

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Country View Nursing Home

Pipe Lane, Warkton Village, Kettering, NN16 9XQ

Tel: 01536484692

Date of Inspection: 08 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Country View (Warkton) Limited
Registered Manager	Miss Marilyn Anne King
Overview of the service	Country View Nursing Home accommodates up to 29 people who require nursing or personal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

The inspection of Country View Nursing Home was carried out by an inspector who gathered evidence to help us answer our five questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive to people's needs? Is the service well-led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

The detailed evidence supporting our summary can be read in our full report.

Is the service safe?

We found that people's needs had been appropriately assessed before they were admitted to Country View Nursing Home. After admission to the home we saw that their needs were regularly reassessed to ensure they received safe care. This meant that staff had the information they needed to minimise identified risks to people's safety and welfare.

We saw that people were cared for in an environment that was clean and hygienic. We found that the equipment in place for staff to use was appropriately serviced. This meant that people were cared for in a safe, well maintained environment.

There were sufficient numbers of experienced and competent staff on duty to safely meet people's personal and healthcare needs. We saw that staff had been appropriately trained and received the managerial support they needed to do their job. Staff had received training in the protection of vulnerable adults and the staff that we spoke with knew how to report concerns. We saw evidence that incidents or accidents had been appropriately reported to the Local Authority and the Care Quality Commission (CQC). This meant that people were protected from the risk of neglect or unsafe care.

Suitable arrangements were in place to respond to emergencies, with the manager or

provider always being available 'on call' to support staff to manage the situation safely and in a timely way.

Is the service effective?

Staff had received the information, training and managerial support they needed to do their job effectively. There were arrangements in place that ensured staff had the most up-to-date information about people's needs. This included 'handovers' of pertinent information when staff arrived for duty. We spoke with staff and observed them going about their duties in an unhurried, purposeful way.

They were able to tell us about people's individual needs and how they delivered their care. This meant that because staff had a good knowledge of each person's care needs and preferences they were able to provide effective care.

Is the service caring?

When we saw staff interact with people their manner of approach was patient, kind, and gentle. One visitor we spoke with said, "All the nurses and carers are kind. They look after people so nicely."

The staff presented as friendly and helpful. We heard staff encourage people to do things for themselves but they made sure people were safe and provided them with timely assistance whenever that was appropriate. People were offered support at a level which encouraged independence and ensured their individual needs were met.

We saw that when staff assisted people with personal care such as toileting or bathing they made sure doors were closed to protect people's dignity and privacy. We heard people addressing people by their preferred name. We found that people were encouraged to spend private time with their visitors as they chose, either in a quiet lounge area or in the privacy of their room.

We saw that people nearing the end of their life were treated with compassion and sensitivity so that their final days were as comfortable and pain free as possible.

Is the service responsive to people's needs?

We saw that there was enough staff on duty to meet people's nursing and personal care needs. This was also confirmed by the five staff, three visitors, and people in residence we spoke with. People said they never had to wait for long if they needed assistance. We heard that call bells were always answered in a timely way, with people rarely kept waiting. The system used also enabled staff to differentiate between emergency and routine alerts.

All the staff we spoke with had a good understanding of how to support people in a way that respected each person as an individual, each with their own needs and preferences for how they wished to receive their care and support.

Is the service well-led?

There was a registered manager in post. Staff were aware of their roles and responsibilities and were supported by the manager and by the provider.

Staff said they received a good level of practical day-to-day managerial support to enable them to carry out their duties. The provider had ensured there were robust quality assurance processes in place. This meant that people were assured of receiving the care they needed in a way that suited them.

The staff we spoke with told us said that the manager and provider had an 'open door' approach so that staff could readily express any concerns or ask for guidance whenever they needed to.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

When we last inspected this service in January 2014 we saw that some people had not been demonstrably assessed for their capacity to consent to receiving care and treatment. The provider implemented a timely action plan to remedy this.

At the time of this inspection we found the improvement measures put in place as a result of the findings of our last inspection had been sustained. We saw that people's mental capacity assessments had been updated with more information and that a checklist provided by the NHS had been put in place as a tool for staff to use. We saw that care plans also contained evidence of how decisions were reached with regard to people's care and treatment and gave details of who was involved in the decision making process with regard to consent.

This meant that people that people's capacity to make specific decisions about their care and treatment had been appropriately assessed and where people lacked capacity to make a decision their best interests were served. This was because appropriate professionals and the person's representatives had been involved in the decision making process and there were records kept that demonstrated this. Where decisions about changes to medication had been taken we saw, for example, that appropriate healthcare professionals, such as the person's GP, had been consulted and acted upon in the best interests of the person.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

When we last inspected this service in January 2014 we were concerned that some care records had not always contained the detailed information staff needed about how people preferred their care and treatment to be provided. The provider had implemented a timely action plan to remedy this. At the time of this inspection we found the improvement measures put in place as a result of the findings of our last inspection had been sustained.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at six care plans and associated risk assessment documentation for people who used the service. We saw that their needs had been assessed prior to admission to the home and were regularly reviewed so they continued to receive the care they needed. All the care plans we looked at provided staff with the up-to-date information they needed to care for people safely and effectively.

