

MPS (Investments) Limited

Alston View Nursing and Residential Home

Inspection report

Fell Brow
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Alston View is registered to provide accommodation, nursing and personal care for up to 49 people and is owned by MPS (Investments) Limited. At the time of our inspection on 14 March 2016 there were 39 people living at the home: 21 people requiring nursing care and 16 requiring residential care. The home is located in the village of Longridge where access to local facilities are within walking distance. Alston View is a modern home with accommodation on three floors. All of the bedrooms are en-suite with the exception of two single rooms. A small car park is available for visitors. There are communal lounges and a dining room as well as toilets and bathroom facilities. A kitchen and laundry are located on the ground floor.

Alston View is required to have a registered manager. At the time of our inspection there was an acting manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Our records showed that the acting manager's application to be registered with the Commission had been received, and was being processed.

During our last inspection on 30 September 2015 the service was rated as inadequate and was placed in 'Special Measures'. We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Safe Administration of Medicines for which we issued the provider with a warning notice in respect of this breach.

During this inspection we found improvements had taken place in the way medicines were administered and managed. Medicine audits were now effective. Incidents and accidents were now properly monitored, and when these needed to be reported to external agencies, we found that this had taken place. The home now had a staff member who took overall responsibility of infection control measures. Staff now received sufficient training and supervision in order to perform their work effectively. People's needs were being met, and these needs were reflected in their improved care records. Management record keeping was improved, and the governance systems operated within the home were now a lot more robust. The systems and processes to record, assess, analyse and mitigate risks and promote people's well-being were now being followed.

The service had made improvements in many areas including the way they reported on, responded and dealt with safeguarding incidents and risk.

Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people; records relating to these checks were complete. Risks associated with, infection control and cleanliness, and environment factors were assessed.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and depriving people's liberty which were put into practice. The building was found to be in a good state of repair, and the

environment was found to be fit for purpose. The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns.

People were able to express their choice in relation to meals and how they spent their time. The menu offered people a choice of meals and their nutritional requirements were met. People knew how to access the complaints process, and knew who to talk to if they wanted to raise a concern.

There was a wide range of policies and procedures in place which provided staff with clear information to guide them on good practice in relation to people's care. We found written evidence to show that the acting manager had an appropriate system in place used to assess and monitor the quality of the service. Surveys were sent out to all the people who received a service, and other stakeholders on an annual basis. The feedback contained within the surveys showed that the service was consistently meeting its objectives. Any issues raised via the surveys had been addressed via an action plan.

As the overall rating for this service is no longer inadequate, in line with our guidance it will no longer be in special measures.

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 always safe

Improvements in the way the medicines were managed had taken place: better recording systems meant we could now be sure about the quantities of medicines held at the home.

The ways in the service the service responded to, and reported safeguarding concerns were effective.

Infection control measures and cleaning routines had improved, and ensured that home was kept clean and free from infection.

An on-going fire investigation by the Lancashire Fire and Rescue Service, into fire safety procedures at the home will be reported on when complete.

Requires Improvement ●

Is the service effective?

The service was effective.

The arrangements for supporting staff to develop their skills and knowledge in order for them to meet the complex needs of people living at the home were satisfactory.

People told us staff knew their needs, and staff training was now up to date.

Staff have received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. As a result their understanding on these subjects has improved.

Access to health care services were in place.

Good ●

Is the service caring?

The service was caring.

People praised the staff and we saw staff interactions which were warm and friendly. People were involved in their own care and support arrangements depending on their ability.

Good ●

Staff understood the need to protect people's confidentiality.

Staff had considered people's end of life care needs.

Is the service responsive?

The service was responsive.

People at the home were better supported in relation to planned activities based on their needs and preferences.

The care and treatment provided by the service was based on people's assessed needs and preferences.

Care planning was up to date and provided staff with the information they required to meet people's needs.

Good ●

Is the service well-led?

The service was not always well led.

Processes were now followed to ensure effective assessment, monitoring and mitigation of risks to people's health, safety and welfare.

People were now protected because the provider had an effective system in place to monitor and assess the quality of the services provided.

Notifications regarding events in the home such as deaths and incidents were routinely sent to CQC and other external agencies.

