

Messrs A & M & K Desai - Desai Care Homes

Culverhayes Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 30 October 2015 and was unannounced. The service was last inspected in 22 August 2013 when it was compliant with the legal requirements at that time.

Culverhayes Nursing Home provides nursing care for up to 65 people. People who live at the home have dementia and other complex mental health needs. There were 64 people at the home on the day of our visit.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people's safety were properly identified and well managed. The staff understood how to keep people safe. There were sufficient numbers of suitable staff employed to meet people's needs and help to keep people safe. There were safe systems in place to manage and administer people their medicines.

Summary of findings

People were well cared for and were relaxed and comfortable in the home and in the company of the staff. Everyone we spoke with complimented and praised the staff who supported them. Comments included, “The staff are all beyond reproach, they are so clued in to what people need” and, “They go the extra mile for my relative they make me feel they care so much.”

The GP who visited the home at least three times a week praised the staff and their caring attitude. They also spoke very positively about the way staff understood the complex needs of people who lived at the home.

The staff team received regular training and support. This gave them the knowledge and skills to meet people’s needs in an effective and individualised way.

The environment was designed to enable people to move freely around the home. There was an outside enclosed garden people could easily access.

People and their relatives were involved in the planning of their care. Feedback was sought so that care was flexible and provided in the way people preferred.

People’s representatives knew how to make a complaint. There was a system in place to ensure that complaints were managed in accordance with the provider’s complaints policy.

There were quality monitoring systems in place to ensure that the safety and suitability of the service was effectively monitored. Action was taken where needed to improve the service.

Summary of findings

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 safe.

People felt safe with the staff who assisted them who we observed safe care and support.

People were supported by staff who understood their responsibilities in relation to safeguarding them from harm and reporting any concerns.

People were given the medicines they needed at the right times. Medicines were stored safely.

Risks to people's health and well-being were properly managed.

Good



Is the service effective?

The service was effective.

People received support from staff who were suitably trained and provided effective care that met their needs.

People were supported to have enough to eat and drink at times of their choosing. When people were at risk of malnutrition action was taken to manage these risks.

People were well supported with their health care needs and staff worked with GPs and other healthcare professionals to ensure people had access to the relevant services.

Good



Is the service caring?

The service was caring.

Staff supported people whose behaviours were challenging with a very kind, caring and sensitive approach.

The staff approach to people reflected the visions and values of the organisation they worked for. They treated people in a very respectful manner. This was evident even at times when people were physically and verbally aggressive to them.

Relatives and a GP praised the caring and kind approach of the staff.

Care plans explained how to provide person centred care. Staff followed people's care plans and provided unique care centred on the needs of each individual.

Good



Is the service responsive?

The service was responsive

People's preferences, likes and dislikes were known. Staff understood the needs of the people they were supporting.

People were able to take part in a variety of activities that were planned flexibly due to their complex needs.

People's relatives told us they had been asked their views by staff as part of the process of making decisions about how their relative was looked after.

Good



Summary of findings

Is the service well-led?

The service was well led

People told us they felt the home was well run. Relatives and staff said the registered manager was well regarded and had high standards.

There was an open culture at the home. People said they felt able to raise any concerns and they would be dealt with properly by management.

There were quality checking systems in place to monitor the service people received.

Good



Culverhayes Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 30 October 2015 and was unannounced.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public.

The membership of the inspection team consisted of two inspectors.

People who lived at the home were not able to make their views known about the service because they had dementia type illnesses. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate. We spoke with six visitors some of whom were relatives, a GP, the registered manager and ten members of staff.

We read five people's care records to see if these were accurate and reflected how to support people with their needs. We also looked at records relating to the management of the home. These included quality checks, staff rotas and a number of records to do with how the home was managed.

Is the service safe?

Our findings

Relatives and the visiting GP said that staff always treated people properly and we observed that people were always safe in the company of the staff. Staff provided supervision of people where it was needed. For example, due to their dementia type illnesses some people could become physically aggressive. Staff provided one to one support for those people, to help to keep them safe and to protect other people.

People were protected from avoidable harm because staff had received training on how to keep people safe and were able to discuss and explain how they did this. Staff knew signs of abuse they needed to be alert to and knew how to report any concerns. One member of staff said, “We must protect people from abuse, it’s very important to tell the nurse in charge about any concerns. If in doubt, I will always speak up.” Safeguarding incidents were reported to the local safeguarding team. We looked at some of these incident reports and they had all been closed satisfactorily. The registered manager said, “The staff know to report concerns and they do.”

