

MPS (Investments) Limited

# Alston View Nursing and Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service:

Alston View Nursing and Residential Home is a care home that accommodates up to 49 older adults, some who may be living with dementia or mental health needs and require nursing care. At the time of the visit there were 45 people who lived there.

### People's experiences of using this service

People told us that they received safe care and treatment. People and their relatives spoke positively about the care and support provided. However, our findings showed improvements were required to ensure the care delivered was consistently safe, reliable and person-centred.

In the majority of cases people's needs had been assessed and planned for and people's outcomes had been identified. However, we found shortfalls in the care records and risk assessment for people who had been admitted for a short term stay or as part of a hospital discharge plan. Risk assessments had not been adequately completed and reviewed. The registered manager took immediate action to address this.

The registered manager and the registered provider had ensured the premises were maintained and any faults rectified. They had also completed audits to monitor the safety and quality of care provided.

Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. However, individual risks to people and the environment had not been adequately monitored to ensure measures were put in place to manage them and minimise the risk of avoidable harm occurring. Risks associated with falls and malnutrition had been managed. However, post falls observations had not been carried out. The infection prevention and control practices in the home needed to be improved.

Governance arrangements were in place to check, monitor and improve the care delivered. However, we found the audits and quality checks had not been adequately implemented to support the registered manager and the provider in identifying shortfalls.

While people's medicines were safely managed, improvements were required to the safe storage and management of topical medicines such as creams.

Staff had received a range of training and support to enable them to carry out their role safely. However, staff training had not been consistently monitored. There were shortfalls in the provision supervision, appraisals and competence checks to staff.

Consent records were completed, and people told us they were always offered choice and control over the care they received. However, authorisations for restrictions on people's liberties had not been considered or applied for where required. The registered manager took action after our inspection.

While staff showed a motivation to deliver care in a person-centred way, we found some practices in the

home did which did not consistently support a dignified and person-centred approach. This was because people's preferences for getting up and washing and dressing in the morning were not always followed.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted a positive culture within the staff team. People, family members and staff all described the registered manager as supportive and approachable. The registered manager showed they were committed to improving the service and displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed.

Rating at last inspection: At the last inspection the service was rated good (published 22 July 2016).

Why we inspected: This was a routine planned comprehensive inspection.

Enforcement: We identified four breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around the management or risk to receiving care and risks of the spread of infections, staff training and supervision, seeking consent and good governance. Please see the 'action we have told the provide to take' section towards the end of the report.

Follow up: The service is required to provide an action plan to us because there were four breaches of the regulations. We will continue to monitor the service to ensure that people received safe, high-quality care. Further inspections will be planned for future dates. We will follow up on the breaches of regulation we have made at our next inspection and we may inspect sooner if we receive any concerning information.

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

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

We always ask the following five questions of services.

### **Is the service safe?**

This service dropped to requires improvement

Details are in our Safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

This service dropped to requires improvement

Details are in our Effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service dropped to requires improvement

Details are in our Caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

This service dropped to requires improvement

Details are in our Responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

This service dropped to requires improvement

Details are in our Well-led findings below.

**Requires Improvement** ●

# Alston View Nursing and Residential 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team:

This inspection was conducted by three adult social care inspectors and an 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. The expert had experience of caring for older adults and those living with dementia.

#### Service and service type:

Alston View Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission 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: The inspection was unannounced.

#### What we did:

Our planning took into account information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team. We used all this information to plan our inspection.

During the inspection, we spoke with 10 people who lived at the home and four family members to ask about their experience of care. We also spoke with the registered manager, the operations director, the administrator, and five members of staff. We looked at five people's care records and a selection of other records including quality monitoring records, recruitment and training records for three staff and records of checks carried out on the premises and equipment.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- Risks to people's individual safety and well-being were not adequately assessed and managed.
- Risks of falls, malnutrition and choking had been identified and guidance had been provided to staff in some of the records we reviewed. However, records of care for people admitted at the home on a short-term basis to facilitate hospital discharge and/or for short period of respite did not have robust assessments and plans to demonstrate how risks to people would be reduced. This included risk assessments for the management of wounds, risk of skin damage and risks associated with catheter care. In addition, risks associated with the use of bedrails such as entrapment had not been assessed. Assessments undertaken on admission were not always accurate or reviewed which exposed people to risks of further deterioration to their conditions. We asked the registered manager to take action to identify people affected and they reviewed them immediately.
- Environmental risks were not adequately identified and monitored to reduce risks to people. Our observations noted areas such as stairs leading to the fire exits, the laundry room, sluice areas and a door leading the garden and main road were not adequately secured. This exposed people to potential risks of falling on the stairs and/or accessing areas where cleaning chemicals and detergents were easily accessible. The registered manager took immediate action to secure these areas.