Requires Improvement ●

Alston View Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this unannounced 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 was 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. The lead adult social care inspector for the service undertook an unannounced inspection at the service on 14 March 2016. A specialist professional advisor with a background in older people's care also took part in the inspection.

The service was rated as inadequate following our previous inspection on 15, 17, 21, 22 July 2015, and 30 September 2015, and was placed in 'Special Measures'. A warning notice for the provider to comply with regulation 12 (g) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 (Safe Management of Medicine) was also issued.

The service has been kept under review. Since July 2015, the home has been monitored through the Local Authority Quality Improvement Planning (QIP) process. The service was asked to complete an action plan to show how it would bring about improvements to the service. The action plan was closely monitored by staff at the Commission, Lancashire County Council Social Services (LCCSS) and the local Clinical Commissioning Group (CCG).

At the time of the inspection we were aware of an on-going fire investigation being undertaken by the Lancashire Fire and Rescue Service, following a fire at the home in December 2015 this has now been concluded and is the subject of an inquest.

During this visit we spoke to nine people who lived at the home, five members of staff, the area manager and two visiting professionals. We reviewed four people's care records held at the home, and reviewed a selection of the management records, including personnel and training files, management audits, medicine records, staff meeting minutes and the home's QIP action plan. We observed the way that the staff team

interacted with the people living at the home, and how people engaged with each other.

Is the service safe?

Our findings

People living at the home said that they felt safe. One person said, "Everything is fine here. I get looked after well." Another person said, "The staff are fine: I spend time in my room and in the big lounge. I never get any hassle. I feel quite safe and secure." A visiting relative said, "My (relative) has been here for a while, and I know they have had a few problems, but I think my (relative) is fine here. The staff do a good job."

Following the inspection in September 2015, we found that the systems for the safe administration and management of medicines were not satisfactory, and a warning notice was given to the registered provider, requiring them to ensure the systems were improved. We checked the systems relating to the management of medicines, and found that improvements had been made. We found documentary evidence to show that there was a policy and procedure in place for the receipt, recording, storage, handling, administration and disposal of medicines. The nurse in charge explained that people living in the home were able to take responsibility for their own medication if they wished, within a risk management framework. The area manager explained that following an assessment, people were able to self-administer medication and would be given a lockable space in which to store their medication. However, where people were assessed as lacking capacity to manage their own medicines, or did not want to, then there were systems in place for the staff to do this.

Records were kept of all medicines received, administered and when they left the home or were disposed of, to ensure that there was no mishandling. We looked at the medicines records of seven people and found that appropriate records were maintained for the current medication of each service user. Staff spoken with said that they monitored the condition of the people who were prescribed medicines, and called in the GP if concerned about any change to their condition that may be a result of medication. Medicines were found to be appropriately stored, and the information leaflets relating to various medicines were available for staff if they needed information regarding usage or side effects. Staff who administered medicines had received appropriate training, and their competencies had been reviewed by the area manager and acting manager. Records held in the personnel files supported this.

We found that satisfactory procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) were found to be in place. The clinical lead for the home explained that all allegations and incidents of abuse were followed up promptly and any action taken to deal with the issues would be recorded. We saw documentary evidence of incidents were people had raised safeguarding issues in the past which had been dealt with promptly and in line with the home's policies. Discussions with staff showed that they had a good awareness and understanding of potential abuse which helped to make sure that they could recognise cases of abuse.

The policies and procedures relating to how staff would respond to physical and/or verbal aggression by service users were publicised and understood by the staff. Staff confirmed that physical intervention or restraint was not used. Instead, the staff employed distraction techniques when people became confused or aggressive. These were written into people's care plans. When incidents of physical and/or verbal aggression by service users took place, these were recorded, and staff were encouraged to discuss the circumstances of

the incidents in order to understand why the incident took place.

The service had policies and procedures in place to respond to whistle-blowers and concerns raised by service users and/or their families. Staff we spoke with told us that the acting manager had created an open and transparent working environment where workers felt able to speak up if they witnessed poor practice or wrong doing. Staff we spoke with said that they could approach any member of the management team in order to raise concerns or talk about the problems with the practice of colleagues or visiting professionals.

We saw safety records relating to the maintenance of electrical systems and electrical equipment had been undertaken. Water temperatures were periodically checked, the risks from hot water/surfaces were identified, and action taken to minimise these risks were taken. The risks associated with falls from windows were dealt with through the provision and maintenance of window restrictors.

