

Bothwells Ltd

# Park View Nursing Home

## Inspection report

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Date of inspection visit:  
15 November 2017

Date of publication:  
09 January 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 15 November 2017. Park View Nursing Home is registered to provide personal or nursing care and accommodation for up to 41 people. On the day of our inspection 39 people were living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated overall Good:

We found the service was very responsive to people's needs and ensured people were supported in a very thoughtful and personalised way. There were numerous examples of staff going an extra mile and accommodating people's wishes to maximise their well-being and contribute positively to their quality of life. Staff used reflective practice and learning to enhance people's lives and incorporated new ways of providing support as a result.

People benefitted from excellent provision of activities at Park View. Staff ensured activities provided enhanced people's quality of life and impacted on their wellbeing whilst recognising people's cultural and diverse needs. People were supported by a team that took on a key role in providing opportunities for people that enabled them to form meaningful relationships with the wider community, local schools and community groups.

The team were particularly skilled in providing a compassionate and dignified end of life care and support. The compassionate nature of staff was also reflected in the bereavement support they provided to people's families. The service worked closely with a number of local health professionals including the local hospice when caring for people that reached the end stage of their life. We received excellent feedback from health professionals that commented on high quality of end of life care provided at the home.

The service continued to be well-led by an experienced registered manager who was supported by the new directors. They worked to establish new systems and embed corresponding policies. The team promoted an open and inclusive culture that put people at the forefront of service delivery. The service worked well with external professionals who were very positive about how the service was run.

People remained safe living in the service and there were sufficient staff to meet people's needs. Risk assessments were carried out and plans were in place how to manage these risks. People received their medicines safely and as prescribed. However we found the records around some medicines needed to be improved. The manager told us they would take immediate action to address this.

People continued to receive care from staff that had the right skills and knowledge to support them

effectively. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to access health professionals when needed and received food and fluid to meet their nutritional needs.

The service continued to provide support in a caring and compassionate way. Staff respected people's privacy and treated them with dignity. People were involved in decisions about their care needs and their independence was promoted. People's confidentiality was respected.

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

We always ask the following five questions of services.

### Is the service safe?

The service was mainly safe however systems surrounding medicine records and stock keeping needed improving.

People received their prescribed medicines as needed.

There were sufficient staff to keep people safe.

Staff were confident how to raise concerns in relation to abuse of vulnerable people.

**Requires Improvement** 

### Is the service effective?

The service remains Good.

**Good** 

### Is the service caring?

The service remains Good.

**Good** 

### Is the service responsive?

The service was very responsive.

People were supported in a thoughtful, personalised way with staff often going an extra mile to accommodate people's wishes to increase their well-being.

The provision of activities at Park View enhanced people's quality of life and impacted on their wellbeing whilst recognising people's cultural and diverse needs.

People benefitted from team that were highly skilled in providing a compassionate and dignified end of life care and support.

People knew how to complain and the management used the feedback to enhance the positive experience for people.

**Outstanding** 

### Is the service well-led?

The service remains Good.

**Good** 

# Park View Nursing Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 15 November 2017 and was unannounced. The inspection team consisted of two inspectors, a Medicines Inspector 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.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

Throughout our inspection we spent time observing care at the service. We spoke to 12 people, seven relatives, two external professionals and two visitors. We also spoke with one of the directors, the registered manager, one nurse, one senior care assistant, two care assistants, one member of the housekeeping team, the maintenance man, the activity coordinator and the chef. We looked at records, which included five people's care records and seven people's medication administration records (MAR). We checked recruitment, training and supervision records for five staff. We also looked at a range of records about how the service was managed.

Following the inspection we contacted a number of external health and social care professionals and commissioners to obtain their views about the service.

## Is the service safe?

### Our findings

People told us they felt safe at the service. One person told us, "I feel safe here. Think it is good in here, people (staff) are nice, no problems with it". The provider had a safeguarding policy and procedure in place. Staff received training and were knowledgeable about their responsibilities to protect people from suspected abuse.

There were enough staff to meet people's needs, we observed staff in communal areas and they were available and vigilant. People commented they did not have to wait long before staff attended. Comments from people included, "Never a wait, even at night" and "Come straight away when buzzer pressed". Records relating to recruitment of staff showed the provider followed safe recruitment practices. One professional said, "Compared to many homes there is consistency of staff".

People had risk assessments surrounding their support needs and individual abilities. These included falls, moving and handling, nutrition, swallowing, skin integrity, allergies and medicine management. Records indicated risk assessments had been reviewed monthly. For example, one person was assessed as at risk of choking due to swallowing difficulties and had been prescribed a thickening agent to be used in their drinks. Their support plan detailed the consistency required, along with the recommendations of a Speech and Language Therapist (SALT). These stated the person also required a pureed diet and the staff needed to use a teaspoon when assisting the person with their meal. We observed the person being supported over lunchtime and saw that these recommendations were adhered to.

