

Western Park Leicester Limited

# Western Park View Nursing Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Western Park View Nursing Home provides residential and nursing care for up to 57 older people. It caters for people with physical and mental health needs. The home was purpose-built and is situated in a residential area of Leicester. At the time of the inspection 51 people were living at the home.

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

People and relatives said the home provided a caring environment for people. A person said, "The staff are wonderful. They care for us beautifully." A relative said, "The staff have brought me to tears with their care, compassion and kindness." The staff team was established so people were able to get to know the staff caring for them.

People were safe at the home. Staff knew how to provide safe care and support and reduce risk to people. Staff were safely recruited and fit to work with people who use care services. People had their medicines on time. The home was cleaned to a good standard and was fresh throughout.

People's needs were assessed before they went to the home to ensure staff could meet their needs. Staff were well-trained, skilled and knowledgeable about the people they supported. People were supported to have a balanced and nutritional diet. People praised the food served and said they had plenty of choice at mealtimes.

People's care and support was personalised and given in line with their preferences. People's healthcare needs were met by nurses and care workers at the home and visiting healthcare specialists. The home's activity co-ordinator provided a range of individual and group activities for people.

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.

The home was a welcoming and friendly place. The acting manager and staff were approachable and kind. People and relatives had a say in how the home was run and said they would recommend it to others. The managers carried out audits to ensure the home was providing good quality care and ongoing improvements were carried out as necessary.

### Rating at last inspection

Good (report published 09 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was Caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Western Park 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 team consisted of two inspectors, a specialist advisor, and an expert by experience. A specialist advisor is a person with professional expertise in care and/or nursing. 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

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

The home had a manager registered with CQC. They were no longer working at the home but had not submitted an application to CQC to de-register. A new acting manager was in post and had applied for registration.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at the information on the 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 looked at information from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

During our inspection we spoke with seven people using the service and two relatives. We spent time observing the people living in the home to help us understand the experience of those who could not talk with us. We also spoke with the acting manager, area manager, clinical lead, nurse, two senior care workers, three care workers, activity co-ordinator, administrator, and the cook.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at five people's care and nursing records.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said the home was safe. A person told us, "I feel very safe because of the staff. All of them. I have faith in them. They are not abusive at all."
- Staff were trained in safeguarding and knew how to report safeguarding concerns to the management team and to external agencies if required.
- Safeguarding concerns were logged and investigated with the involvement of the local authority where necessary.
- Staff protected people from harm. For example, one person liked to leave the home when it wasn't safe for them to do so. To keep them safe, staff accompanied them and brought them back safely when they were ready to return.

Assessing risk, safety monitoring and management

- Staff provided safe care and support. A person said staff assisted them to use their walker safely. A relative told us, "This place is amazing. [Person supported in bed] is regularly checked and observed."
- We observed staff safely and skilfully hoisting a person. They reassured them and explained what they were doing to ensure the person was calm.
- People had risk assessments that were updated if their needs changed. Staff followed these to ensure people were safely supported.
- Risk assessment were personalised. For example, one person was distressed on occasions. Their risk assessment told staff to distract them by talking with them about their life history, previous occupation, and favourite subject. This help to reassure the person.
- Since our last inspection staff had improved people's pressure area care and documentation following advice from health care professionals. Pressure-relief mattress setting were correct for people's weight.

Staffing and recruitment

- Most people were satisfied with the staffing levels at the home and said staff came quickly if they used their call bells. A person said, "I don't think we really need more staff." A relative told us, "There always seems to be plenty of staff around. They greet me when I visit. They are lovely."
- The managers used a dependency tool to work out staff numbers. Qualified nurses and care workers were on duty day and night. There was always one staff member present in each of the lounges during the day to ensure people's needs were met.
- People said if they needed two staff to assist them with their mobility two staff were always provided. A person said, "Two carers help me into a wheelchair to make sure I'm safe."
- Staff were not allowed to start work at the home until safe recruitment checks had been carried out to

ensure they were safe to work with people who use care services. New staff worked under supervision until senior staff judged them competent to work on their own.