We found that the home had a recorded staff rota showing which staff were on duty at any time during the day and night and which role they fulfilled. The nurse in charge said that the ratios of staff to service users were determined according to the assessed needs of the service user group. She added that that this was not determined using a recognised tool, but purely on the dependency levels of people living at the home. Staff working at the home confirmed that from time to time, increases in staffing levels did take place to meet people's needs as and when they changed. We found that the numbers of waking night staff on duty reflected the numbers and needs of service users and the layout of the home. We found that domestic staff and catering staff were employed in sufficient number.

The service operated a satisfactory recruitment procedure. Two written references were obtained before appointing a member of staff, and any gaps in employment records were explored. The area manager explained that new staff were only confirmed in post following completion of satisfactory pre-employment checks such as those provided by the Disclosure and Barring Service (DBS), and/or the Nursing and Midwifery Council. This was supported with information contained within the personnel records.

We found policies and procedures in place for control of infection, which included the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing and hand washing. Our observations found that the premises were clean and hygienic. We found laundry facilities were sited so that soiled articles, clothing and infected linen were not carried through areas where food was stored, prepared, cooked or eaten.

The home had Personal Emergency Evacuation Procedures (PEEPS) in place. However at the time of this inspection we were aware of and in close liaison with Lancashire Fire and Rescue Service (LFRS) and H.M. Coroner in respect of an on-going fire investigation being undertaken by LFRS, following a fire at the home in December 2015. The outcome of that investigation is now with HM Coroner. Enforcement notices were issued by LFRS against the home in respect of their overall fire risk, fire training and personal evacuation plans. The home has, since our inspection, engaged an independent company to assess and deal with the fire risk and it is our understanding that the requirements of the LFRS enforcement notices have been met.

Is the service effective?

Our findings

The feedback we received from people living at the home was positive. One person said, "The staff seem to be a lot happier and know what they are doing." One relative we spoke with told us, "Things are a lot calmer now and the staff are great. They seem to work well together; I feel that they really know how to care for my (relative)." A visiting healthcare professional said, "Staff training has really improved recently and this has had a positive impact on the staff. They come across as being a lot more confident and when I speak to them about healthcare issues, I feel a lot more confident because they take on board my advice and put it into practice"

At our previous inspection, we found the registered provider had not provided appropriate support, training, professional development, supervision and appraisal as was necessary to enable staff members to carry out the duties they were employed to perform. We found that improvements had taken place. We looked to see how the service made sure that the needs of people were consistently met by staff who had the right competencies, knowledge and skills. We found that new staff had an induction into the service: this gave them information about how the service operated, and details of the various systems in place to keep people safe and meet their needs. One new starter said, "The induction was detailed, and meant that I was familiar with different parts of the home, and information about how to speak to if I needed information."

Our observations showed that the staff working on the day of our visit were able to communicate effectively with people living at the home. Staff members spoken with confirmed that they received satisfactory training to undertake their work. This was confirmed after looking at details within their personnel files. The area manager explained that training and development was linked to the home's service aims and to service users' assessed needs and individual care plans. Staff were found to be knowledgeable of the people's conditions or illnesses. We saw written evidence that staff supervision was taking place and we were satisfied that appropriate measures were in place to address any staff issues.

Information held within the staff personnel files showed that inductions now took place for new starters and that these were complete. Mandatory training had been completed. The staffing training records showed that those who required their training to be updated or refreshed had attended the relevant training course or learning sessions. Staff told us that they were now not just reliant on DVD based training and work books that were completed and either sent away to a training provider for marking, but had received face to face training with external professionals and trainers. This was supported through information held within the training records. The home's training matrix was up to date and showed that training or refresher training for staff had taken place in the areas such as manual handling, adult safeguarding, infection control, fire safety and evacuation, and the Mental Capacity Act (MCA). We found that staff were now in receipt of regular support by way of appropriate supervision. We viewed two staff personnel files. Both contained evidence of supervisions that had taken place. We spoke to two staff who said that supervision was now regularly provided. We spoke with the area manager who explained that following an assessment of personnel files, a rolling programme of supervision and appraisals will be implemented and followed. We saw evidence of this with dates set in the home's diary from meetings with staff and confirmation given verbally by staff at the home.

