Glancestyle Care Homes Limited

Purley View Nursing Home

Inspection report

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Purley
Surrey
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29 August 2019

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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
Purley View Nursing Home is a residential care home registered to provide personal and nursing care, support and accommodation for up to 39 people in one adapted building over three floors. At the time of our inspection the care home accommodated 33 people, many of whom had dementia.

People's experience of using this service
There were infection control measures in place and staff understood infection prevention. Some equipment at the service was worn and needed to be replaced, the service has renewed some equipment since our inspection. Staff understood how to identify abuse and knew what to do should they need to report it. Risks to people were recorded. There were robust recruitment processes in place and enough staff working to keep people safe. Medicines were managed safely. Lessons were learned when things went wrong.

Some of the windows at the service were in need of repair, the provider had plans to replace them. People told us staff were experienced and knew how to do their jobs. Staff received training and supervision, although at the time of the inspection this training had not always been recorded correctly due to technical problems. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported with their healthcare needs and the service worked with other agencies to the benefit of people. People's needs were assessed. People enjoyed the food they were provided and were supported to eat and drink healthily.

People and their relatives told us they were treated well. Staff understood equality and diversity. People could express their views and be involved with choices around their care and treatment. People told us their privacy and dignity were respected and their independence promoted.

There were mixed views on the activities the service provided, however the service was able to demonstrate ample opportunities for people. People's needs were recorded in their care plans and staff understood these needs. The service made information accessible to people with communication needs. People were able to make complaints and when doing so these were responded to appropriately by the service. The service was working with the local authority to make improvements to how they provided end of life care.

People told us they thought highly of the management team. The registered manager was responsive and wanted to improve the service to the benefit of people who lived there. People held meetings and were engaged with the service. People and relatives were able to complete surveys to assist with improving the service. The service completed audits to monitor the safety and care of people using the service.

Rating at last inspection
At the last inspection the service was rated Good (report published on 16 February 2017)

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Purley 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced and took place on 29 August 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with nine people who used the service, four relatives and two visitors about their experience of the

care provided. We spoke with six members of staff including the deputy manager, a nurse, the activities coordinator, the administrator, two care workers and a housekeeping member of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

Good

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 now remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

● Staff understood the importance of infection prevention and control. One staff member said, "Always make sure they wash hands before and after room entry, use different gloves for each client and apron too." Staff had been trained in infection control and the service kept cleaning schedules and records to monitor the cleanliness of the home. However, we noted that some bed bumper rails were stained and that some equipment in the home was torn and worn. We also found one of the fridges in the medicine room had not been cleaned; we wiped our finger on it and it came away black with dirt.

● We spoke with the deputy manager at the time of the inspection and the registered manager following the inspection about this. We were provided with evidence that the service was aware of the issues with the bed bumpers were in the process of replacing them. They provided us evidence that implemented a new cleaning schedule to ensure that bumpers and fridge would be cleaned more regularly and had ordered new equipment.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe living at the service. One person said, "The lovely people make me feel safe."

● Staff knew what to do should they suspect abuse. One staff member said, "[we report] All the types of abuse, physical, financial, we always inform the manager of what we notice." There was a system in place for staff to be able to report abuse should they suspect and they were supported by the service's policy procedure on safeguarding, which made it clear what the process was. There had been no safeguarding concerns raised at the home since our last inspection.

Assessing risk, safety monitoring and management

● Risks to people were recorded and monitored. There were risks assessments in place to monitor aspects of people's health, their safety and their wellbeing. Risk assessments covered people's dependency on others, falls, nutrition, depression, moving and handling and numerous others that assisted staff with monitoring people's health and wellbeing. People also had more personalised risk assessments which were specific to their health needs and conditions. For example, we saw one for a person who had risk of one of their eyes inverting.

● The service also monitored and checked for risks regarding environmental factors in the home such as fire safety and building and appliance effectiveness and safety. They did so through regular monitoring and checks and had robust plans in place to ensure that people were kept safe in the event of emergency.