#### Using medicines safely

- People said they had their medicines on time. A person told us, "I get medicines four times a day. The tablets help me. The nurse gives them to me regularly."
- People were involved in decisions about their medicines. A relative told us staff discussed changes to their family member's medicines with them, and with their family member, to ensure they were happy with the decisions made.
- Medicines records were mostly in good order. Staff needed to improve the way medicines were signed in and out of the home and ensure there were no gaps on the medicines administration records. Managers said they would promptly address this.
- The home had medicines systems in place. Staff were trained to administer medicines safely and their competency assessed. Medicines were securely stored at the correct temperatures. People had protocols in place for 'as required' medicines' and staff used body maps for recording where prescribed creams should be applied. Staff administered medicines safely and explained to people what their medicines were for as they gave them to people.

#### Preventing and controlling infection

- All areas of the home were clean, tidy and fresh. Staff were trained in infection control and followed the provider's infection control procedures.
- Staff wore personal protective equipment (PPE) such as gloves and aprons and used correct hand-washing techniques.

#### Learning lessons when things go wrong

- The managers logged accidents and incidents and analysed them monthly with action taken as necessary. For example, some people had sensor mats in their bedrooms to alert staff and reduce the risk of them falling at night.
- People who mobilised and were at high risk of falls were referred via their GP to the fall's clinic for advice on falls prevention. If a person had a fall, staff monitored them closely for the next few days in case they had a fracture that had not initially been detected.



# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving to the home and on an ongoing basis.
- Assessments were comprehensive and in line with best practice guidance. People's individual needs, which included their culture, faith, age, sexuality and disability was clearly documented.
- People and/or their relative were involved in the assessment process helped to ensure staff at the home had a personalised approach to care planning.

Staff support: induction, training, skills and experience

- The staff were skilled and knowledgeable about the people they supported. A person said, "The more experienced staff train up the new ones. They do have the skills needed."
- Systems were in place to ensure staff were well-trained and supported. Staff used equipment correctly and supported people to move around safely. Staff demonstrated an in-depth knowledge of people's individual needs.
- Staff were supported in their roles and their learning needs were met. A staff member said, "You can speak to [acting manager] and [deputy] any time; they will always help you whenever you need them."
- Training was monitored and kept up to date. Nurses and staff accessed specialist training where necessary to meet people's specific needs.

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

- A person said, "There's always a choice or the cook will make you something else. We have plenty to eat and drink." People were provided with suitable cutlery and drinking cups, so they could eat and drink independently.
- The cook was knowledgeable about people's dietary needs and preferences. They oversaw lunch time, ensuring people had the assistance they needed and enjoyed the food served.
- Dieticians assessed people at risk of not eating and drinking enough and advised staff how to meet their nutritional needs. Some people were tube-fed, and records showed this was done effectively.
- Some people's food and fluid monitoring charts were incomplete. The deputy manager addressed this immediately, updating the records and informing staff at a handover meeting.

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

- People told us their healthcare needs were met. A person said, "I was taken to the hospital for a check-up. The nurse and the optician have been here." Another person told us staff supported them with 'exercises

and physiotherapy' following a stroke.

- People had access to healthcare as needed. A staff member told us, "The nurse will call the GP if someone is not well." The staff worked closely with healthcare professionals and specialists to ensure people received effective and coordinated care.
- A range of healthcare professionals visited the home including GPs, community nurses, chiropodist and dentists. An optician carried out eye tests on the day of our inspection.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service continued to work within the principles of the MCA and conditions on such authorisations, were met and monitored. Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves. The person's relative or an independent advocate and relevant professionals were involved. Processes were clearly documented.
- People were supported to make decisions. A staff member told us most people could make most decisions. They said, "[Name] can't get up but likes to choose what she wears so I show her two or three dresses and she picks what she likes."