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of our visit, the needs of people living at the home did not warrant the need to apply for a DoLS, and no one had a DoLS in place.

The staff we spoke with were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interests. The records showed that following an assessment of the person's mental capacity, which included the involvement of the person, best interest meetings had taken place with relevant professionals and family members to determine how best to support the person. Any potential restrictions placed on a person's choice or freedom, were based on a clear assessment of their needs and the risks associated with them. If appropriate, these restrictions would form part of the person's individual care plan.

The nurse in charge explained that people were supported and facilitated to take control of and manage their own healthcare as much as possible. However, the staff team took on responsibility for prompting people's healthcare, monitoring their condition and arranging appointments for treatments or reviews. A review of the care records of three people showed that people were supported to either attend GP and healthcare appointments, and if they were assessed as unable to leave the building due to illness or disability, then staff arranged home visits.

The location and layout of the home was suitable for its stated purpose. The service had a programme of routine maintenance and renewal for the fabric and decoration of the premises. Satisfactory toilet, washing and bathing facilities were provided to meet the needs of service users; they were accessible, clearly marked and close to the lounge and dining areas. We observed that grab rails and other mobility aids were provided in corridors, bathrooms, toilets, communal rooms and where necessary, in people's bedrooms. Hoists, assisted toilets and showers were available for people to use.

We looked to see how food and hydration was provided and made available in sufficient quantities and on a regular basis. We found there to be a choice of food and drink that took account of people's individual preferences. We observed staff offered support to enable people to eat and drink when necessary. We found documentary evidence to show that on-going assessment, planning and monitoring of nutritional and hydration needs and intake took place. People told us, "The food is always very good, and we always get enough to eat." Fluid intake charts were used for people, and these charts were routinely used and accurately completed. We found that weight monitoring and the action taken by the staff when changes were noted, was now taking place. This meant that people's healthcare in relation to weight loss or gain was now more closely monitored. We looked to see how the service provided supported people to access external healthcare services and professionals. Discussions with the nursing staff at the home found that they were now more aware of the need to correctly assess people's healthcare needs, and ensure referrals were made when required.

Is the service caring?

Our findings

The feedback from people about the attitude and nature of staff was positive. Comments included, "The staff are always positive and caring" and "Staff work very well together, and I always feel special and well cared for."

The interactions we observed between staff members and those who lived at the home were all pleasant, polite and friendly. Staff expressed their genuine concern about individual people when talking with us. People recognised care workers and responded to them with smiles which showed they felt comfortable with them. We saw some interactions between staff and people were warm and friendly.

We looked at the way the home supported people at the end of their life and found the systems now assisted with the care of those reaching the end of their life. Care plans and profiles reflected the needs of people with particular reference to end of life concerns. Staff explained that improvements had been made in recent weeks to the way the care plans were put together.

People's bedrooms were personalised and contained photographs, pictures, ornaments and other items each person wanted in their bedroom. This showed that people had been involved in establishing their own personal space within the home. We observed care workers knocked on people's doors before entering rooms and staff took time to talk with people or assist them to undertake activities. Care workers used people's preferred names and we saw warmth and affection being shown to people.

Staff were able to explain what arrangements were for people to access advocacy services if they required them. They explained that information relating to advocacy services was available in the home in the form of leaflets. We are able to confirm this whilst making a tour of the home. The staff we spoke with said that they had received training in the need to respect people's confidentiality. One staff member explained that this aspect of their work had been covered during their induction.

Is the service responsive?

Our findings

We looked to see how people were supported through meaningful and individualised activities, and found that the systems had improved. The activities co-ordinator had a programme of leisure activities, which included bingo, play your cards right, hair day, family day, dominoes and baking. People living at the home who were spoken with said that there was plenty to do. One person said, "You can take it or leave it: I sometimes get involved in activities, but I usually like to just watch TV." The area manager confirmed that the activities on offer was something that the home would continue to look at adapting and improving as it very much depended on who was resident in the home, and the time of year.