People were protected from risk of infections and the environment was clean. People were protected from environmental risk as maintenance and monitoring of equipment systems were in place. The records confirmed various equipment checks, fire alarm testing and others were carried out by the maintenance man. One person said, "I got my own room, quite happy with it, small and cosy, well cleaned, cleaned every day". The service had commissioned an external contractor to undertake a legionella risk assessment, but at the time of our inspection not all actions had been completed by the provider. We raised this with the director who took immediate action to mitigate the risks and submitted to us following our inspection an updated action plan to demonstrate all actions had been taken.

People's medicines were stored securely and as per manufacturers' guidance. We checked the controlled drugs (CD). We found these were stored accordingly to the guidance and the CD register was signed by two members of staff as required. We checked people's medicine administration records (MAR) and there were no gaps in recording. We observed people receiving their medicines and we saw people received their medicines in an appropriate way. However we identified that when the administering process was carried out by two staff, the staff who did not witness the person taking the medicine signed the records. This was not in line with provider's policy. We raised this with the registered manager who told us they were going to address this with the nurses. We also found staff did not always record the checks of quantities of medicines received into the service. We also found there was lack of 'as required' written protocols (PRN) however staff knew people very well so this did not affect people receiving their medicines when needed. We raised these issues with the registered manager who reassured us they would take immediate remedial action to address

these concerns.

The registered manager had a system to record all accidents and incidents. The records showed appropriate action was taken when required. The registered manager also ensured that when they identified an improvement was required this was actioned. For example, they identified the medicine administering round had been taking a longer than expected. They had reassessed the process and increased the staffing levels. On the day of the inspection we saw two staff carried out the medicines round which was completed in a timely manner.

## Is the service effective?

### Our findings

Staff assessed people's needs before people came to live at Park View to ensure these could be met. This assessment gathered the necessary information to create people's care plans. People's care records contained personalised information about their health care, likes, dislikes and preferred routines. One external health professional told us, "I have been visiting Park View for many years and for me it is one of the best homes in the area and one I would be very happy for my own Mother to be cared for in".

People benefitted from staff that worked well across departments as well as with external health professionals to ensure people received effective support and healthcare support. Prompt referrals were made if needed and people were supported to see a range of health professionals. People told us they could see a GP and others professionals when required and all professionals we contacted spoke highly of the service.

People told us they were supported by skilled and knowledgeable staff that provided them with effective care. People told us staff were good at meeting their needs. Staff told us and records confirmed staff had ongoing, relevant to their roles training and they were regularly supervised. We viewed samples of staff supervision and saw it included aspects of staff development, care practices and performance.

People were supported to eat and drink enough to maintain a balanced diet. Any changes in people's nutritional needs were relayed to the kitchen. People's weight was regularly monitored to ensure their well-being. People complimented the food and the midday meal we observed was a positive, social experience. One person said, "Food absolutely excellent".

People benefited from safe environment that offered private bedrooms that people were able to personalise and a choice of communal areas to enjoy. People were able to contribute to the design of the premises. One person wished their room to be painted in their favourite 'ice cream parlour' colours and they were given the opportunity to choose the colours. On the day of our inspection visit we saw the maintenance man painting the room in the colour person had chosen. The person said, "Pink and yellow I chose them".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received relevant training and understood how to support people in line with its principles. One staff member said, "We've got to treat everyone as if they got capacity and support to make own decisions".



## Is the service caring?

### Our findings

The service remained caring. The registered manager was passionate about caring for people and they worked hands on alongside care staff, leading them by example. The majority of the team including the registered manager, who had been at the home for 26 years, had worked at the service for a significant time. This had resulted in a very close caring relationship between the team. The stable team contributed to an embedded caring culture which was demonstrated by the team and was being monitored by the senior staff.

Staff were patient and polite to the people they supported. For example, we saw one person wanted to go to their bedroom, staff without any hesitation supported them in a kind way - chatting, involving the person in conversation throughout the process. Feedback from people and their relatives was consistently good and reflected that staff were kind and supportive to people's emotional needs. Comments included, "Girls are very nice here. They are very gentle and they are very kind. This is the best" and "Carers are brilliant, if I am feeling a bit shaky they help me out". The registered manager introduced a 'Magic Moments - sharing is caring' folder where people and staff were able to record any special moments they had experienced. The file reflected many examples of where people gave their accounts of the caring approach demonstrated by staff.