Learning lessons when things go wrong;

- Staff had documented accidents and incidents and where required they had taken action to support people accessing medical attention. However, we found the procedure for monitoring people for injuries after falls were not always evidenced to show how staff had monitored people for injuries that occur following a fall. In some cases, the registered manager had reviewed the records to check if people received the right care following incidents, however this was not consistent, and some records had not been overseen by them.
- There was a system to allow staff to identify any lessons that could be learnt following incidents or significant events such as safeguarding investigations. However, we found the system had not been implemented to allow staff to learn from events and reduce the risk of them happening again.
- There were emergency procedures for keeping people and staff safe. These included personal emergency evacuation plans. Safety recommendations by fire safety authorities had been acted on and equipment had been serviced and tested in line with manufacturer's recommendations.

Preventing and controlling infection

- People were not adequately protected against the risk of infections due to some of the practices in the home. Some areas of the home required attention to ensure effective prevention of the spread of infection. This included the storage of personal protective equipment and the lack of pedal operated clinical waste

bins.

- Staff had completed training in infection control and food hygiene and one staff member had been nominated as an infection control and prevention champion responsible for sharing best practice on infection prevention. Care staff were provided with protective equipment such as gloves and aprons. We saw staff using the equipment appropriately which helped protect people against risks of cross contamination. Following the inspection, we made a referral to the local authority infection prevention department to support the home in improving their practices.

There was a failure to assess the risks to the health and safety of service users of receiving the care or treatment and risks associated with the spread of infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely;

- People were supported with the proper and safe use of medicines.
- Medicines were recorded and administered safely. The stock balances we checked were correct, suggesting people received their medicines as prescribed. There were clear records of storage temperatures and medicines were dated once opened. This reduced the risk of medicines becoming ineffective from incorrect storage or being used past their expiry date.
- However, we noted improvements were required to ensure the safe storage of topical medicines such as creams and to ensure staff who administered medicines were competence checked to ensure they have the right skills. Staff took immediate action during the inspection to ensure creams were stored safely and following the inspection the registered manager informed us competence checks were being undertaken.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. The majority of the staff were trained in safeguarding and knew what to do if they were concerned about the well-being of the people who used the service. They reported safeguarding concerns in line with the local protocols.

Staffing and recruitment

- People we spoke with felt there were adequate numbers of staff and they were confident their needs were met. However, our observations and feedback from staff showed a review of staff deployment at certain times of the day was required, especially where people needed more support. The registered manager informed us they would review staff deployment.
- Recruitment checks had been carried out to ensure staff were safe to work with people who use care services.
- Improvements were required to ensure all relevant records were adequately completed including application forms, records of induction and interview records. These records were missing in some of the records we reviewed. The registered manager started to take action to get the records and to review their audits processes for recruitment.

# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

- While provider had procedures to ensure authorisations were sought, the registered manager had not sought authorisation for restrictions for people who had been deprived of their liberty for their own safety. We asked the registered manager to take immediate action. They confirmed they had started to submit requests for authorisation to the local authority immediately after our inspection.
- In most cases people's consent had been sought before care and support was provided. Staff had completed mental capacity assessments to determine people's ability to make specific decisions about their care. However, people admitted on short term care did not have mental capacity assessments. In addition, consent had not been sought for the use of restrictive equipment such as bedrails. Staff had received training in the MCA, however improvements were required to their knowledge and application of the MCA principles.

There was a failure to ensure care and treatment was provided with the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- There was an arrangement to provide staff with training and supervision and this had been updated in some areas. However, there were shortfalls across a number of areas that the provider had deemed to be mandatory for the roles staff were employed to undertake.
- Some staff had received induction at the start of their employment, however we found no record of staff inductions in two of the records we reviewed.

- While the provider had arrangements for regular staff supervisions, we found staff had not received supervision in line with the provider's policy. Annual appraisals had not been completed for 12 staff who last had appraisals in 2017. Supervision tracker records and our conversations with staff showed supervision had not been regularly provided from August 2018 to December 2018. This included shortfalls in clinical supervisions and competence checks. We asked the registered manager to take action and ensure all staff received supervisions in line with the organisation's policy.