We looked in detail at the care of four people who lived at the home. An assessment of people's needs had been conducted before a placement was arranged. We found a significant improvement in the plans of care. They were well written, informative and, in general, person centred. They incorporated people's likes, dislikes, preferences, medical history, allergies and current needs well and provided staff with clear guidance about how individual requirements were to be best met. The care records were found to be well organised, making information easy to find. Staff spoken with were able to discuss the needs of those who lived at the home well. The records showed that a wide range of external professionals had been involved in the care and treatment of those who lived at Alston View, such as GP's, dieticians, speech and language therapists, community nurses and opticians. Records showed that any advice or instructions from community professionals had been accurately transcribed within the plans of care. We saw that care charts were clearly recorded and up to date. These documented positional changes, dietary intake and fluid balance. This helped to ensure people's health care needs were being appropriately met. Records showed the plans of care had been developed with those who used the service or their relative and people we spoke with confirmed they had been involved with the planning of their care or that of their relative.

Systems were in place for regular reviews of the care plans and we saw changes in one person's needs had been recorded well. Records showed that family members had been consulted about when they would like to be informed if their relative had a fall, for example, during the day or night time. Risk assessments had been conducted in a variety of areas, such as tissue viability, moving and handling, nutrition and falls. These identified any potential hazards, which may have affected peoples' health, safety and well-being. The records of one person showed that the district nurse attended regularly to renew the individual's wound dressings. When we spoke to staff about the involvement of district nurses, they confirmed that there were good systems in place to record issues when people needed their input, and that they were clear when to make referrals.

A complaints policy was in place at Alston View, which outlined the procedure to follow should people wish to make a complaint. This identified who would deal with their complaint and timescales for expected responses. This policy was incorporated into the service users' guide, so that people could refer to it whenever they wished to do so.

Is the service well-led?

Our findings

Feedback from people living at the home was positive. One person said, "The home seems to be running quite well. The staff know what they are doing, and the manager gives them good direction." A visiting healthcare professional said, "Things have changed here at Alston View. The atmosphere is a lot calmer, and the staff are working well together. Information is up to date, and the staff are working as a team. The manager and management team have created a good working environment."

The service did not have a registered manager. There was an acting manager in place, who had been appointed in September 2015, and they were in the process going through the registration process with the CQC.

The area manager talked about the review process that the home had recently gone through saying, "The Quality Improvement Process has helped us understand the potential risks to the quality and delivery of the service and the whole service has done a lot of work to bring about different improvements to the home." Staff working at the home said that leadership within the service had improved. One person said, "I think the management team, and staff team, have been strengthened recently with the provision of new staff, and the training that has been provided." The staff we spoke with confirmed that they received regular handovers (daily meetings to discuss current issues within the home). They said that handovers gave them up to date information to continue to meet people's needs, and updates regarding incidents, and what action to take to minimise or reduce the possibility of further accidents or incidents. People said that the acting manager was knowledgeable, and that she was able to deal with issues in a positive manner, as they arose. The staff we spoke with clearly understood the lines of reporting and accountability within the home. When we questioned staff they were able to give a good account of their roles and responsibilities with reference to keeping people safe, meeting people's needs and raising concerns regarding the quality of care provided at the home.

We saw evidence that audits were now taking place. Care plans had been audited and the medicines systems had been recently audited. These were comprehensive and contained a detailed action plan with timescales and who was responsible for carrying out each action. The home had a servicing file in place. This was seen to contain up to date servicing certification across a number of areas such as the passenger lift, PAT testing, fire extinguisher maintenance and hoisting equipment.

Surveys were sent out to all the people who received a service, and other stakeholders on an annual basis. They were seen to cover all aspects of the service, and the service was working through its action plan that had been produced following their latest survey in October. The issues they were dealing with included improvements to the menus, redecoration of the home and changes to the activities programme.

We saw that management review meetings were held to analyse the performance of the service and review its objectives. We saw the agenda for the latest meeting which included areas such as; review of service users information, results of internal audits, resource needs, staff training and evaluation, client feedback and recommendations for improvements. The service had a business plan in place. This included the

current management structure, objectives of the service which covered staffing, recruitment, meeting service users' needs, audits and building renewal and repair.

The service had worked well with partnership agencies, which this was evidenced by the improvements found during this inspection. The service was still working with Lancashire Fire and Rescue Service (LFRS) in respect of fire risk and evacuation procedures.