People were involved in making decisions about their support. One person told us, "(Staff) always ask permission before doing anything". Throughout the day we saw people were asked for consent or permission before they were given support or care. Staff ensured that before any attempts of repositioning or other assistance they made sure people were involved. Staff asked for permission, listened and looked for non-verbal clues if needed and respected people's decisions. One relative said, "Even though [person] appears not to know what is happening staff treat them as if [person] can hear and understand every word. They still ask if it is alright to carry out care tasks. When the cleaners come in they ask if it is alright to Hoover".

People and their relatives were positive about staff and their professional approach to privacy and dignity. Comments included, "Very kind. My door is open, they (staff) call out to me before coming in" and "They do respect me. Very careful when giving me care. (They) do chat and listen to me". One external professional told us, "Staff will always transfer the patient to her room for me to examine her. This is always done without any issues and good grace". Staff used a portable, foldable screen when assisting one person in communal area to ensure their dignity was maintained. We also observed staff knocking on people's bedroom doors, waiting to be invited in, and closing doors after them. Staff used 'do not disturb' signs that were placed on people's bedroom door when personal care was being carried out.

## Is the service responsive?

### Our findings

The service was very responsive and we found people were supported by staff that often went an extra mile in supporting them in a very personalised way. Feedback from all professionals also confirmed the responsiveness of staff contributed to exceptional results for people. This enabled people to maintain their confidence, self-esteem and in some cases was life changing for people.

We found several examples of this extraordinary approach of staff going an extra mile in supporting people. One person who suffered from a life limiting condition was admitted to the service a few months ago. The person had gone through a difficult time and they experienced a break in their family relationships. Staff told us when the person first came to live at Park View they did not want to eat, take care of themselves or interact in any way. One member of housekeeping team however managed to establish that they and the person had a family in the same place abroad and they started chatting about that with the person. The person developed a trust towards the housekeeper and their special relationship flourished over the weeks. We spoke to the member of staff and they said, "I took it bit by bit. We laughed. One day he left me a letter to post to his family he had not spoken to in years. Family came over when he got poorly. He died a happy man, with his family around, peaceful man". This was an example of staff going the extra mile and accommodating this person's wishes to increase their well-being and contribute positively to their quality of life. One of the external professional who was involved in this person's placement at Park View told us, "They are person centred in their approach. We have had some complex situations during this past year. An example I can give they supported a person through a holistic approach in achieving reconciliation with family and supporting the resident's symptoms in promoting their comfort".

People benefitted from staff that had an excellent understanding of their needs, which ensured people received the right care and clinical support. This ensured people's well-being and health were being maintained which in turn contributed to an increased quality of life. One relative told us, "[Person] came here last year given only three days to live. Fantastic care, (staff) did everything they could. The (external specialist) nurse supporting [person] cannot believe the improvement. Carers did a fantastic job". We spoke with the mentioned external professional on the day of our inspection, they confirmed the staff indeed worked hard and the change and improvement in the person's condition was incredible. This was an example where the team positively contributed to person's quality of life.

On the day of our inspection we saw examples of person centred care. We observed staff were aware of one person who becomes very anxious and they were proactive in preventing the episodes of anxiety giving this person constant support and reassurance throughout the day. One external professional said, "Staff do provide a person centred care especially when people are distressed. They work hard to recognise people's differences and respond to their stories". Another external professional told us, "I've got a client who likes animals and is nursed in bed, my client declines to join activities in the lounge. The home cat and the visiting PAT (Pets as Therapy) dog are being taken to my client's room for them to enjoy". This meant staff tailored their approach to suits the person's individual needs.

Staff used reflective practice and learning to enhance people's lives. For example, we saw from the nurses'

clinical meeting notes that a recent article on 'dolls therapy' was discussed. Staff successfully applied this knowledge to one person who was living with dementia. Their care file included information regarding doll therapy and their care plan stated 'staff will make sure [person] has her dolls with her at all times. It pleases her and she really enjoys talking with them'. We saw this person was sat in their armchair with their dolls with them and was calm and content. Staff told us, "She'll hug them and show them to people with pride". The registered manager used innovative ways of working to ensure people received excellent support that was not task based. They created a self-reflection tool for staff that was used in supervision discussion and ensured staff had a clear understanding of what constituted a task based approach and how to ensure their approach was focused and led by people's experience.