Staffing and recruitment

● People and relatives had mixed views about whether there were enough staff to meet people's needs at all times. One person said, "At night there is one nurse and three carers across the three floors and with lots of

people needing attention. I don't think that's enough. At times I haven't been able to get help." A relative said, "When I'm here, there's more staff around than I've seen anywhere else." During our inspection we saw there were sufficient staff working to meet people's needs and dependency tools indicated this to be the case for the whole day. We shared people's comments with the management team and they provided evidence to indicate they had not been short staffed at nights, call bells was responded to in a timely manner and they would discuss this issue with people at their next resident's meeting.

● There were robust recruitment practices in place. Staff files contained references from previous employers, application forms, interview questionnaires, employment histories and enhanced Disclosure and Barring Service (DBS) checks. Employers complete DBS checks to see if staff have any criminal convictions or if they are on any list that bars them from working with vulnerable adults. This meant people were recruited with people's safety in mind.

Using medicines safely

● One person told us, "My tablets are explained but they know what I need so I don't worry about them." Nurses administered medicine and their competency to do so was checked regularly. We counted people's medicines and checked how they was recorded and found everything in order. Medicines were audited regularly. There were policy and procedures in place to guide staff on what to do.

Learning lessons when things go wrong

● Lessons were learned when things went wrong. We saw incidents, accidents and complaints were recorded and where improvements could be made, or lessons learned, measures were put in place to inhibit their reoccurrence or mitigate against them happening again.

Good

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● Some equipment needed to be updated. Most of the windows on the top floor of the building had signs on the window stating do not open. Rooms we went into on that floor were very hot and people were often bed bound. One person stated that it got very hot at times. The provider told us in December 2018 that windows would be replaced, but on this inspection they had still not been replaced.

● Similarly, we noted that one window on the top floor did not have a restrictor and another window on a door on the ground floor was cracked and needed replacing.

● Following the inspection, the registered manager informed us that they audited window restrictors monthly and felt the window without restrictor did not need one due to its height. However, they provided evidence that they had one fitted. The provider was following up with the replacement window installers and the registered manager will inform us when the replacement work has been completed.

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

● People's needs were assessed before they started using the service. Assessments recorded people's ongoing physical and mental health needs and provided the service with the opportunity to assess whether they could meet those needs.

Staff support: induction, training, skills and experience

● Staff were supported in their roles. All staff received an induction when they started work. One staff member said, "They introduced me to the clients and let me know who they are and the care they needed to be given. They showed me experienced staff doing the role." Staff files recorded that staff received induction and they were signed off as competent to start work.

● People told us that staff were appropriately skilled to do their jobs. One person said, "They must be trained as they know what they are doing." However, records showed that some staff had not completed training that the provider considered mandatory. We raised this with the registered manager following our inspection and they informed us there was a technical issue with some data not being added to software. They provided us with further evidence and assurance that the training had been completed, and where it hadn't there was an action plan in place to ensure it was completed.

● Training was also offered to people and their relatives. One relative told us, "I was invited to join a dementia training so I came in – it was very useful and it pleased me to see the carers there."

● Staff received supervisions and appraisals. One staff member told us, "One of the nurses gave me supervision, asked me about my concerns and do I have issues." This meant people were cared for by staff who were supported in their roles.

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

● People were supported with their health care needs and the service worked well with other professionals. One relative said, "The carer heard the doctor say how important the creams were for [person] and they are particularly good at using them." Another person said, "I have toothache and the dentist came here." We also spoke with one health care professional who told us, "Staff know patients, the team were good from my point of view."

● People's care plans contained records of communications with agencies involved in their care. We saw correspondence with other agencies that demonstrated they all worked together to ensure people's care was led in a person-centred manner.

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

● People were supported to eat and drink and maintain a balanced diet. We observed staff helping people during lunch and offering food that was not on the menu, when they requested. However, people and relatives had mixed views on the food. One person said, "The chef comes round to chat but you don't get to say what's on the menu." A relative said, "I think that the food is excellent and it's lovely that I could eat here if I wanted to." We saw evidence of opportunities for people to be involved with menu creation and service management highlighted this as a regular item at resident's meetings and in satisfaction surveys.

