their recording charts openly accessible in their room. We discussed this with staff and they actioned for these to be stored within people's bed side cabinets immediately to comply with data protection requirements.
- People told us their privacy and dignity was respected. One person told us, "I get all the privacy I need here in my room". We saw staff were discreet when supporting people with their personal care needs and doors were closed to maintain privacy.
- Staff encouraged people to be as independent as possible. One person told us, "They [staff] let me do as much as I can for myself, which is what I want. I have always been independent, and I feel I have the best of

both worlds here."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the importance of providing information in a way in which people could understand and would make this available as appropriate. People had access to information in different formats, for example we saw orientation boards in communal areas with pictorial and easy read information. The provider told us they would look into adapting their food menu into a simple read format or with pictures to provide further support to people with communication difficulties.
- Staff were able to communicate effectively with the people they cared for and anticipate their needs. One person told us, "They [staff] know when there is something wrong or I don't feel myself even before I have said anything. They are a good bunch."

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records provided personalised information to help staff support them. For example, we saw a life history page with information referring to people's pastimes, likes, dislikes and preferences. One person told us, "It's a very personal service here. The staff know me well."
- People were provided with choice and control in decisions about their care and staff were respectful of their requests. For example, a relative told us, "The lounge is used a lot for activities and such, but if they [people] want to be alone, they can go back to their room anytime during the day." Another person told us, "The food is home cooked, but I choose to have it in my room."

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests, which were acknowledged within individual care records. One person told us, "I enjoy the food and I enjoy my knitting. There are a few of us who knit, and we get together." Staff were allocated as key workers and would offer social activities that people would be interested in. One staff told us, "I am going to try and take [person] to a rock and roll concert".
- People's cultural and social needs were respected and supported by staff. People were supported to practice their religious beliefs, for example, by having religious services within the home.
- There were designated activities coordinators and a holistic therapist who provided a range of activities for people. We saw group activities took place within the home that were adapted to meet people's needs and promoted social inclusion. We also saw staff provided people with one to one activity, such as a hand

massage, and encouraged meaningful interaction.

- Relatives and visitors felt welcome within the home. Staff supported people to maintain relationships and avoid social isolation. For example, one person told us, "I usually see the family on my birthday, but if anyone doesn't have a visitor, they [staff] get a cake and a card and they sing Happy Birthday to them."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy displayed within the home and people were aware how to raise any concerns. One person told us, "We only have to speak to staff if we are unhappy about something and they sort it out."
- Staff understood how to raise any concerns and were kept informed of complaints or issues raised. The provider had worked to improve the quality of the service in response to concerns raised.

#### End of life care and support

- The provider was passionate about ensuring people received good care and support at their end of life. Staff shared these values and one staff told us, "It is an honour to work with those on end of life and we do everything we can to make it as nice as possible for them and the family".
- People had end of life care plans in place. This provided information for staff regarding any religious considerations, advanced care decisions, changes to medicines (reviewed with GP) and where the person would be cared for at this time, such as remaining within the home.
- Staff received training in end of life care and were aware of people's needs. Qualified nursing staff had attended additional training to provide effective pain and symptom management. Some staff had received training in the Gold Standards framework [a systematic, evidence-based approach to optimising care for all people approaching the end of life]. One staff explained how this had focussed the practices of the home to ensure care plans reflected clear communication with people, their relatives and health professionals about decisions made.
- The provider supported relatives and visitors of people receiving end of life care. We saw feedback from relatives that included comments such as, 'It was a pleasure to visit [person] because you were all so attentive and thoughtful not only to [person], but me as well'.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant although improvements had been made, systems and processes in place were not yet embedded into the service to show a period of sustained good practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection, the provider did not have an effective system in place to formally assess and monitor the service to improve the quality and safety of the services provided. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. The provider had acknowledged shortfalls and made improvements within the service.

- The provider had been without a registered manager since November 2018. In the absence of this person, duties had been delegated amongst the management, administration and nursing team. For example audits, care plan reviews, supervisions and appraisals.
- Managers and staff were clear about their roles and responsibilities towards the people they supported. The provider was aware of their regulatory requirements and was aware of their responsibilities; they had a good insight into the needs of people using the service, and clearly knew the people using the service.
- Systems and processes in place had improved oversight for staff training, audits and recruitment within the service. Any actions points were communicated to staff to identify areas for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and staff promoted person-centred care to ensure good outcomes for people. One staff told us, "The team are great here and we all work well together. We love getting to know the residents and then helping them to have a good quality of life."
- People and relatives felt the provider and staff were approachable. One person told us, "[Provider] runs a good home and I can always speak to [provider] if I am unhappy about anything". Another person said, "Everyone is very approachable here and they all work well together. It's a pleasant place to live."
- People, relatives and staff told us they would recommend the service based upon their experience. One person told us, "I would recommend the place and give it 9/10. It's the next best thing to being in my own home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour. They were transparent about any concerns raised. We saw

evidence of open and honest information sharing in minutes of management meetings and actions required to improve the service.

- The provider had worked with the local safeguarding teams to investigate when issues have been identified. The staff were open to feedback and had acted to implement positive changes when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider encouraged involvement from the local community. For example, staff told us the local villagers were invited to the home's summer Fete, and at Christmas time the home hosted a carol singing service open to people, relatives and the public.
- We saw minutes from team meetings and resident meetings which included discussions about the running of the service. Relatives also participated in the resident's meetings to express their views. One person told us, "I do go to the resident's meetings sometimes and we discuss things there, so it doesn't get to be a problem." Staff told us they felt they would benefit from more team meetings; the provider told us they would explore this further.
- The provider had an 'open door' policy; people, staff and relatives could approach them directly to discuss any concerns. We saw visitors were welcomed upon arrival and staff engaged them in conversations to provide updates about the service and the inspection process.

Continuous learning and improving care; Working in partnership with others

- The provider had demonstrated continuous learning to improve the quality and consistency of care. Since the last inspection and in response to other external audits, the provider had implemented several changes to address lessons learned. For example, the provider had introduced an e-learning training system and online DBS checking system to ensure people were being supported by suitable and appropriately trained staff.
- The provider was in the process of implementing an employee assistance programme to provide full support to staff, particularly focusing on their health and wellbeing.
- Staff worked in partnerships with external agencies to provide care to meet the individual needs of people using the service. Support from health professionals and specialists was sought to ensure good outcomes for people.