Countryview (Warkton) Limited

Country 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

This unannounced inspection took place on the 7 June 2016. Country View Nursing Home provides accommodation for up to 29 people who require nursing care. There were 29 people in residence during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. Senior staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care when they wanted to.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Good

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

Country View Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by one inspector on 7 June 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people using the service.

Many of the people who used the service were limited in their ability to recall their experiences or express their views; in these circumstances we used the Short Observational Framework inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection we spoke with four people who used the service and four relatives. We also spoke with nine members of staff including one nurse, four care staff, the chef, the holistic carer and the registered manager and provider. We reviewed the care records of five people who used the service and four staff recruitment files.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that staff at Country View Nursing Home provided safe care. One person told us, "Staff knows what they are doing, they are quick to notice if I am not well." A relative told us, "[name] is safe and well here." Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I would report anything of concern to my manager, and if they did not respond I would contact the local authority safeguarding team." Staff had received training on protecting people from harm and records we saw confirmed this.

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas.

People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. People had personal emergency evacuation plans in place in case of an emergency; fire safety systems were in place and appropriate checks were conducted; these included weekly fire alarm tests and regular fire drills. Fire safety equipment and other equipment were regularly checked to ensure it was maintained in good working order.

People could be assured that prior to commencing employment in the home, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references. Nursing staff were registered through their professional body and there were systems in place to ensure that their registrations were updated.

People told us there was always enough staff on duty to meet their needs and we saw that staff were nearby to support people when needed. One person said, "when I use the call bell, they [staff] always come in good time." Staff told us there were sufficient staffing levels to meet people's needs, and that the Registered Manager ensured that people got the extra time they needed when their needs increased . Staffing levels were set according to people's dependency and care needs. People's assessed needs were safely met by sufficient numbers of experienced staff on duty. On the day of our inspection we saw that there were enough staff to meet people's needs.

There were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred. Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits,

where actions had been taken to improve practice.

Good

Is the service effective?

Our findings

New staff told us they had undertaken an induction training course that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. The staff induction training included subjects such as manual handling and fire safety. New staff worked alongside senior staff during their induction training and before being allowed to work unsupervised. One new member of staff told us "I feel more confident in myself because of the support and the training, and I have been able to get to know the people I look after."

All staff continued to receive updates of their training in subjects such as safeguarding, infection control and health and safety. Staff had also undertaken training specific to people's needs; for example supporting people's nutrition who were living with dementia, managing oxygen and end of life care. People's needs at the end of their lives were met by staff who had attended end of life care training; they told us this had helped them to understand how to help people's symptoms such as breathlessness. Nursing staff had also attended additional training to provide subcutaneous fluids where people were dehydrated but could no longer drink at the end of their lives.

All staff had supervision to discuss their performance and development with their immediate supervisor. The registered manager held group supervisions to discuss specific care needs such as oral care, falls and nutrition assessments. Staff told us they had the opportunity to request specific training to develop their roles such as first aid and basic life support. Staff undertaking their vocational qualifications were supported by the Registered Manager to manage and complete their modules. One member of staff told us "I have been supported to do my NVQ, I would never be able to do it without her [registered manager]." Nursing staff received support to complete their re-validation to maintain their professional registration.

People told us that staff always asked for their consent before providing any support and that they respected their personal needs and preferences. Relatives also said they had observed that staff sought consent before providing care. Staff told us they always sought consent before providing any personal care or support and this was confirmed during our observations. Individual plans of care also contained information about people's consent to photographs, sharing information with health professionals and decisions about bed rails; and details about their lasting power of attorney for a time when people may not have the mental capacity to make decisions themselves.

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).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed

assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Senior staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

Catering staff ensured people were provided with meals that met their nutritional and cultural needs. We saw that they prepared meals to suit each person's individual needs, such as pureed food; they had access to information about people's dietary needs, their likes and dislikes. One person told us "The chef knows what I like to eat." Another person told us that they were going out at lunch time, so the chef had prepared them an omelette at their request, to eat before they went.