People told us the staff responded to their changing needs. One person told us how their bed did not suit their sitting position. They said, "I had a problem with my bed so they brought me a new one, couldn't get on with it so they gave me my old one back'. People and their relatives were fully involved in setting out the care plans and action was taken when a change in approach was identified. One relative told us, "We've been through care plan suggestions that we have made have been taken on board. For example, [person] always washed his hands before eating so we asked if their hands could be washed before he ate his meal, he uses a wet wipe now before every meal". This meant staff ensured they respected what was important to the person.

People benefitted from an excellent provision of personalised activities that enabled them to continue with previous interests or try new things and experiences they themselves might have not considered, to have an enhanced sense of well-being. One person said, "Activities very good, I enjoy the trips out, lot to do". For example, people with an interest in gardening were able to be involved in gardening activities. Park View had a residents' choir that meet regularly to practice. They planned to produce a video and promote it via the internet in the near future. People told us that they had the choice of participating in a wide range of activities such as quizzes, reminiscence chat, craft sessions, memory games, skittles and cinema, listening to music, seated exercises, cookery, sing along and dance and ball games. People also had the opportunity to interact with animals with Zoo Lab, birds of prey, chicken and egg experience and a PAT dog that visited weekly. The activity programme also included a variety of professional external music entertainers and trips out with recent visits to the theatre, steam museum, ten pin bowling, Malmesbury abbey and a local pub for lunch. This meant people had opportunities to attend an activity of their choice that met their needs and preferences.

The provider ensured the activities enhanced people's quality of life and impacted on their wellbeing. A member of staff told us, "One person moved out of area and had no visitors for over a year and he felt abandoned. We sat and chatted with him and discovered that he liked birds so we bought them a bird table and we take him out to buy the bird seed. He spends a lot of time watching them and is now far more content". The staff went on to tell us about another person, they said, "[Person] felt abandoned and 'dumped' in here, was distraught, we arranged for her to have visits from a support group in the area and organised a visit to see their relative who they had not seen for many years, there was a positive effect on their wellbeing". Another person was admitted to the home when they were not well and their relative passed away. Staff identified the person needed somebody to talk to and they took the person to meet their friends at a local centre and the person went to Remembrance Sunday parade. We spoke with the person who told us how much they enjoyed seeing his friends.

People benefitted from a team that took on a key role in providing opportunities for people to benefit from relationships with the wider community. This was through links with local schools and enabling people to access community groups. Once a month children from a local primary school brought in poems and pictures which they had created and shared them with people. The children joined in with line dancing and

played percussion instruments. People told us how much they enjoyed this. One person said, "Love it when the children come in from the school. They bring pictures and poems". People were also empowered to take responsibility for daily household tasks such as laying tables, sorting music CDs and tidying activity equipment. This gave people a sense of belonging and purpose that in turn contributed to their increased well-being so people could live as full life as possible. One person said, "Never things that I can't do".

People's cultural needs and diversity needs were recognised and respected. People had the opportunity to take Holy Communion led by the local vicar. People's individual needs in relation to accessible information were recognised and respected. For example, we saw records of people's social and recreational needs and these included a questionnaire in a pictorial format for people who were unable to verbally communicate their needs. The registered manager told us about one person who recently left the service. The person was blind and the team involved a blind association to help identify support aids. Additionally, flash cards were used if needed when people experienced communication difficulties, for example following a stroke. Flash cards are pictorial communication aids used to enable people to express themselves without using the words.

People and their relatives told us they knew how to make a complaint if needed but they never needed to. They said that any small things were dealt with immediately by nurses or staff. Comments from people and their relatives included: "No complaints at all" and "No complaints about anything here". We saw a copy of Park View's complaints procedure was clearly displayed. This contained information on how to complain and where to go if people felt the complaint could not be resolved by the service. The registered manager kept a log of written complaints and we saw one complaint was recorded. This was dealt with and investigated in line with the provider's policy. The registered manager operated an open door policy and worked hands on with people. This allowed them to gather ongoing feedback from people and their relatives and put things right before the issues escalated to a complaint. We saw the service received several compliments from people and relatives since our last inspection. The management used the feedback in an innovative way to enhance the positive experience for people. For example, a person commented in the survey they would like to get to know the registered manager better. The registered manager completed a 'this is about me' booklet, the same one that was in place for all people and contained their life history, photos, details of hobbies and interests. The book was available in the communal area for people and relatives to read. The registered manager also held a 'questions and answers' sessions with people to enable them to ask any questions and strengthen their relationship.