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

- People's rooms were personalised with pictures and decorated to reflect their taste. People had a choice of lounges and a conservatory where they could relax, spend time together, or be on their own. The large dining area close to a lounge was also used to host external entertainers. There was an outdoor seating area at the front of the property.
- The provider's refurbishment programme was improving the environment, décor and signage for people.

# 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 and relatives made many positive comments about the caring nature of the staff team. A person said, "Staff are very thoughtful. Excellent staff here. They like a laugh and get me involved in activities. They always try to communicate." A relative told us, "The staff have taken time to get to know us. One carer makes my [family member] laugh and she loves this. They are good decent people."
- People had the opportunity to get to know the staff who supported them and if agency staff were used they were known to the home. A person said, "The regular staff stay on here. Occasionally we get agency staff." Another person told us, "Mostly I see the same staff and even the same people from the agency."
- Some staff had excellent interpersonal skills and went out of their way to engage with people. A person said, "The staff will come and talk to me. Residents get all their attention. They know about my background and what I like." A relative told us, "Staff chat to me about all sorts. About holidays, about [family member]. They are more like a friendship group."
- Staff were knowledgeable about people's cultural needs. For example, staff supported people who were religious to attend church services in the home and in the wider community and to celebrate religious events.
- Visitors were welcome to the home at any time. A person said, "They [relatives] come when they want." A relative told us, "We [family] can visit anytime. There are no restrictions."

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

- People were involved when care plans were written. A person said, "I do know about my care plan and it was discussed with me, the doctors and staff. Its kept in the main office and is confidential information." Another person told us, "Yes I have seen it [care plan] and I am happy with it." A relative said, "[Family member] has a care plan. It was discussed together with us. We make amendments [with staff] as needed."
- People made decisions about their own care and support. A person said, "They ask me what colour t-shirt I want to wear. I'm asked if I want to join in activities. I can say no. They [staff] say, 'I can't force you to do anything.'" Another person told us, "Staff ask me what I want and do what I ask."
- Staff valued people and encouraged them to express their views. A person said, "They [staff] ask you how you are feeling, and would it be alright to [provide personal care]." A relative told us, "I find staff compassionate. They are always there with a hug for [family member]. They talk to them and listen to them."

Respecting and promoting people's privacy, dignity and independence

- Staff provided dignified and respectful care. People said staff knocked on their bedroom door before

entering, even if the door was open, and closed curtains and doors when giving personal care. A person said, "Staff all knock on the door first and close curtains for privacy." Another person told us, "The main thing is that staff have patience in their work. They do talk to me. They're very good and work for the benefit of the residents."

- Staff supported people to be independent. A person told us, "I can wash myself, but I need some help in getting dressed. I can eat and drink by myself. Staff encourage you in every way."
- People's records were kept securely in line with the General Data Protection Regulation (GDPR). This meant no-one had unauthorised access to people's personal information.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- People were satisfied their care needs were met promptly in the way they wanted. A person said, "I get all the care I need. I'm happy with my care." Another person told us, "I wanted to get out of bed and the carers helped me do that. I asked them to call me by my first name and they do so in a friendly way."
- People's care plans contained personalised information, so staff could understand and support people on an individual basis. For example, staff supported a person with their appearance and the use of their favourite perfume as this was important to them.
- The acting manager and staff understood how to protect people against discrimination and celebrate their diversity. A person said, "The church [minister] comes here once a month and holds a service. I attend when I can. It's always very pleasant"

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 acting manager and staff provided information about the home and people's care in formats they could understand.
- There was easy read information on how to make a complaint and to report concerns about people's safety. Staff used pictorial menus to support people to choose what they wanted to eat.

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.