Care plans contained risk assessments for needs such as moving and handling, mobility, falls and bed rails. These were completed and had all been reviewed on a monthly basis. When people were at risk of falling, staff had clear guidance on how to minimise this risk, such as “Ensure the services user is wearing correct footwear, keep area free of clutter”. Details of hoists and slings were listed for those who had been identified as having specific needs. Equipment used for moving people was clean and readily available for staff to use. One member of staff said, “Manual handling training is very important for this job, to keep the resident safe and us (staff)”.

The service monitored falls on a monthly basis. The data was analysed to understand which people were most at risk of falling and to identify any trends in times and locations of falls. The registered manager said that as a result of this analysis, staffing levels had been increased on one unit which had subsequently reduced the number of falls that had happened. Visitors said, “My relative is a high risk of falling, but they never have” and “Although my relative has fallen a couple of times, they [the staff] always ring me to let me know. They keep me informed”.

Where people had been identified as at risk of developing pressure sores, position change charts were in place. These were a record of how often staff helped people to be moved in bed or in a chair to minimise the risk of skin breakdown. These were all complete and up to date. Nobody using the service had a pressure ulcer. People’s freedom was not restricted; we saw people moving freely around the three units and in the garden area after lunch.

Medicines were managed safely. Medicines were stored in locked trolleys within locked clinical rooms. Fridge items were kept in medicine fridges and the temperatures were monitored on a daily basis. Items stored in fridges, such as eye drops, had been dated when they had been opened to inform staff how long they could be used for. Medicines that were no longer required were disposed of safely and all items had been logged in the provider’s destruction book.

We observed part of a medicines round. Although the lunchtime medicine round was busy, the nurse took their time with people. They asked people how they were, asked how they would like their medicines, for example one by one or all together, and ensured they had a drink. Although some people experienced more difficulty than others taking their medicines, the nurse was patient and did not rush people. They knelt down when speaking to people and gave gentle encouragement. They ensured medicines had been swallowed before signing the Medicines Administration Record [MAR] chart. MAR charts were all signed and fully completed with no errors.

Staff were knowledgeable about their role in the prevention and control of infection. Personal protective equipment such as gloves and aprons were readily available throughout the building. Staff said “We have lots of gloves and aprons all over the unit. I always wear gloves and aprons when doing personal care”. The environment was clean and smelt fresh.

There was enough staff on duty to keep people safe and to meet their needs. Staff were a visible presence in all parts of the home. They were easy to alert if needed and were able to meet people’s needs when required. Visitors said, “I have no hesitation leaving my relative here” and “The ratio of staff to residents is high and I never have to worry about my relative being here”.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Interview

Is the service safe?

records demonstrated prospective staff members employment histories had been reviewed in detail as part of the recruitment process. Disclosure and Barring Service checks had been completed before staff were appointed to positions within the home.

Is the service effective?

Our findings

Relatives praised the staff and their ability to care for their relatives. Staff we spoke with were knowledgeable about each individual's needs.

We spoke with a GP who told us they visited the home three times a week and had done so for the last 13 years. The GP told us staff were very competent and knowledgeable about the people they supported. They said that staff knew people really well and had a very good understanding about their behaviours that could be challenging at times. They told us that staff had a good understanding of the different medicines people were taking due to their mental health needs. The GP spoke highly of the staff insight into the needs of people they supported. They said the staff were always as caring and kind as we observed on the day of our visit. They said that staff had been well trained, were very skilled at responding to the needs of the people at the home

People's individual needs were effectively met. We saw staff assisting people with their range of needs. They helped people who were expressing behaviours that were challenging to become calmer in mood. They did this by using a calm approach, open body language, and by distraction techniques such as going for a walk together. The staff were successful in helping people to become calm in mood when they expressed behaviours that were challenging towards them.

Staff we spoke with were very knowledgeable about people and how they preferred to be cared for. The staff told us about individual preferences and daily routines such as certain people who liked to get up late, and other people who preferred to be supported by staff of the same gender. We saw staff provide care to the people they had told us about in the ways described .

People were supported to have sufficient to eat and drink. People were offered drinks throughout the day and there were jugs of juice available in the lounges for people to access. People's nutritional needs were assessed and when they were identified as being at risk of malnutrition or dehydration, care plans were in place. Appropriate steps were taken to reduce the risk and we saw that people's nutritional status changed in a positive way because of the intervention taken by staff. For example, in one person's

plan they had been noted as at high risk of malnutrition when they had first moved into Culverhayes, but within six months, they were no longer at risk. This had been assessed using a national assessment tool.