People benefitted from a committed team who were particularly skilled in providing compassionate and dignified end of life care and support. Staff received training around palliative care and end of life symptoms. On the day of our inspection one person was receiving end of life support. The records confirmed they had been referred to the GP and had been prescribed appropriate medicines to alleviate any pain or distress. These medicines were administered via a syringe driver and were managed by the registered nurses and the registered manager. The syringe driver is a small, portable, battery powered infusion device that is used to administer continuous infusion of a medicine from a syringe. The person had a care plan specifically set around end of life care which detailed the support they received in relation to nutrition, breathing, pain, oral care and tissue viability care. It was noted that careful decisions had been made to enhance this person's well-being such as not to move the person unnecessarily and not to use a hoist and sling in order to reduce pain and distress. One of the professionals we spoke to on the day of our inspection described the staff as 'genuinely caring people' who were 'proactive within their remit' with regards to palliative care. They also said, "Staff understand the importance of the dying process".

The caring nature of the team when providing end of life support went beyond the person and included their relatives. The relatives of the person who was receiving end of life care agreed to speak to us during this

difficult time. They told us how the registered manager made arrangements for them to stay with their relative at the service for the last several days, making sure they were comfortable and had enough to drink and eat. The relatives told us, "100% well supported at the end of life, (staff are) so caring to [person]. They make a terrible time easier. Looked after us as well, not just [the person], lots of TLC". This meant staff ensured emotional support and practical assistance was provided to people and their families.

Staff always involved people in making any decisions that related to their end of life wishes and respected people's wishes. One professional who worked with a person who had recently passed away told us, "With a challenging situation they ensured my client made his own decisions and was supported to achieve the goals he wished for in the short time he had left to live. They respected his wish to not discuss certain issues, for example funeral arrangements". Staff went the extra mile to connect with people and build caring relationship based on trust. This meant people were able to relax and knew staff would respect their wishes and make sure they were comfortable. One of the professionals told us, referring to one of the people that passed away at the service, "There's a stand out caring attitude, which is genuine. They put people first, they (staff) had a special bond with [person] they would know when [person] was not right".

The service worked closely with a number of local health professionals when caring for people who reached the end stage of their life. This included the local hospice. We received excellent feedback from various health professionals that commented on high quality of end of life care provided at Park View Nursing Home. One external professional commented, "I have found Park View offer individualised care when dealing with residents that are known to the palliative care team". Another professional told us, "Park View have a real focus on individuals – during my visit I witnessed end of life care for a client that was absolutely focussed on the individual and quality of life. There were other examples throughout the home where small adjustments had been made for each individual". They added they knew about when a person recently enquired about a local service that provided end of life care. They said their first choice, unanimously endorsed by every fellow professional was Park View Nursing Home.

The compassionate nature of staff was also reflected in bereavement support they provided to people's families. On the day of our unannounced inspection some staff including the registered manager went to attend one person's funeral. The registered manager said, "It's part of what we do, we pay respect to the person and family". The registered manager also told us they were developing an improved end of life pathway care to ensure the service they provided goes beyond the best practice standards. This showed the team continuously strived to be innovative and excel at meeting people's end of life needs.

## Is the service well-led?

### Our findings

The service continued to be well-led by the registered manager promoted an open and transparent culture that put people in the centre of service delivery. People complimented the way Park View was run. Comments included, "Good warm atmosphere, staff make it" and "There is a nice feel to the place".

Following a restructure at the level of the registered provider the service was now managed by a smaller provider team and two directors. The new director recognized they needed to source some external support and they had commissioned an external organisation that provided the service with a set of policies and procedures. The registered manager was in a process of personalising these to meet the specific needs of the service.

The registered manager carried out a number of audits such as audits of care plans, accidents, staff training, infection control regularly. They also carried out surveys with people who used the service, relatives and visiting professionals. We saw they ensured when an action for improvement was required this was addressed. For example, one health professional raised a concern around a piece of equipment and the service purchased a new item immediately. Staff were encouraged to attend staff meetings and contribute their ideas to the running of the service. Staff told us they were very well supported and their views mattered.

The registered manager looked for improvements where possible. In order to ensure sustainability they developed a well-being tool. They showed us a booklet specifically designed for staff to prompt discussion to ensure staff were motivated and remained enthusiastic in their roles. There was a 'Star of the month' scheme where people and relatives could nominate staff for going an extra mile.

The provider worked well with other professionals including local health professionals to ensure people were safe and well cared for. The registered manager was a member of the local provider's forum and attended regular meetings to share practices and good ideas. The registered manager also signed up for email alerts with Medicines and Healthcare products Regulatory Agency (MHRA). They checked if any of the alerts received were applicable to the service which meant they ensured the team adhered to the current guidelines. We also received positive feedback from various visiting professionals. One external professional told us, "The staff, led by [registered manager] are exceptionally caring and put the patients' needs at the centre of all that they do. As a result the feedback from patients and relatives is very positive. I strongly feel Park View is an exceptional home".