● People with special diets had their needs catered for. We saw that some people had diabetes and others required pureed food. All food needs and requirements were recorded in the kitchen and in people's care plans. There was liaison with dieticians and speech and language therapists as and when necessary.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. 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.

● Staff understood the need to obtain consent and working with people with capacity issues. One staff member was able to tell us the five guiding principles of the MCA, "There are five principles - presume capacity, unwise decisions, best interests, least restrictive and support to make decisions"

● Care plans contained mental capacity assessments that had been completed to record whether people were capable of making decisions about their care. Where people could not make decisions, best interest decisions involving relatives and other health and social care professionals were documented. Care plans contained consent agreements for people to consent to their care; these had been signed.

● We looked at records the service held about DoLS application or authorisation and found them to be satisfactory.

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Good

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 now 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; equality and diversity

● People were treated well. One person said, "'They are a good regular team here. They treat me well and are especially kind when it comes to the personal bits." Another person said, "They make me feel welcome, not like an alien or that I'm in their way." We observed staff working with people and saw that they were caring and thoughtful. We saw people smiling when staff were working with them and staff were unhurried in the tasks they completed with people.

● The service and staff had received numerous compliments about their care. These were often written in thank you cards. One we read said, "Thank you for the way you cared for my [family member]." Another read, "Thank you for taking care of [relative]." This showed that people and their relatives thought people were well treated.

● The service sought to support people with faith beliefs. One person said, "The [local faith leader] sometimes comes in." While another added, 'If it's the other chap [local faith leader] I like that as he has a service with hymns and communion." Staff told us the care they provided was universal and would not differ for people other than for their personal choices. One staff member told us, "You make sure you care for the individual how they wanted to be cared for." This approach to people's culture, their equality and diversity was underpinned in the services policies and documentation.

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

● People were able to express their views and were involved in decisions about their care. One relative said, "Yes, I am involved in [family member's] care. I've had meetings with [registered manager] and reviewed what is going on and what changes should be made." Care plans recorded people choices about their care and their involvement in the care plan reviews. Meetings were held with people and relatives to review care and ensure that people's choices were heard and documented.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was respected. One relative said, "Yes, they do very much so – [family member] and I took [person] downstairs and we didn't realise they was wearing pyjamas and staff told us and came and got them changed." A staff member confirmed that people's privacy and dignity was respected. One member of staff said, "Instance when you're in the room keep the room closed when you're doing personal care, when you're toileting close the door in the room." Most people had their own rooms and were able to spend time in their rooms when they wanted and were supported to use their own bathrooms. Where people shared rooms there were privacy screens.

● People 's independence was promoted. One relative told us, "Definitely they try to get [family member] to

do things by himself when [they] can." Staff confirmed that they encouraged people to do as much as they can. One staff member said, "Yes, with independence if they can help themselves, for example, with [person] might need help in certain moods but [they] can be encouraged to do certain things." We observed people being encouraged, prompted to eat for themselves and take part in other activities. We saw that this was done in a kindly and unrushed way.

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● The service provided activities for people, however there were mixed views about these. One person said, "There's not much to do for anyone with any bit of their brain left – I get so bored." Another person said, "There isn't much to do and if [activities coordinator] is not here, that goes down." We spoke with the registered manager about this and they provided evidence of the range of activities provided and that they were going to target specific one-to-one activities with those who did not participate in what was on offer.

●There was an activities coordinator who people spoke highly of. One person said, "[Activities coordinator] has a good knowledge of dementia and what they can do but they're leaving and I don't know what will happen then. That's a bit of a worry." We saw that daily activities were advertised and saw photos of activities the home provided including special event days and trips out. We observed chair-based activities in the main lounge where most people in attendance appeared engaged and were smiling. Similarly, we saw one resident dancing with staff and a person's birthday being celebrated with cake and singing.

● We spoke with the activities coordinator who informed us they were about to go on extended leave. The registered manager assured us there was a contingency plan in place for their absence.

● People's needs were recorded in their care plans. Care plans were comprehensive and personalised, citing people's needs, likes, dislikes and their risks. People's care plans were reviewed regularly by nurses. However, we found that some care plans had not been updated as regularly as others.