Where people required more specialist input, dieticians and speech and language therapists were involved with the care planning process. When food and fluid charts were required to monitor people's intake, these were signed and up to date. They had been signed at the end of each shift by the nurse in charge as a way of checking if target intakes had been met, and as a way of ensuring that necessary action took place if needed. One nurse said, "The staff here understand the importance of keeping the charts accurate and up to date. The nurses check them at the end of the shift and if people are not receiving their target intakes for three days in a row, we inform the GP". This showed that nutritional needs were monitored and managed appropriately.

We observed lunch being served to people where they preferred to eat in the home. People told us the food was, "Good" and "It's nice". The food looked and smelt appetising. The menu was displayed prominently for people to know what choices were on offer each day. We saw that menu choices looked varied and nutritious. Some people chose to eat in the lounge area. People were encouraged by staff to eat their meals independently if they were able. Staff provided support where needed and they sat next to people and helped them eat their meals. We heard care staff explain what the food was and spoke with the people they were supporting. The staff were organised and communicated among themselves to ensure everyone had their meal promptly and in a calm and unhurried manner.

A GP from the local surgery visited the home on three times a week and saw people regularly . Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. We saw a chiropodist came to the home to see people for appointments during our visit. We read in peoples care records when they had seen the dentist we saw appointments were made for people when required. We saw in care records, how guidance had been offered from the palliative care services when needed. We also saw specialist equipment to aid people's comfort was in place. For example, suitable mattresses were in place where needed to help prevent skin break down.

Is the service effective?

Staff had been on Mental Capacity Act 2005 training. The Mental Capacity Act 2005 is a legal framework to ensure decisions are made in the best interests of adults who do not have the mental capacity to make certain decisions for themselves. Staff were informative on the subjects and were able to explain what it meant for people who lived at the home. We saw staff accompany people for walks who were subjects to a DoLS. The staff told us this was one way they ensured limits to people's freedom were kept to a minimum. There was guidance available about the Deprivation of Liberty Safeguards (DoLS). This information helped staff if needed to ensure safeguards were put in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application to restrict people's liberty if this was needed.

Some people were receiving their medicines covertly. This is when medicines are disguised within food or drink and should only be done in accordance with the Mental Capacity Act 2005. All of the people receiving their medicines covertly had been assessed as not having the capacity to consent to this procedure. Best interest decision meetings had taken place, and the notes of these were held within people's care plans. The notes showed that the GP and people's relatives as well as the provider had been involved in the decision making process. The decisions had been reviewed regularly to ensure it was still required.

People's behaviour was not controlled by excessive or inappropriate use of medicines. Although there were plans in place for people whose behaviour might cause other people using the service distress, the plans contained

details of how staff should diffuse situations and distract people, rather than rely on medication. For example "Engage the service user in simple less stimulating activities" and "Assist the service user to a more calm and friendly environment".

Staff spoke positively about the training opportunities they were able to go on to help them to support people effectively. They told us they had been on training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant subjects. These included a course about care of older people, dementia care, health and safety matters, food hygiene, first aid, infection control and medicines management.

New staff were trained and supported so that they knew how to provide effective care. There was an induction-training programme for all newly employed staff. The induction programme covered areas such as how to support people with dementia type illnesses, how to diffuse situations where people become angry, health and safety and safeguarding adults. Completed records showed that staff had received proper training before they began work with people at the home.

The staff told us that they met with their supervisor regularly to talk about work matters and review their performance. Training needs and performance related issues were also discussed at each meeting. Supervision records confirmed that staff were properly supported and guided in their work.

Is the service caring?

Our findings

Due to people's complex needs and different dementia type illnesses, they were not able to directly tell us what they thought of the service. Relatives we spoke with had high praise for the care and support that their relatives received at the home. One relative told us, "It is as if nothing is too much trouble. The whole team really look after my relative. The staff have helped me to realise I am not on my own. The care in this place is top notch".

A GP who has visited the home for three times a week for the last 13 years told us, "I would place a relative in this home, the staff here are excellent".

Throughout our inspection we saw staff communicate and respond to people who had very challenging behaviours in a sensitive and caring manner. A significant number of people at the home had behaviours that may be challenging. We spent time in the lounges on each of the three units to observe how people were cared for.