There was a failure to ensure all staff had received such appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had arrangements to ensure people's needs and choices were assessed and staff we spoke with knew people well. Two of the records we reviewed had appropriate assessments of need and care plans. However, three of records we reviewed showed staff had not consistently completed and reviewed assessments. This meant care and support was not effectively planned, delivered and monitored in line with people's individual assessed needs.
- Staff were aware of people's choice and people confirmed this. Where possible, people were encouraged to continue to exercise their independence. Comments from people included, "Staff always ask first. They do not come into to my room at certain times either. If I need any doctor or anything like that I only have to say. I am my own boss. And that's the way it is."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff had assessed and documented people's eating and drinking needs. People's dietary needs had been shared with the kitchen staff. However, the diet and nutritional risk assessments we looked at had not been regularly reviewed since December 2018.
- People and family members told us staff supported them to eat and drink. However, our observations of meal time on the first day of the inspection showed meal time was not effectively organised to ensure people could have a satisfactory dining experience. The registered manager assured us they would review staff deployment during meal times.
- Staff supported people at risk of poor nutrition, with consideration for referrals to specialist professionals where significant concerns had been identified.
- Staff supported people to access health care professionals such as district nurses and their GPs. There was evidence of good practice in relation to the prevention of hospital admissions.
- Staff recorded assessments or additional support from external healthcare professionals within people's care records. The registered manager and staff were aware of the processes they should follow if a person required support from any health care professional.

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

- Improvements were required to ensure the premises could meet the needs of people living in the home and ensure their safety. The environment needed to be adapted in line with the needs of people living with dementia. This included the availability of adequate signage to orientate people to their environment and establishment of safety measures in areas that could pose risk to people.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity;

- People told us, and family members confirmed, they were treated with kindness and were positive about the caring attitudes of staff. Comments included, "I am treated well, very good. The staff are nice people."
- Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. They understood, and supported people's communication needs and choices. They maintained eye contact and listened patiently and carefully when speaking with people to ensure their needs were understood and met.
- People, along with relatives, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information as well as their daily interactions, to get to know people and engage them in meaningful conversations.
- Staff had received training on the importance of treating people with dignity and respect whilst providing care and support. Staff ensured they delivered personal care to people in private. They knocked on doors and waited for a response before entering people's bedrooms and bathrooms. Comments from people included, "Staff always knock and ask if I need anything."
- However, we observed practices which did not always reflect a person-centred and dignified approach to care. Four people reported to us in the mornings, they were assisted with personal care and returned to bed half dressed in their day clothes while waiting for day staff to assist them later in the morning. Staff confirmed this was routine practice. Following the inspection, the registered manager informed us they had investigated the matter and this practice had stopped. We also discussed the need to ensure discussions about people's medical histories were held discreetly and that medicines such as topical creams were not applied in communal areas. This would ensure people's privacy and dignity is respected.

The provider had failed to ensure care and treatment was delivered with dignity and respect and that staff respected people's personal preferences, lifestyle and care choices. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and family members were encouraged share their views about the care they received through regular reviews and surveys. However, we found the results from the previous survey in 2018 had not been analysed and outcomes had not been shared with people. An analysis of the survey would assure people their views are taken on-board.
- People and family members told us they were confident in expressing their views about the care and support provided by staff.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- Staff identified people's individual care needs and, in most cases, developed care planning with the involvement of people and their relatives, to give them choice and control.
- Some of the care plans were person-centred and took account of people's likes, dislikes, wishes and preferences in relation to treatment and end of life care however some were not. However, the majority of the care plans we reviewed were did not consistently identify people's needs and risk management plans were not always completed.
- Staff had carried out reviews however this was also not consistent as some care records had not been reviewed since December 2018. Two of the reviews we checked did not accurately reflect changes in people's needs. This would not support staff to care for people effectively.
- While the registered provider was responsive to people's needs and had made referrals to specialist professionals appropriately, they needed to be consistent especially where people's needs rapidly changed.
- We received mixed feedback from people and staff regarding access to day-time activities and entertainment. Some people we spoke with and their relatives felt the activities could be improved to provide variety and person-centred activities. We discussed this with the registered manager who informed us they were in the process of recruiting for an activities co-ordinator.
- People told us they received care and support from regular staff who knew their routines well.
- The service recorded, and shared information related to people's communication needs as required by the Accessible Information Standard. For example, where people were identified as having hearing or sight difficulties. There was a policy to support this. However, we found signage and posters in the home needed be improvements to adequately orientate people to their environment.