- Information about people's life histories, hobbies and interests were recorded. The activity co-ordinator used this information to plan daily activities. These included bingo, word games, and individual activities such as staff reading to people. During the afternoon, people and some visiting relatives enjoyed a musical performance by a visiting entertainer.
- Links with family, friends and the local community were promoted. People's religious and spiritual needs were met. Religious services and meetings were held in the home and people went out to places of worship.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they wanted to. A person said, "If I had a complaint I'd go to manager or deputy. I'm confident they would listen."

- Any complaints were recorded along with the outcome of the investigation and action taken, where required, to reduce the likelihood of reoccurrence.
- Information on how to make a complaint was displayed on the information board, alongside the local advocacy service should people need help to complain.

#### End of life care and support

- No end of life care was being delivered at the time of inspection.
- The provider had an end of life care policy in place. The acting manager and staff were trained to provide end of life care.
- People had the opportunity to discuss their end of life care. Their wishes, preferences and cultural needs were recorded in advance care plans. This included Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) assessments for people that wanted them in place.

# 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 improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were satisfied with the care and support provided and said they would recommend the home to others. A person told us, "I think they do wonderfully well. I can't find anything wrong with what they do. I would recommend the home to others." A relative said, "I have already recommended the home to others."
- The home had a calm atmosphere. Staff were attentive and continually engaged with people, reassuring them if they showed any signs of distress. This helped to ensure people felt valued and cared for.
- The acting manager said the culture of the home was to put people first and ensure they received good-quality personalised care.
- People said they knew the acting manager and found her easy to talk with. A person told us, "I know the manager, she does drop in, we have a joke or two. Oh yes, I could approach her and speak to her." A relative told us, "The [acting] manager is brilliant. She is involved, cares and is conscientious. She rang me at home when [family member] wasn't well and sat with them until I arrived."

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

- Staff were well-supported in their work and had confidence in the acting manager. A staff member said, "[Acting manager] is great. You can go to her about anything, she's really understanding."
- The regional manager visited the home weekly to support the acting manager and speak with people, relatives and staff to ensure they were satisfied with the care provided.
- The provider reviewed and updated policies and procedures to ensure information was current and supported best practice.

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 regional and acting managers were open and honest in their communication with people, relatives, staff and outside agencies.
- The acting manager notified the Care Quality Commission of significant events as required.
- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew what to do if they had concerns about the well-being of any of the people using the service and how to contact the local authority and the Care Quality Commission (CQC) if they felt their concerns were

not being acted upon.

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

- People and relatives were involved in developing the service. Questionnaires were sent out to gather people's feedback with positive results. A person said, "I've had a satisfaction survey. I'm always satisfied."
- The regional manager analysed the survey results and incorporated the findings into the home's monthly action plans. This helped to ensure people and relatives had a say in the running of the service.
- The acting manager organised residents' and relatives' meetings. She said these were not always well-attended, but she would continue to organise them, so people had the option of coming if they wanted to.
- Staff had regular supervisions, appraisals and meetings which gave them the opportunity to comment on the home. The results of the latest staff survey showed staff morale at the home was good and the staff enjoyed their work.

Continuous learning and improving care

- The regional and acting managers carried out audits to ensure the home was running effectively and people were receiving good quality care.
  - Staff worked in conjunction with the health authority and local authority to improve quality and address any areas in need of improvement.
  - Since our last inspection the provider redecorated and refurbished parts of the premises to keep it in good order. A relative said, "It's an old building but the handyman is brilliant and gets things sorted."

Working in partnership with others

- Staff worked with other health and social care professionals to ensure people had the care and resources they needed. For example, if a person living with dementia was distressed, staff referred them via their GP to a specialist dementia care team. The team then came to the home to support the person and advise the staff on how best to care for them.
- Staff had contact with places of worship and arranged for their representatives to visit the home if people said they would like this.
- Members of the local community were invited to attend the events and celebrations at the home and meet the people living there. This helped to ensure people had contact with the wider community.