Staff were aware of the people who needed assistance and who needed prompting to eat; we saw that staff sat with people and assisted them with their meals in a non-hurried way and they gently reminded people to eat their meals where they had been distracted. All staff were involved with assisting at mealtimes which meant that everyone could eat their hot meal together. Most people chose to eat together in the dining room which was set out so people could eat sociably. Where people chose to eat in their rooms, staff ensured that people had assistance where required. People were offered alternatives to the planned menu if they had not eaten the food that had been served. One member of staff said "We are kept informed if people's needs change, like needing a softer diet or more drinks." We observed staff encouraging people to eat and drink by offering snacks to people throughout the day. Staff told us "when people are not so well we visit their rooms more regularly to provide care and give drinks." Records showed that people were encouraged to maintain an adequate food and fluid intake.

Staff assessed people's risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian for further guidance when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely, for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed or thickened their drinks to help prevent choking. Where it was necessary, staff monitored the amount that people drank to ensure that they stayed hydrated.

People were supported to access appropriate healthcare services including hospital appointments, their GP, podiatrist, optician, audiology and psychiatrist. Two relatives told us that their relatives had often required hospitalisation before being admitted to Country View Nursing Home, but since their admissions they had been kept well by the continued vigilance of the nursing staff. One relative told us "when they were first admitted they were very frail, before Christmas [name] was poorly, and all the staff showed their concern and got her well. [name] has not had to be admitted to hospital since they've been here." We saw that people who were prone to urine infections were prompted regularly to drink and they were closely monitored for symptoms. Staff were knowledgeable about the significance of any changes in people's behaviours, they reported to the nurses promptly where people were not 'acting themselves', and nurses were able to take samples such as blood for testing. The nursing staff liaised closely with the GP about people's health and acted quickly on any treatment instructions such as antibiotics.

Good

Is the service caring?

Our findings

All the people who used the service and their relatives told us that they were treated very well and they had no complaints about the care they received. One person told us "the staff are angels, they are so lovely." One relative told us "The staff do a wonderful job." Everyone described the service as 'homely'; one member of staff told us "It's like a family here."

People told us they had good relationships with staff. One person said "staff are wonderful; I choose what I want to do when I want to." Another person told us "there is good communication." One relative told us "people have good relationships with staff, they look after [name], they know she doesn't want to use her call bell to ask for help and they make sure she has what she needs." We observed that all the interactions between staff and people using the service were positive and encouraging. One member of staff told us "I am proud of the relationships we have with people." Staff spoke with people in a friendly way, referring to people by their names, involving them in conversations and acknowledged every one when they were in the same room or passing.

People's previous lives were incorporated into their daily lives where possible. For example one person had been a farmer, and they were positioned by the window near the field that held sheep. We observed that they were very happy about this arrangement. Staff told us that people's past lives were key to communicating with them, one member of staff said "I can communicate with people about things that are relevant to them." People and their relatives had provided information about their previous lives which were recorded in the care plans for staff to refer to.

Staff knew people very well, they told us what was important to people and how they adapted care to meet each person's needs. One person told us they preferred to stay in their shared room to keep their friend company. A relative told us "they know [name] well, they sing with him." Staff told us "it's the little things that make the difference, for example [name] is living with dementia, we sit with them when they are disorientated, [name] always has a cushion on a wicker dining room chair which they joke about, as without it he would have a 'waffle bottom'."

When we observed people indicating they were anxious staff were prompt in responding to their needs. For example one person had not been able to finish their meal; staff had spoken kindly and suggested that it was better to have too much on the plate than not enough.

People's preferences for care were incorporated into their daily care, for example one person preferred to be outside. We saw that they had been outside regularly as their face and hands were suntanned, and they told us "I am usually out first in the garden, I like to watch all the wildlife, even when it's cold I have lots of blankets". Staff told us they ensured they were taken to the garden as soon as possible in the day; one staff member told us "[name] is on a mission, they feel they have succeeded if they have breakfast in the garden."