We found that people's specific health conditions were closely monitored; for example, people at risk of not eating or drinking sufficient amounts, had their food and fluids recorded and other healthcare professionals were involved in their care. We saw that contact with doctors and other healthcare professionals, such as community nurses, was recorded in each person's daily notes. There was evidence that GPs were contacted promptly when the need arose.

We saw that care records detailed people's preferred routines and gave clear details of how staff should support people with various activities and tasks. We saw that people's care plans had been regularly reviewed so that people continued to receive the care they needed.

The provider and manager had used the services of a 'holistic' therapy practitioner to enhance people's quality of life. People benefited from having one-to-one sessions with this trained practitioner who was able to offer, for example, hand massage or simple activities that stimulated or relaxed people. We saw that these activities supplemented the good level of interactive support already provided by the staff. One person we spoke with

said, "I really look forward to the sessions. They brighten my day and make me feel good." We saw that these sessions were beneficial for people with high nursing needs who are cared for in bed and people who may be coming to the end of their life.

We found that written guidance was available within people's care records on how staff should support people safely to reduce personal risks, such as the risk of falling. We also found that where people lacked capacity to give informed consent or agree to their care or treatment, that Mental Capacity Assessments (MCA) had been carried out and a record kept.

We saw that people seated in the communal lounge were appropriately dressed in clean clothing and looked well groomed. People appeared relaxed and at ease with the staff. We also saw that visitors were made welcome and this made people feel relaxed because they knew their friends or relatives could visit whenever they wanted to.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The communal rooms and bedrooms we saw were appropriately maintained with decor, furnishings and equipment kept in good order. We saw that rooms were comfortably furnished and that people had personalised their rooms with items that were meaningful and valued by them, such as family photographs.

Corridors throughout the home were free from clutter that impeded access or posed a trip hazard for people with impaired mobility. The home was appropriately lit by artificial and natural illumination sources. The rooms we saw were well ventilated and bedrooms as well as communal rooms were free from odour.

Fire alarm systems were appropriately serviced and fire exits were kept clear. We saw that equipment used around the home was appropriately stored when not in use. We saw that the interior fabric of the building as well as the exterior gardens and grounds were appropriately maintained. The gardens surrounding the home were attractively stocked with a variety of well-tended plants. This meant that people were cared for in a visually pleasant and safe environment.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

When we inspected in January 2014 we had a concern about staff recruitment practices. We saw that the provider had not always carried out checks to ensure that they had enough relevant information about any physical or mental health conditions which may affect an applicant's ability to do the job. The provider had implemented a timely action plan to remedy this but also pointed out that the standard of health of potential candidates was enquired about on their application form. As an additional precautionary measure a revised health declaration form was formulated and included as part of the application process.

At the time of this inspection we found the improvements put in place as a result of the findings of our last inspection had been sustained.

We had found that potential staff had to detail their employment history and that any gaps in employment were followed up as part of the recruitment process. We also found that appropriate criminal records checks were made with the disclosure and barring service (DBS) prior to staff starting to work. We saw that references were taken up prior to a decision being made to confirm an offer of employment. This meant that the provider had effective recruitment procedures in place to protect people from receiving care or treatment from a person unsuited to working with vulnerable adults.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

When we inspected in January 2014 we had a concern that the provider's quality assurance systems had not always been consistently effective in identifying a need for improvements in care plan records. The provider had implemented a timely action plan to remedy this.

At the time of this inspection we found the improvement measures put in place as a result of the findings of our last inspection had been sustained.

We saw documentary evidence that quality 'audits' had been completed on, for example, record keeping, and the standard of cleanliness within the home. We also saw that care plan documents had a new summary sheet that was dated and signed to confirm when the last care plan audit had been conducted. We found there were regular checks made and care plans were up-to-date and accurately reflected the care provided. We saw that the manager also carried out other monthly audits, such as checks made on the effectiveness of infection control measures. We also saw a range of internal checks which included audits of safeguarding alerts, complaints, and medication.

Staff said there were regular meetings to discuss issues of good practice. The provider may wish to note, however, that some one-to-one supervision meetings between individual staff and their manager had not always been documented. This meant that an audit of the frequency and effectiveness of such meetings may not always accurately reflect the number of meetings staff had over the course of the year. The staff we spoke with did confirm that they met regularly with their manager and had their performance formally appraised twice a year. They also said that the manager also often worked alongside them during the day and observed how effectively they did their job. This meant that people were assured of receiving care and treatment from staff that were appropriately supervised and appraised on a regular basis.

We found that there were whistle-blowing, safeguarding and complaints procedures in place to support staff to raise concerns about poor practice or allegations of abuse. We saw that there was an appropriate complaints and compliments procedure in place to

enable people to raise concerns or express satisfaction with their service. This meant there were appropriate precautionary measures in place to monitor the standard of care and treatment people received at Country View Nursing Home.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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