Staff maintained a calm and a caring manner when people were expressing anger towards them. Staff sat with people and held their hand and used gentle touch. People who could not speak responded to the staff with warm facial expressions. We saw staff use distraction techniques and maintain a calm gentle manner to diffuse situations when people were expressing behaviours that were challenging towards them. The staff helped people to become calmer and more relaxed in mood by their approach.

Staff treated people as individuals and knew people and their personal preferences well. When one person walked into one of the lounges, a staff member called out "Good morning X" and they smiled at the staff member and replied to them by name. When the person went to sit down, the staff member came over and said, "Hang on a minute" and then adjusted the person's collar at the back of the neck so that it lay flat. When we asked them why they had done this, they smiled and said, "Because I know they like to look smart all of the time".

On another occasion, a member of staff approached one person in the lounge, knelt down to their level, and spoke quietly, but into their ear, asking them "Would you like to go to the toilet? Shall I help you?" They did this in a discreet way that ensured the person's dignity was maintained.

The staff we met were highly motivated and said they wanted to provide the best care possible. Staff said "The residents are like my extended family and I care for them as I would care for my own relative" and "I take people out for the day, it's great being able to provide one to one care".

A senior member of staff duty demonstrated an excellent knowledge of the people they were caring for. They knew all of the people on their unit by first name and were able to tell us about individual people's needs. They said, "I read the care plans, assist people to eat and help them with their care, so I talk to them at the same time, and get to know them". The registered manager said, "The staff here are really good" and "Top quality staff are essential for a service like this".

Visitors approached the inspectors directly throughout the day wanting to speak about the care their friends or relatives received. Comments included, "This is such a lovely place, my relative is so well cared for" and "Everything is great here". If I don't visit for a week I know my relative is well looked after and I don't need to worry about them". A further comment was "The staff are just brilliant, they make me feel like this is my second home. I can't praise them enough, from the manager down, the team are excellent".

Staff consistently demonstrated calmness and treated people with compassion. They constantly moved around the different units checking that people were safe and happy. They sat with people, read books, looked at pictures and engaged them in conversation when able.

The registered manager told us how they had co-ordinated a Christmas meal for all residents and staff to attend. They said, "I did it to make Christmas lunch special for everyone. It was an effort, but we got everyone around the tables together, it was lovely".

The atmosphere throughout the building was warm and friendly and each unit was busy with lots of people moving around and receiving attention and support from staff.

Staff knew who needed attention and when and nobody seemed distressed or particularly anxious. When we walked onto different parts of the home, we frequently came across staff spontaneously dancing with people who responded to them in a warm manner. Staff used gentle humour, positive open body language and gentle touch

Is the service caring?

with people to encourage them to take part in activities. We saw staff encouraged a group of people to take part in a Halloween Party. People looked like they were enjoying the event.

Staff were able to give examples of how they provided people with person centred care. The staff told us that a personal life history was completed for each person from their nearest relative or friend before they came to the home. The staff said this was very useful as it helped them get to know what mattered to each individual.

One person had a specific interest in classical music and we saw that staff helped the person to listen to music that they liked. Another person had previously cared for their relative before they moved to the home. Staff sensitively talked with the person about their relative. They responded positively to this.

Staff talked knowledgeably about the provider's visions and values. A key value was to make people feel that they were in their own home. The staff told us, and we saw this throughout the visit, that one way to do this was to treat people with the upmost respect. The staff told us they made sure they were supportive and respectful to relatives and friends who visited.

There was specialist seating and bed in place to minimise how often people needed to be moved while in bed. This reduced how often people needed to be disturbed. Relatives told us that the staff had spoken to them in a very sensitive manner about their relative's condition. They also told us that the staff looked in on their relative regularly because they had become so fond of them. Staff spoke knowledgeably to us about the specific needs of people who were nearing the end of their life. We saw staff respond to people in a very sensitive manner when they assisted them with their care. For example staff used gentle touch to help to position certain people to have a drink. People who were nearing the end of their life had detailed and very informative care plans to guide the staff to provide sensitive care for them.

People had access to a specially designed spacious sensory garden that was discreetly enclosed. This meant people were able to walk around the garden safely. We saw staff going for walks with people through the day. Coloured corridors and dementia friendly signage were used to help people orientate themselves around the premises. Signs on doors were age appropriate and showed in pictorial form the purpose of the room.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We saw staff assisted people in a flexible way. People had their meals where they chose to be and some people ate at different times. People were also assisted with their personal care at flexible times during the day.

Care plans we looked at contained reviews that showed that relatives had been involved in either the care planning or the review process. Visitors confirmed they had been involved and understood the care plan that was in place.