People were helped to maintain family relationships. People told us that their relatives were always made to feel welcome which helped to make a homely atmosphere. Staff recognised the importance of people's

spouses; one couple lived in separate rooms at the home, staff told us "we take [name] to his wife's room every night to kiss goodnight." The local commissioner's quality monitoring team told us they were impressed by the support group, they told us "the activities co-ordinator runs a relatives support group to help with finances, friendships and include them in the activities." Records showed that meetings with the support group helped spouses to be involved in all aspects of the home including the planning of events at the home.

People's privacy and dignity were respected. One person told us "staff respect when I want time alone." We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. Although some people shared rooms, staff ensured that people's privacy and dignity were maintained. One person told us "The staff use the screens when [name] has their wash." We observed staff using the many screens available throughout the home, around toilet areas and in shared rooms. Everyone who required hearing aids or glasses were wearing them, we saw that people's glasses were clean and their hearing aids were well maintained.

Good

Is the service responsive?

Our findings

People admitted to the service were assessed for their care needs prior to living at Country View Nursing Home. Most people were admitted from a hospital setting and were in need of nursing care and recuperation. Records showed that people's health and well-being had improved since joining the service. One relative told us "when [name] first came in they were very frail, staff monitor [name] closely, and they do a wonderful job." Some people were admitted for care at the end of their lives. Staff tailored people's care to ensure that people's symptoms were managed; there was a close working relationship with the GP to ensure medicines were prescribed in a timely way.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care. People received care that corresponded to their detailed care plans. For example people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans.

People had been involved in planning and reviewing their care when they wanted to. One relative told us "I know what is going on, I am kept informed about everything relating to [name]'s care." People's care and support needs were accurately recorded and their views of how they wished to be cared for were known, for example the time they wished to get up in the morning. People's care and treatment was planned and delivered in line with their individual preferences and choices.

People's changing needs were assessed and care plans were updated. We observed the handover between staff and found that people's changing needs and updated care was relayed, such as changing mobility. Staff worked with people to understand their changing needs. For example staff told us that one person woke up often in the night, they worked with them to establish a good night routine, which had improved their sleep. The person told us "I now go to bed later, it helps."

People's care plans were individualised and contained information that was relevant to them including their life histories, interests and activities. One person told us "Seeing my friends is very important to me." We observed that staff had ensured that they were ready on time to go out to meet their friends and had their meal early to accommodate their wishes. People were allocated one to one time with staff and group activities. We observed that one person was receiving their planned one to one session they had for three hours every week. Staff played games, read to people and spent time doing what they wanted that day. Records showed that people took part in activities such as quizzes, cake decorating and crafts. One person told us "I enjoy the quiz and memory games." One member of staff told us "we have group activities three times a week; they are set around people's abilities."

People had information about how to make a complaint or make comments about their care. People had written letters to compliment staff however; there had not been any complaints. One relative told us "when I have raised any concerns, these have been addressed."

Good

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager was supported by nurses and senior care staff. We saw that people and the staff were comfortable and relaxed with the senior team. All staff we spoke with demonstrated an excellent knowledge of all aspects of the service and the people using the service.

We received many positive comments from staff about the service and how it was managed and led. Staff told us that the manager was very supportive and staff told us they were proud of the standards of care they provided. One member of care staff said "I'd love my [relative] to come here because they would be looked after", another member of staff told us "Staff have been there a long time, and they tend to stay."

People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon. There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Communication between people, families and staff was encouraged in an open way. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be
Improved. Questionnaires were sent to people, relatives and professionals to seek their people's views on a yearly basis. The feedback about the care people received was all positive.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by staff and the registered manager. The manager used the audits to improve the service and feedback to staff where improvements were required. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.