Improving care quality in response to complaints or concerns

- People and family members were given information about how to make a complaint and were confident any complaints they made would be listened to and acted upon in an open and transparent way.
- The registered manager could not locate their complaints file on either day of the inspection. We could not verify whether complaints had been received and dealt with appropriately or whether they had been used to improve the service.

End of life care and support

- No person using the service at the time of the inspection was receiving end of life care.
- Records we reviewed showed there were arrangements to ensure people were offered the opportunity to discuss their end of life preferences. Some people had set out their choices and these had been recorded in their care records and staff had received training on end of life care.

# Is the service well-led?

## Our findings

Well-led - this means we looked for evidence that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was an established management and leadership arrangement at the home and across the organisation. However, the governance arrangements had not been robustly implemented to ensure the effective continuous monitoring and improvement of the service. The quality monitoring systems at the home had not timely identified areas of non-compliance with regulations to ensure prompt action was taken. The systems did not consistently support the delivery of high-quality, person-centred care. We found four breaches of regulations.
- Oversight from the registered manager of their staff was not robust. The registered provider had monitored the registered manager for compliance with regulations. An area manager had provided regular support visits to monitor the registered manager. However, these arrangements had not identified and addressed the shortfalls we identified, which meant further improvements were required to the quality monitoring systems in the home.
- Staff we spoke with felt the service was well managed and they were supported in their roles by the registered manager. Comments from staff included, "We have an approachable manager and they work alongside us and support us." All staff we spoke with demonstrated a desire to provide quality care for people using the service.

Continuous learning and improving care

- There was a programme of quality checks, supported by a variety of audits and quality monitoring activities by the provider's representatives. However, the checks and audits had not been effectively implemented to ensure continuous learning and improvements. Infection control audits had not been carried out regularly in line with best practice. Care plan and staff records audits had not been carried out. The shortfalls we identified could have been identified by a robust governance system.
- The provider had policies and protocols to assist in learning from incidents and safeguarding alerts. However, they had not been followed to continuously review the quality of the service provided. Lessons learnt records had been left blank which meant staff could not demonstrate whether they had reviewed what could be learnt from events to reduce the risk of them happening again. This had not assisted staff and the registered provider in maintaining standards and timely identification of any shortfalls.

The provider had failed to maintain good governance. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff meetings had been held. There were meetings for people who lived at the home. People told us they were invited and could raise suggestions. Relatives told us they were kept informed of the welfare of their family members.
- People, their family members and professionals were asked to complete surveys on the quality of the care delivered. We found the results of the previous surveys had not been analysed and outcomes had not been shared with people.

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

- The registered manager promoted openness and transparency throughout the staff team. Notifications had been submitted to the Care Quality Commission and safeguarding concerns had been shared with the local authority.
- While the registered provider had systems to help ensure people had the care and support they needed, they had not always effectively implemented them. For example, the policy on the care of people living with dementia needed to be reviewed. This included consideration for an improved dementia care strategy which will enable the provider to ensure the premises were dementia friendly and that staff had the right skills and training to enable them to provide consistent care to people living with dementia. The operations director informed us they would be engaging with staff in the providers' other homes that are specialist in dementia care to promote improvements in this area.
- Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles. These needed to be implemented and sustained to maintain the quality of care provided.
- Following the inspection, the registered provider completed an action plan with details of how they would address the concerns identified by the inspection. They also informed us that a new care recording system had been introduced which would resolve some of the concerns with the care records.

Working in partnership with others

- The service worked in partnership with the wider professional team. Records noted the involvement of GP, district nurses, mental health teams, social workers and commissioners of people's care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had failed to provide person centred care. This was because the care and treatment of service users was not designed to appropriately meet people's needs and reflect their preferences. Care records did not accurately reflect people's care needs -Regulation 9 HSCA RA Regulations 2014 Person-centred care
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to seek required authorisations when people were unable to consent to their care arrangements.-Regulation 11 HSCA RA Regulations 2014 Need for consent
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure that risks to receiving care and treatment were identified and managed robustly.  The provider had failed to operate effective systems for the prevention and control of infections.  -Regulation 12(2) (a) HSCA RA Regulations 2014 safe care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance. Regulation 17 (1) (2)(a)(c)
Treatment of disease, disorder or injury	HSCA RA Regulations 2014 Good governance