Plans were person centred and contained identity profiles. These were documents which gave a greater insight into the person, their work history and their personal preferences. For example in one plan staff had documented “The service user likes tea with one sugar” and “Likes a shave every other day”.

Plans provided staff with comprehensive information to enable them to provide care based on people’s individual needs. We looked at the plan of one person and staff had noted they required “encouragement” at meal times. The plan also stated the person liked to walk around the unit a lot, and so staff were advised to, “Provide food the services user can eat while walking, such as biscuits or small sandwiches”.

In another plan, one person’s communication needs affected their behaviour. Staff had documented the link between the person’s frustration when not being understood and how this in turn could lead to agitation. The plan provided plenty of detail to guide staff such as “gets frustrated when people don’t understand” and “Staff should only use short sentences, speak clearly and politely ask the service user to speak slowly”. We observed staff interacting with the person. They ensured they had understood what the person was saying by repeating them. This ensured the person knew they were being listened to and prevented any frustration.

In another person’s plan who had similar communication difficulties, staff were informed to “Always make eye

contact with the service user” and “Don’t ask lots of questions at once as this can cause agitation”. All of the plans we looked at contained examples that showed that staff had written them in a person centred way, and that they had been written by staff who knew the people and their needs well. There was just one exception to this that we saw where staff had documented one person was “difficult” which did not demonstrate a person centred approach.

Care plans had been audited and where actions had been identified, target dates were set. These had been addressed and care records were up to date completed.

On the day of our inspection a Halloween party was taking place. People from all three units were assisted into one of the conservatory areas, along with visitors and staff. There was Halloween themed food and drinks for people to enjoy, and the activities staff were playing games with people. This was a social occasion and many visitors had come along specifically to offer support. The activities co-ordinators said, “Our relatives here are great, they really support us in every event we put on”. The activities team provided group activities seven days a week including painting, bingo, outings and music.

The most recent survey of people and their relatives had been distributed to people in order to gain feedback on their views of the service. Areas that people were asked to give their views on included social activities, meals, the staff and the way the home was run. We saw the results from last year’s survey. The provider had analysed the information and had reviewed the menus and social activities that were provide as a result of the feedback obtained.

Relatives told us they had been given a folder that contained information about the service the home provided. This included a copy of the provider’s complaints procedure if they felt they needed to make a complaint . The procedure was easy to follow and it fully explained how to make concerns known. There had been no complaints made about the service in the last year.

Is the service well-led?

Our findings

Relatives told us there was always a welcoming atmosphere from the registered manager and the staff team at the home. A visiting GP told us, “The home is the best in the area at caring for complex people”. A relative said, “I know my relative is very well looked after”. We saw that relatives were always warmly welcomed by the registered manager and the staff on duty. This showed that there was an open atmosphere in the home.

Staff told us they really liked working at the home and caring for the people who lived there. One staff member told us, “I love my job and honestly I would not want to do anything else”. Another staff member said, “It can be hard work here but it is very rewarding”.

The staff and relatives spoke very positively about the registered manager who they said was very approachable and very committed to managing the home well. One staff member said that the manager was “An inspiration”.

Regular meetings were held with people and their relatives to discuss the quality of the care. We saw that improvements to care were made as a result of these meetings. For example, we saw that changes had been made to the way social activities were planned as a result of feedback from people and their relatives.

The registered manager had introduced a daily meeting. This was held with senior staff from all areas of the home. The registered manager and staff told us this was a useful

way to communicate with each other about relevant matters to do with how the home was run. For example if a new person was due to move into the home, or if someone’s health had declined.

There were systems in place to monitor the quality of the care provided. Checks of medicines management, care records, incidents, weights, pressure care and wellbeing were completed. In addition, a care plan audit had identified that some staff had not fully updated peoples care records. This had now been acted upon, as the care records we viewed were up to date.

The staff understood the provider’s values and philosophy and we saw that these values underpinned staff practice. One of the service’s values was making people feel that they were living in their own home. The staff we met conveyed their understanding of these values by treating people in a respectful manner at all times .

The service had a five star Food Standards Agency (FSA) hygiene rating in 2014. Five is the highest rating awarded by the FSA and showed very good hygiene standards were in place for food preparation and cooking. This also showed that the registered manager and provider worked to provide a high quality service.

The registered manager followed their responsibilities of registration with us. They promptly reported significant events to us, such as safety incidents .This was in accordance with the requirements of their registration as the registered manager of the service.