● The deputy manager took responsibility for this stating some care plans had not been updated as they were in the process of updating all care plans to different format. We saw that this was the case and that people's care plans who had not been updated had still had all their needs met and any relevant information recorded. Following the inspection, the registered manager provided evidence that they had been updated.

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 service recorded people's communication needs and worked with other health and social care professionals to ensure they could meet those needs. Staff knew who had communication needs and worked with them in ways they wished to be worked. For example, one person had sight issues and the staff would use a gentle voice and hand over hands techniques to guide person as per their communication wishes.

Improving care quality in response to complaints or concerns

● People knew how to make complaints and told us they would be happy to do so. One person said, "'If I'm not happy I just speak to the nurse." A relative said, "I would complain about the tattiness of the place but the care is so good that it seems picky to do that." People and relatives were aware that the registered manager had an 'open door' policy and were able discuss issues as and when they arose. We saw records of complaints and saw that the registered manager had responded to them appropriately according to the service's complaints procedure.

End of life care and support

● People received appropriate end of life care and

The service worked with people who were at end of life. Staff told us they received training and understood what good end of life care was. One staff member said, "Yes, I have [had training], we check on the person we make sure they are ok regularly, we attend to them, we make sure they are comfortable, pain free." People had end of life care plans and we saw that their wishes recorded.

Good

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 good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Manager and staff understood their roles, the risks to people and the service and their regulatory requirements. Staff wore uniforms that identified their roles and their pictures were up in reception, so they could be identified by people and relatives.
- Some staff held 'champion' roles so that people and staff could look to them for advice and guidance around specific themes. For example, one of the nurses was a dignity champion and another was a dementia champion.
- The registered manager sought quality performance at the service and to that end completed numerous audits to assure quality. They were aware of the risks to the service and their regulatory requirements, including their responsibility to notify the local authority and the Care Quality Commission of specific incidents at the service.
- The registered manager was on leave during our inspection and we fed back our findings on the day to the deputy manager. We discussed them with the registered manager when they returned from leave and they provided us with supporting evidence following the inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us they thought positively about the registered manager. One person said, "If he's in, you can pop in and see him – he's very approachable and will do anything to help.' Another person said, "Excellent - if there's higher than excellent - then they are it. They immediately resolve issues."
- Staff thought highly of the management and that it was a good place to work. One staff member said, "Yes, [it is a good place to work], I'm here seven years! It's a friendly place and the family of the residents are supportive." Another added, "We are supported [by management]."
- All staff understood the need to provide high quality person-centred care. The service had a service user guide and policies that outlined the person-centred values of the service.
- Since the last inspection the service had been involved with numerous academic programs that sought to improve the lives of people using care homes.

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

- People told us they held resident's meetings, "'We do sometimes have a mixed residents and carers meeting and the Manager does seem to listen to people." We saw records of resident's meetings and noted

people were kept informed about the changes at the service and had the opportunity to provide input in to what was happening. We saw discussions focused on food, activities, maintenance and housekeeping.
● People, relatives and staff were also able to engage with the service through surveys. One relative told us, "Yes, regularly we get asked [to complete survey or feedback forms]." We saw some surveys were analysed by management and where shortfalls found in service, actions were completed to address them.
● Staff told us they attended meetings. One staff member said, "Team meetings, they are good," We saw records of these meetings and topics of discussion included people's care, improving infection control practice, training and staff being nominated for awards.
● The service contributed to the wider community and engaged in research that could potentially benefit people using care homes. We saw evidence that the service raised funds for dementia specific charities through community events, engaged in programmes that assisted people in care homes and were involved in research that could potentially benefit people moving into care homes.

Continuous learning and improving care
● The service had quality assurance procedures in place to monitor safety and care provided to people. We saw that audits were completed on a regular basis. These audits covered health and safety, accidents and incidents, medicines audits as well as others. This meant the service sought to provide the best service they could and where necessary improve the care they provided.

Working in partnership with others
● The service worked well with other agencies to provide care and treatment. We met with one health care professional and saw records of visits and input from others. We noted that people of faith came to visit people using the service. The registered manager attended providers meeting run by the local authority, as well as being involved with other services and organisations that might benefit the care people at the home received.